

MOODS

Serving People with Unipolar and Bi-polar Illness, Their Families and Friends, since 1981

July 2017

Role of the MDSG Director of Operations

By Michael Hoffman

The MDSG Board has named Michael Hoffman to the volunteer position of MDSG Director of Operations. Michael is a MDSG board member and has been a facilitator, site coordinator, and site director. Here Michael describes his new volunteer role as MDSG Director of Operations.

How can our support groups thrive and prosper? What must we do to achieve this goal?

- Get people in the door and inspire them to stay.
- Help fellow volunteers run the support groups effectively.
- Believe in what we do as volunteers.

Like a business in the traditional sense, MDSG must attract and retain loyal “customers” and maintain the morale of its volunteer staff. Based on my day job experience in project management for a financial company, I believe MDSG must successfully execute the following:

Consistency. Some members do not come for years but know where we will be every Wednesday and Friday. We offer the same core groups – bipolar, unipolar, Under 30, Friends and Family – sign people in at 7pm, start group at 7:30, and end at 9:15. Facilitators run groups using the same core rules – non-judgmental, confidential, healthy, safe and respectful.

Training. To improve our “product” facilitators go through a thorough training program, co-facilitate each group at least once, receive constructive feedback from other facilitators and members, and attend continuing education events. Our volunteers are well-trained to offer peer support, and genuinely empathize.

Well-organized. We ask facilitators to add their name to the schedule weeks before the start of the new cycle. Coordinators leverage standard email templates to confirm facilitator attendance and reach out to other facilitators to fill remaining spots. Coordinators communicate with facilitators via text if the facilitator is running behind. Volunteers support the Coordinator to set up, sign people in, and close the sites.

Backfill. Our streamlined approach minimizes volunteer burnout, improves our ability to cross-train, and mitigates key-man risk. If a volunteer cannot attend last minute or decides to take time off we have well-trained volunteers available to fill in.

Focused. Our focus is on the groups and the members in them. We connect with facilitators and members before and after group to effectively address important issues and concerns.

Evolving. On the board we analyze pain points, identify improvement opportunities and implement cost-effective solutions to continually improve our ability to accommodate anyone looking for support.

Strong foundation. MDSG has existed for 36 years and is well-situated to last another 36. We have a new website so that now when people land on www.mdsg.org they immediately see who we are and when we meet. Most people that come to us the first time often do not have the capacity to perform elaborate searches. Our website is high up in Google for variations of *Mental Health* and *Peer Support* in Manhattan.

Offer volunteer opportunities. Members do not attend because of a court order or to expedite a hospitalization. They come on their own accord to be proactive with their mental health and wellness. We encourage volunteers to manage side projects that fit within our mission.

MDSG averages 35 members on Wednesday and 60 on Friday. Our members come from all five boroughs, North Jersey, and sometimes even farther away. We perform a service for the dozens that attend, yet know there are thousands of others who could also benefit from our services.

I am confident we now have the foundation, with a website, flyers, and word-of-mouth, to reach out to more people like us who were once lost, but have found the support and encouragement to get ourselves onto a smoother path to mental wellness.

To my fellow volunteers: Thank you for all you do for our much appreciated and much needed organization.

Ask the Doctor with

David Hellerstein, M.D. and Li Faustino, Ph.D.

What is the difference between a psychiatrist and psychopharmacologist? And how do I choose between the two?

These days, all psychiatrists are trained in psychopharmacology, but this wasn't always the case. When I was a resident in the 1980s, many psychiatrists 'only' did psychotherapy, and others only occasionally prescribed medications. Back then, only a minority of psychiatrists had expertise in prescribing. Now nearly all psychiatrists do some prescribing.

There are, however, still psychiatrists who specialize in medication treatments, sometimes not doing psychotherapy at all; and they tend to describe themselves as psychopharmacologists. They may specialize in the medication treatment of schizophrenia, depression, bipolar disorder, or other conditions, and if their patients want therapy they are referred to another clinician, often a clinical psychologist or social worker, for what is called 'split' treatment.

I really don't like the side effects of my medicine, can I just stop?

If side effects are so intolerable that you are considering stopping your medication, they must be pretty bad. TALK TO YOUR DOCTOR! Does your doctor know that they're bothering you so much? In a way this situation is a test of the adequacy of communication between

you and your doctor, hopefully a two-way street.

It's always important to sort out the issue of severity. Obviously sometimes medicines can actually be **toxic**, requiring immediate evaluation and even emergency treatment.

Short of that, it's worth defining whether your side effects are mild, moderate or severe – and whether they are getting better or worse over time. For example, some of the atypical antipsychotic medications can cause significant weight gain, increasing risk of medical illnesses like heart disease and diabetes.

Other side effects may not be life-threatening but may have a significant impact on quality of life. Some mood stabilizers and antidepressants can cause hair loss, for instance, which can be debilitating even if 'only' cosmetic. Others can cause sedation which can affect ability to be productive at work, and if bad enough may increase risk of car accidents. Still others, like sexual side effects, can have an impact on intimate relationships.

As mentioned, sometimes side effects improve over time—when starting a new medicine, it may take a while for the benefits to emerge, whereas side effects are often apparent from Day 1. If you know that it takes several weeks for medicine to start working, and that the side effects may be worst for the first 1 or 2 weeks, then it's easier to stay the course.

My advice is this: keep a note of your side effects and how they relate to starting or stopping medicines, and whether they are getting worse or better over time. Your doctor will need your help in figuring out whether they require changes in medicine doses or even choosing different medicines entirely.

Recent Books

Ford, Elizabeth. [Sometimes Amazing Things Happen: Heartbreak and Hope on the Bellevue Hospital Psychiatric Prison Ward.](#) Regan Arts, 2017. 272p.

Aiken Chris & James Phelps. [Bipolar, Not So Much: Understanding Your Mood Swings and Depression.](#) Norton, 2017. 368p.

Mood Disorders Support Group

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All information in the newsletter is intended for general knowledge only and is not a substitute for medical advice or treatment for a specific medical condition.

Ask the Doctor Send your questions about depression and bi-polar illness to newsletter@mdsg.org Questions will be answered by a psychiatrist or psychologist as appropriate and as space permits.