

Asking for Help is Okay

By: Sara Breidenstein

Back in December, I found myself at Saint Joseph Medical Center's Emergency Room feeling nothing short of desperate and scared. I had found myself in the middle of a mixed state and I was fearful that I would do something to harm myself or even worse something to end my life. After months of progressively worsening depression and suicidal thoughts, I knew I needed help.

Among other things, I jotted this down about a half an hour before walking into the Emergency Room:

I can't find the worth in my life. I know it doesn't exist. Everyone tells me there's worth in every life but I don't believe them. There's not worth in mine. Every single day I want to die. I hope that I won't wake up in the morning. I feel hopeless I feel desperate to end the misery. I can't see a positive future. I can't see any other way than death for the misery to end but I don't want to hurt my family. I just want to be happy but it seems impossible. It's not fair. Why should I have to live in such misery? I resent my family, friends, and coworkers who seem to have everything I'm missing. I don't know when I'll just lose it and harm myself with plans to end it all. It's nearing closer and closer and I don't trust myself. I need help fast!

There was so much going on in my mind that I can't think of any words that could do justice to the pain I was feeling. At times, my thoughts were racing so fast I couldn't seem to grab onto a single thought. I was feeling restless, agitated, I couldn't sleep, I was anxious. Overall, I felt hypomanic. I didn't just feel hypomanic though, I felt depressed too. I was feeling sad, discouraged, hopeless, alone, resentful of others. Worst of all, I was feeling suicidal. Every night I went to bed hoping that I would not wake up in the morning. I thought about suicide. I wrote about suicide. I talked about suicide. I felt no worth in my life

and no hope for a positive future. Part of me knew just how dangerous my thoughts were, how much my family would miss me, how irreversible suicide is, and the other part of me just wanted to end it all.



I knew just how badly I needed help! I knew if I waited, the outcome could be catastrophic. Thursday night, I made the decision I would go to the Emergency Room the next day after work. It was a Friday afternoon, the Friday before Christmas. I

had the next 12 days off of work. It was not how I wanted to spend my vacation but it was how I needed to spend my vacation. My mom met me at the hospital and stayed with me the entire time I was in the Emergency Room. Stripped of all of my clothing left with just a gown, I waited to see the E.R. Psychiatrist. While I was waiting, I thought of everything that could possibly go wrong and not one thing that could go right. Every negative possibility crossed my mind:

What if they don't hospitalize me? What if they just send me home? I'll probably end up harming myself! I don't want to be involuntarily placed in the hospital if they think I'm too much of a danger to myself! What if the hospital is not a kind and warm place to be? What if I feel like they're not helping me? What if they don't discharge me when I request it and I'm stuck there? What if I'm not out in time to return to work on January 2nd? What if I can't have access to water all the time? I'm always thirsty! What if they don't give me Ibuprofen for my neck when I need it? What about Tums? I've got terrible acid reflux! How am I going to write? Will they let me have pens? What can I have? Can they even help me? Maybe I'm too far gone! What can they do in a few days for me?

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All of those were unfounded worries. I saw the Psychiatrist in the E.R. and she agreed that admitting me would be the best thing for me. The Social Worker got it pre-approved with my insurance company.

Within a few hours, I was transferred upstairs to One West, the psychiatric unit at Saint Joseph Medical Center. I spent five days on the locked unit of One West. I had feared going to the hospital so much because my past experiences in hospitals weren't great. The time I spent in the hospital was far better than any idea I had drawn up in my head. The experience turned out to be an invaluable one. It was nothing like the rigid experience I have had at hospitals in the past. I truly felt cared about, not like I was just another patient and this was just a paycheck for the staff. The nurses were warm and caring. One nurse even sat down and ate a couple of meals with the patients.

I arrived sometime after 11 p.m. on Friday night. I saw a unit Psychiatrist before 11 a.m. on Saturday and every day thereafter. There was an immediate medication change made. At dinner time on Saturday, I began taking a new medication, that is used to treat depression in individuals with Bipolar. It is used for people who are unable to take anti-depressants which is the case with me. The following day, the hospital Psychiatrist offered to see me as a patient in his private practice. I already knew that this doctor was a great doctor because I saw him when I was a teenager and I have a friend whose daughter sees him. My friend raves about him. I felt so grateful for the offer to see him outpatient.

