

MOODS

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

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Ask the Doctor

Dr. Li Faustino, PhD

Dr. David Hellerstein, MD

Regarding mental illness, I hear that recovery is now the goal and the expectation, not just stability. Can you elaborate on that?

Recovery means returning to health from sickness. In mental health this refers to the more comprehensive approach and higher standard for treatment that has come with the peer movement. Put more simply, the medical model that “stabilizes” patients from their most acute symptoms is not good enough. Rather than JUST getting rid of symptoms, people with mental illness are now empowered to be as well as they can possibly be. This includes being independent, working, having community and support. It also means fighting stigma which helps clear a path to wellness and good care for more people. In general, recovery is the goal so that people with mental illness can know that they can have and should have a better quality of life and be able to sustain that life.

(Continued on page 2)

From the Chair by Dr. Li Faustino

About the Holidays

The holiday season can be pretty disruptive to normal life. If we look at what happens between November and January, we could probably find more than one aspect of the holidays that can cause unusual stress. Usually around this time people are thinking about family, financial stress, relationships and loneliness, traveling and eating. Over the new year, people may think about their accomplishments or lack thereof. In addition, there is less sunlight, cold weather, and sometimes time off alone. Any and more of these can cause stress and possibly lead to feeling worse. What can you do to guard against feeling worse?

Here are some helpful ideas that people in our groups have come up with over the years.

-keep in touch with friends even if you have to leave town. This can help keep us grounded and connected to our less stressful everyday lives that are not associated with the

holidays.

-make sure you use social media connections that are sound, people you know, and try not to get involved with new groups or connections who you don't know

-devote time to your usual routines such as reading alone, working out, studying or doing work.

-don't buy gifts if you can't afford it or get small gifts like \$5 gift cards for iTunes or for a local coffee shop.

-make sure you do not run out of medication-it can be tough to refill if either you or your doctor is away.

-try to keep as normal a sleep schedule as possible.

-lastly, do whatever you usually do to de-stress. If you are not sure how to de-stress, now might be a good time to try a new relaxation/meditation app like “calm” or “Headspace.”

MDSG groups are offered during all their usual times over the holidays. Getting support from people who understand can fend off feelings of isolation and sadness.

Ask the Doctor with

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

(Continued from page 1)

I am taking my medicine, but I still don't feel great—what else can I do?

That's a great question! The answer is, "Lots!" In recent years it has become clear that many lifestyle choices and behaviors can have a major impact on mood, energy, health, and general well-being. There's a whole raft of new studies showing the benefit of exercise for people with depression, for instance. And other studies show that mindfulness meditation can help decrease anxiety and depressive symptoms—and can have beneficial effects on brain activity, even helping to normalize the activity of brain circuits related to worrying and ruminations. Beyond that, weight control and healthy diets can help people decrease the risk of medical complications, and can extend years of healthy living. New studies show that having depression *and* poor physical fitness can have many negative outcomes, including an increased death rate and a higher risk for de-

veloping dementia. That's the bad news. The good news is that many of the so-called 'complementary' treatments, such as exercise, diet, yoga, meditation, etc., have now become mainstream because they can have such significant benefits on one's mental state.

How does your doctor determine how well you are doing, by his observations of you when he sees you for half an hour?

If you're coming for regular medication visits, your psychiatrist has gotten an extensive history including how you're doing at present, your previous history, your medical problems, your current life stresses, your strengths and social supports, and a host of other types of key information. By knowing your symptoms and how they've responded to medication, as well as side effects, your doctor can see how things have changed over the past month or however long since your last visit. A good clinician (of

whatever specialty) develops skills to assess how a patient is doing fairly rapidly, and then can make necessary treatment decisions, based on how the person has changed over time. Half an hour is actually a lot of time to do such an assessment; many patients tell me that they only see their psychiatrist (or their primary care MD, for that matter) for ten minutes at a time, sometimes only five minutes. To me, those shorter visits pose more of a challenge.

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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.