



Depression and Bipolar
Support Alliance

Feature / Backgrounder

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Living with Depression or Bipolar Disorder?

FIND PEER SUPPORT! FIND YOURSELF!

Depression and Bipolar Support Alliance (DBSA) offers life-saving peer support, information, empowerment, and inspiration to help people living with mood disorders thrive.

CHICAGO, IL – Beyond mere understanding and acceptance. **All the way to strength, resiliency, personal empowerment, and wellness.**

That's the fundamental, and transformational, service proposition of DBSA, the Depression and Bipolar Support Alliance (www.DBSAAlliance.org)—the world's largest peer support organization for people living with depression and bipolar disorder; its personal wellness center at www.FacingUs.org; and its newly integrated online programs of the Balanced Mind Parents Network at www.TheBalancedMind.org, supporting the families of children and adolescents living with mood disorders.

According to the Centers for Disease Control and Prevention (CDC), one in 10 American adults reports depression—25 million people just in the last 12 months. And approximately 2.6 percent of U.S. adults experience bipolar disorder, accounting for another 5.7 million people. That's more than 30 million adult Americans living with one of these mental health conditions. That's a lot of people!

And the World Health Organization estimates that by 2030, depression will be the leading cause of disability worldwide.

But there is great news on several fronts.

1. Peer support for people living with depression or bipolar disorder is close at hand from peers who understand the lived condition—because they're living it themselves. The Depression and Bipolar Support Alliance provides life-saving resources accessed by more than three million people annually through their toll-free referral line, publications, online resources, and nearly 700 in-person support groups in 300 nationwide chapters—making DBSA the largest depression and bipolar peer support network in the U.S.

According to DBSA External Affairs Executive Vice President Allen Doederlein, “We've learned that people living with mental health conditions are able to provide support

to each other in ways that are significantly different from all others. We can ask better questions and offer answers based on our personal experience. We know what it's like to be affected negatively by these conditions and move into a place of wellness. It's our ability to support each other authoritatively, as only those with the lived experience can, that's a hugely valuable difference.”

All DBSA's tools and resources help people living with these conditions find their own personal path to wellness and a successful life. Doederlein continues, “Rather than focusing only on symptom reduction, we support the individual—working in partnership with whomever (or whatever) is best equipped to help them—as they determine their unique path to, and goals for, personal wellness and a thriving life. We promote a balanced approach to treatment; recognizing four treatment paths—peer support, personal wellness strategies, talk therapy, and medication—and respecting each person's choice to pursue and utilize one or more of them. It's up to the individual to determine the path to wellness that works best for them.”

DBSA programs and service primarily focus on the first two treatment paths, peer support and personal wellness strategies—peer support for adults through its online resources and local in-person chapter services (www.DBSAAlliance.org), as well as support for families of children and adolescents living with mood disorders through its Balanced Mind Parent Network at www.TheBalancedMind.org, and personal wellness strategies through its www.FacingUs.org website (more on Facing Us below).

2. More and more, people understand the integral and equal nature of physical and mental health. As mental health stigma lessens, we see that mental health conditions cut across all boundaries of race, gender, nationality, educational and socio-economic status. They have been observed and reported throughout human history.

When DBSA was founded, professional understanding and treatment for depression and bipolar disorder existed. However, perception and treatment were determined by others, i.e. doctors, researchers, politicians, and loved ones. “Our aim has been to take personal control of our mental health issues, focusing on our strengths and resiliency in our pursuit of wellness,” says Doederlein. “In the process, we’re transforming the public perception of, and conversation about, depression and bipolar disorder.”

Encouragingly, there’s now a greater variety of integrative care modalities available to help individuals living with mood disorders take control of their health and drive toward complete and sustained wellness. One tool that supports this integration is the DBSA Wellness Tracker (Tracker.FacingUs.org), which helps individuals monitor the many elements that influence emotional, mental, and physical health—tracking moods, well-being, symptoms, lifestyle, medication, and overall physical health. The Tracker report can be used to observe trends or patterns that might be influencing a person’s wellness and, if desired, can be shared with a clinician to help evaluate treatment success.