The Social Worker was also very kind and helpful. She helped me get an appointment set up with the new doctor and helped me to find a therapist. The therapist and doctor are both in the same office. One of the nurses told me about a support group that I am still trying to work the courage up to go to. There were three groups a day on the weekends and holidays and four groups a day on week days. During the week, patients from the day hospital joined the groups. All of the other patients were helpful and caring. I allowed myself to utilize every resource and tool at the hospital so I could get better.

I left the hospital on Christmas day with a smile on my face. I enjoyed a Chinese dinner with my parents that evening and it felt like the best Chinese food I had ever had in my life. I left with a new and better outlook on many things. I left taking a new medication that was finally beginning to relieve the pain I had felt for so long. I left with a call into a therapist. I left with a new doctor. Most importantly, I left with hope for the future!

This experience at the hospital helped me to realize there is nothing wrong with asking for help. Even if that help means a locked psychiatric unit. I realized how important getting therapy is to my ability to live a fulfilling life. Medication can't solve everything. I recognized that I had been internalizing my thoughts and feelings and that I need to learn to talk about them. I came up with a plan to communicate better with my family. I wrote down some goals and have started to work on them.

I am so grateful to Saint Joseph Medical Center for all they did for me. I know that I still have a long way to go but the hospital was the first step in the journey. For the first time in 14 years with the diagnosis of Bipolar Disorder, I'm realizing that there really is nothing wrong with needing help and asking for that help.



About the Author

At the age of 15 Sara was diagnosed with Bipolar Disorder and spent 12 years silent about her illness. Two years ago she started a blog titled Kissing Stigma Goodbye and began to telling her story to the world. The goal behind telling my story is to raise awareness, fight the stigma of mental illness, and provide a sense of belonging

to individuals living with a mental illness and their families.

Check out Sara's blog at:
<http://nodifferentthanyou.blogspot.com>

Self-care and Recovery for Family Members

All families who must deal with the strain of serious or chronic illness in their midst eventually ask the questions “How do I to keep going in all of this? How can I maintain my own happiness and well-being and still meet the responsibilities of caring for my loved one?” When mental illness is the central problem, these questions loom even larger because of stigma, misunderstanding and reluctance on the part of others to become involved.

Family members who try to “grin and bear it,” or “go it alone,” will soon discover that this is the fastest route to burnout, and to the breakdown of our physical, psychological and spiritual reserves. Many of us see this as our duty and responsibility; to care for our ill family member. We also believe that as our duty, we must do it well. What we want you to realize is that in order for you to do this well, you must first learn to take care of yourself. You can’t care for someone else if you are not healthy yourself.

Principles of Living a Balanced Life

There are positive actions that can be taken to make life more bearable when a family member has a mental illness:

- ⇒ **Do as much as you can financially and physically to improve the situation, but don’t feel guilty about all you won’t be able to do.** If it isn’t possible to maintain a degree of peace, dignity and wellbeing within the family while the person with mental illness lives at home, other arrangements should be made. If it is necessary, don’t be embarrassed in seeking public support through available social services such as community clinics and state hospitals. You have every right to ask for information and help from the facilities of your state Department of Mental Health. Tax dollars are meant to support the truly disabled.
- ⇒ **Strive for good physical health.** Both the afflicted one and the other family members will benefit from a proper diet, regular exercise routine, and a clean, orderly living environment.



- ⇒ **Watch your stress level.** Don’t let yourself burn out. Put on the brakes when you feel yourself sliding into an untenable situation, when your nerves start to jump. A game of solitaire, an hour watching an interesting television program, a hot, luxurious bath, meditation, a walk around the block, digging and weeding in the garden—anything that stops or changes the direction of your thoughts can be helpful. Remember that no life is without stress. Learning how to cope with it is the key to making and keeping a life of your own. Look for what gives you peace of mind and enjoy it: A walk on the beach or in the woods; a movie, a play, a good book, a painting; a conversation with a dear friend; a prayer. The point is to let yourself go, to relax, to let your body and mind renew itself, thus recharging your energy.