3. Personalized tools are now available 24/7 to empower individuals with mood disorders to direct their own journey to wellness. FacingUs.org, launched in 2008 by DBSA, is an online home—a virtual clubhouse—where people living with depression or bipolar disorder can proactively engage in personal wellness activities. It’s a place of community, where members will not only find personal wellness tools, but also ways to inspire, and be inspired by, others. In the Facing Us clubhouse website at www.FacingUs.org, participants will find resources such as

- Personal Journal—Many individuals find journaling to be a very helpful wellness tool as way to track their personal day-to-day experience, for creative expression, for daily reflection, and to acknowledge the positive aspects of their lives.
- Wellness Plan—A plan puts the individual in control of their wellness and provides a clear picture of what they’re working for every day. The Plan walks the visitor, step-by-step, through the creation of an action plan to help keep their day, and life, on course.
- Media Room—In the Media Room, visitors and club members can relax and refresh listening to meditations or yoga; identify with others as they view their video stories; be inspired by peer art in the gallery or music on Facing Us Radio; be amused by comedy clips; and access a variety of tools to calm or uplift their spirit.
- Creativity Center—Podcasts, workshops and online courses help visitors and club members learn how to use their own creativity as a wellness tool.
- Wellness Tracker—The DBSA Wellness Tracker helps a person better recognize potential health problems and mood

triggers in their daily life. Each section of the DBSA Tracker’s Wellness Report provides helpful information to help individuals better partner with their clinicians on treatment plans that address their overall health and well-being. The DBSA Wellness Tracker is also available as a mobile app for iOS and Android.

4. The Affordable Care Act and Mental Health Parity laws have opened the doors for real, substantive improvements in coverage and care. The ACA requires that health insurance plans on the Health Insurance Marketplaces cover mental health and substance use disorder services. These new protections build on the Mental Health Parity law which requires plans to provide comparable coverage of physical and mental health conditions. Because of these laws, many more individuals living with mood disorders are now able to receive care.

Beyond individuals living with these conditions accessing multi-dimensional support for themselves through DBSA, the organization also urges—and supports—peers to become active advocates to influence and direct the transformation of the U.S. mental health care system.

Since its founding in 1986, DBSA has been advocating for all Americans living with depression and bipolar disorder. DBSA spearheaded peer advocacy efforts to pass the Mental Health Parity and Addiction Equity Act of 2008. The Affordable Care Act and Mental Health Parity laws have opened the doors for real, substantive improvements in coverage and care, but there is much more to do.

Currently, DBSA is actively involved in helping remove any barriers that people living with these conditions might experience accessing treatment. Some initiatives include advocating

- at the state level for improved access to, and quality of, mental health care including open access to all forms of treatment
- to ensure implementation of the Mental Health Parity Law at the state level
- that state implemented Medicaid programs include timely and equitable access to mental health services including peer support services
- to ensure individuals needing medication for depression continue to have access to them as a protected class in Medicare Part D
- for the inclusion of more peers in the professional mental health workforce and inclusion of certified peer specialists within mental health treatment teams
- to ensure that Veterans and their families have timely and equitable access to mental health care including peer support services for both Veterans and their families

Members of the U.S. Congress and state legislators look to

DBSA to provide briefings for them on mental health issues. DBSA also operates Care for Your Mind, a website at www.CareForYourMind.org, created in partnership with Families for Depression Awareness, which engages peers and family members in discussions concerning mental health advocacy.

5. The lived experience of depression or bipolar disorder can be a powerful tool to help others. DBSA has been a pioneer in developing the peer specialist profession and is a recognized leader in training for the peer specialist workforce. DBSA's Peer Specialist Core Training is a 5-day course that prepares people who live with mental health conditions to support the recovery of their peers.

A peer specialist is an individual with lived recovery experience who has been trained and certified to help their peers gain hope and move forward in their own recovery. As a person who has traveled a similar path, peer specialists foster hope for recovery and serve as role models and guides for the peers they serve. Peer specialists support their peers both individually and in small groups, and are employed by a variety of private and public organizations.

In 2013, as a result of President Obama's mandate that peer specialists be included in the U. S. Veterans Administration's workforce, DBSA was awarded a series of competitive grants from the V.A. to train 540 Veterans as peer specialists. To date, DBSA has trained 480 Veterans for the Veterans Administration. For information about DBSA's Peer Specialist trainings, visit www.DBSAlliance.org/Training.