- ⇒ **An effort to maintain social contacts is imperative.** If a family member becomes ill with a debilitating physical illness—heart disease or cancer, for instance—neighbors, friends and peripheral family members are often very supportive. If the illness is mental, the family involved usually feels stigmatized. The family unit often withdraws with their sick relative from the community at large. It is much better if they continue to circulate in as normal a way as possible. Such families are in a unique position to break down the walls of prejudice and fear that surround mental illness. If communication exists between afflicted families and their neighbors, there is often a great deal of compassion and understanding expressed.

10 Guiding Principles of Recovery

Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven

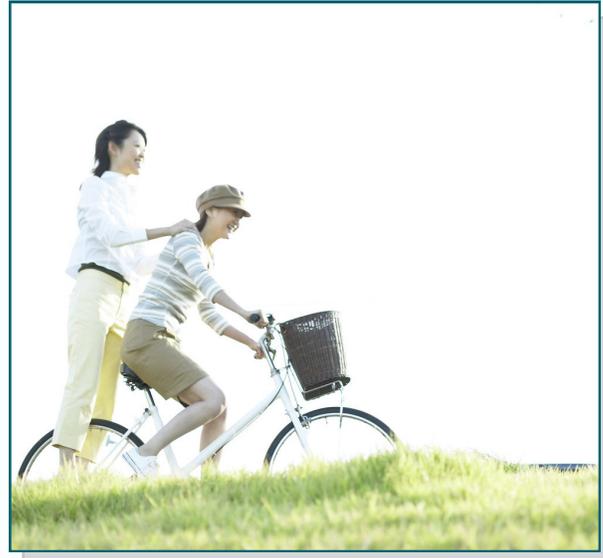
Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experience—that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. In some cases, recovery pathways can be enabled by creating a supportive environment.

Recovery is holistic

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity,



social networks, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths.

Recovery is supported through relationship and social networks

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee)

that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have

responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.

From SAMHSA's Recovery Support Initiative. Please see: <http://www.samhsa.gov/recovery> for more information on recovery.

Announcing NAMI Maryland's Newest Program: NAMI Homefront!



NAMI Homefront is a 6-session adaptation of the Evidence-Based NAMI Family-to-Family Program created specifically for the families of Service Members and Veterans dealing with mental illness. NAMI Maryland was selected to pilot

this program because of the success we have had reaching military families.

NAMI Homefront focuses on the unique needs of military and veteran communities, such as post-deployment and post-discharge transitions. The course is designed to help family members understand and support their loved one while maintaining their own well-being.

NAMI Maryland plans to hold 3 NAMI Homefront classes before the end of 2014 and we need your help! We are looking for sites to hold our classes, help with outreach and spreading the word about the course, and a few more current Family-to-Family teachers to be trained as NAMI Homefront teachers!

If you have any sites you would recommend to host a course, would like to assist with outreach to spread the word about NAMI Homefront courses in Maryland, are interested in being trained as a NAMI Homefront teacher OR would like to take the next 6 week NAMI Homefront course offered in Maryland contact us at 410-884-8691.

Save the Date!

For more information or to register call:
410-884-8691 or go to www.namimd.org

NAMI Maryland's Annual Conference

October 17—October 18, 2014
Sheppard Pratt Conference Center - Towson, Maryland

The NAMI Maryland Annual Conference is about hope, ideas, and gaining new skills. Here's your chance to learn about the latest research, discover resources that you may not have known were there, develop a talent for advocacy, and foster a better understanding of issues relating to mental illness.

The conference will include:

Plenary sessions discussing healthcare reform and other important issues. Speakers at the plenary sessions will include health, government, and advocacy leaders.

Workshops topics will include topics such as: accessing benefits; treatments for specific disorders, criminal justice and mental illness, mental illness and special populations (veterans, minorities, children, and other underserved demographics) and advocacy training and current issues. We welcome the support of agencies, organizations, businesses and individual donors in sponsoring this conference.

For more information please contact NAMI Maryland at 410-884-8691 or namimdevents@namimd.org.

<http://namimaryland.wix.com/annual-conference>

- ⇒ **Seek out and join a Support Group formed by families of people with mental illness.** There is much comfort and knowledge shared in such groups. If a group hasn't been formed in your community, you might start one. (Check out http://namimd.org/family_friend_support for more information.)
- ⇒ **Continue pursuing your own interests.** Burying one's hopes and desires in order to placate the demands of your relative with a mental illness will add to the problem, not diminish it. If you are an artist, continue to draw and paint. If you are a potter, continue to work with clay. If you enjoy woodworking, if you jog, if you are an active club member, continue to do those things that give you pleasure and make your life fulfilling.
- ⇒ **You will be better able to cope with your problems because, at least to a degree, you will still be your own person.** Don't let resentment build up in you because you have given up interests and dreams to meet the demands of your ill family member. It will do neither one of you any good. Be kind to yourself as well as to the patient.



Do something for someone else. Our own problems seem less defeating when we are involved in giving support to others.

Taken from NAMI's Family-to-Family Program. The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of individuals with mental illnesses. The course is taught by trained family members and all instruction and course materials are free to class participants. Go to www.namimd.org for more information about NAMI Family-to-Family.



Specific NAMI programs have been developed to help the process of recovery:

NAMI Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.

NAMI In Our Own Voice (IOOV) is a unique public education program developed by NAMI, in which two trained speakers share compelling personal stories about living with mental illness and achieving recovery. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation.

NAMI Connection groups offer a casual and relaxed approach to sharing the challenges and successes of coping with mental illness

NAMI Hearts and Minds is an online, interactive, educational initiative promoting the idea of wellness in both mind and body. Wellness is an ongoing process of learning how to make choices that support a more successful, healthy life.

Make a difference with advocacy here in Maryland!

► Tell your story!

The personal experiences of NAMI members makes a difference when talking to decision makers. Go to www.namimd.org/share_your_story

► Respond to Action Alerts.

The collective voices of advocates can influence legislators' decisions. Sign up on www.namimd.org to stay in touch!

► Advocacy Training

Advocacy training is an ongoing process. NAMI Maryland has training opportunities on how to be an advocate.

Take Action!

Email info@namimd.org to tell your story, ask to be added to action alerts, and learn the latest information on advocacy training.

Local NAMI Maryland Affiliates

NAMI Anne Arundel.....	443-569-3498
NAMI Carroll.....	410-857-3650
NAMI Cecil.....	443-955-4963
NAMI Frederick.....	240-379-6186
NAMI Harford.....	410-879-8570
NAMI Howard.....	410-772-9300
NAMI Lower Shore.....	443-229-2744
NAMI Metro Baltimore.....	410-435-2600
NAMI Montgomery.....	301-949-5852
NAMI Prince George's.....	301-429-0970
NAMI Southern MD.....	301-737-1988
NAMI Washington.....	301-824-7725

Make sure you get notices of NAMI Maryland's new educational teleconferences. The topics should be of interest to YOU!

Email your contact information to info@namimd.org and put "NAMI Maryland email list" in the subject line, and tell us how you heard about NAMI.

Donate to NAMI MD through your workplace giving campaign:

8568- The United Way
4186- The United Way of Central MD
80114- CFC of the Chesapeake Bay Area
5697- Combined Charity Campaign for Baltimore City
4900- MD Charity Campaign

Other Campaigns? Call our office.

Does your employer have a grant or matching gift program? Let us know!

CONNECTIONS is published by NAMI Maryland—National Alliance on Mental Illness of Maryland. Letters, articles, and responses are welcomed and encouraged.

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WORKPLACE GIVING CAMPAIGNS HAVE STARTED! REMEMBER NAMI MARYLAND!

Workplace giving is a simple way that employees can make tax-deductible donations through payroll contributions. Workplace giving is not only easy and efficient, it allows us to work together to benefit the community.

8568- The United Way
4186- The United Way of Central MD
80114- CFC of the Chesapeake Bay Area
5697- Combined Charity Campaign for Baltimore City
4900- MD Charity Campaign

Other Campaigns? Call our office.

Contribute to NAMI Maryland so that we can continue our mission to improve the quality of life for person diagnosed with mental illnesses and their families.

I want to make a difference by:

Volunteering (Skills/Interests) _____

Making a contribution (circle one) \$500 \$250 \$100 \$50 \$35
other \$ _____

Making a monthly contribution (we will contact you with details)

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