6. The Best Bottom Line NEWS—While depression and bipolar disorder can be life-threatening conditions, people can and do move beyond simple survival to live full, thriving lives. One in four adults—almost 58 million Americans age 18 and older—is diagnosed with a mental health disorder in a given year.⁽¹⁾ Each year, more than eight million Americans think seriously about suicide, more than one million attempt suicide, and about 38,000 die from suicide.⁽¹⁾ More than 90 percent of those who die from suicide have a diagnosable mental health disorder.⁽²⁾ 25 to 50 percent of individuals with bipolar disorder attempt suicide at least once in their lifetime, and suicide is a leading cause of death in this group.⁽³⁾

DBSA explains the cost of settling for reduced symptoms is simply too great. It is, in fact, a matter of life and death—for when residual symptoms exist, individuals with mood disorders are

- at significantly greater risk of relapse⁽⁴⁾
- more likely to experience significant functional impairment, making the day-to-day demands of job and family challenging, and too often, debilitating.⁽⁵⁾
- more likely to have life-threatening co-occurring conditions, such as heart disease, hypertension, and diabetes—which is a huge factor in why individuals with mental health

conditions die, on average, 25 years younger than those without mental health conditions⁽⁶⁾

- at a higher risk to die by suicide⁽⁷⁾

History and Organization

A nonprofit 501c3 charitable organization, in 1985 DBSA was founded by and has always been operated by individuals living with depression or bipolar disorder. It's one of the primary distinctions of the organization. DBSA's charter stipulates that at least 51 percent of the national organization's staff, management, and board leadership must be comprised of people living with these health conditions. And nearly 100 percent of the local chapters' management are personally living with a mood disorder.

In conjunction with the 1963 Community Mental Health Act, which was signed into law in 1963 by President John F. Kennedy, and the resulting deinstitutionalization movement of the 1960s and 1970s—a number of individuals leading mutual support groups of people living with depression and bipolar disorder across the U.S. were concerned about the fact that they, and their mental health conditions, were being discussed broadly, but that they were never participating in the conversations.

This activist spirit of peer support groups in various cities was aligned with the results of leading researchers and clinicians, whose credentials and connections helped to bolster these groups and prove their effectiveness. In Chicago in 1984, these initial groups connected with each other with the goal of forming a national organization and creating a coast-to-coast presence. The goal was realized in 1985 when the National Depressive and Manic-Depressive Association was officially registered as a national non-profit organization. The organization changed its name in 2003 to the Depression and Bipolar Support Alliance.

DBSA is guided by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders. The organization has also been supported throughout its founding and expansion by nationally recognized experts and advisors, including

- Kay Redfield Jamison—an American clinical psychologist and author whose work has focused on bipolar disorder, which she has experienced since her early adulthood. Her latest book, *Nothing Was the Same: A Memoir*, was released in 2009. Additionally, she coauthored the standard medical text on manic-depressive illness and is author or coauthor of more than 100 scientific papers about mood disorders, creativity, and psychopharmacology. Dr. Jamison is Professor of Psychiatry at the Johns Hopkins University School of Medicine and serves as a member of the DBSA Honorary Advisory Board.
- Andrew Solomon—Author of *The Noonday Demon: An Atlas of Depression*. The book has won him fourteen national

awards, including the 2001 National Book Award, and has been published in 22 languages. It was also a finalist for the Pulitzer Prize. It has been on the New York Times bestseller list in both hardback and paperback and has been a best seller in seven foreign countries. Mr. Solomon has lectured on depression around the world. He serves on a number of nonprofit boards and is a member of the DBSA Honorary Advisory Board.

- Patrick Kennedy—Former U.S. Congressman and son of the late Senator Ted Kennedy, Patrick is the co-founder of One Mind for Research, a national coalition that is seeking new treatments and cures for neurologic and psychiatric diseases of the brain that afflict one in every three Americans. Kennedy lives with bipolar disorder and serves as a member of the DBSA Honorary Advisory Board.

Conclusion

DBSA represents the true face of mood disorders—not the faces of “crazies” or dangerous and imbalanced drains to society—but rather the faces of friends, family, co-workers, CEO’s Soccer moms, celebrities, professional athletes, and even the faces in our mirrors. Created by and for individuals living with depression or bipolar disorder, DBSA is the definitive resource for and voice of people living with these conditions. A pioneer in peer-support services for nearly 30 years, DBSA continues to be the national leader in peer-centered support, educational programming, and tools for successful living. DBSA is leading the way to transforming the way we treat these conditions—and the people who live with

them—moving beyond surviving to thriving!

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References

- (1) Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.
- (2) Conwell Y, Brent D. Suicide and aging I: patterns of psychiatric diagnosis. *International Psychogeriatrics*, 1995; 7(2): 149-64.
- (3) National Institute of Mental Health.
- (4) *Am J Psychiatry*. 2000 Sep;157(9):1501-4. Does incomplete recovery from first lifetime major depressive episode herald a chronic course of illness? Judd LL1, Paulus MJ, Schettler PJ, Akiskal HS, Endicott J, Leon AC, Maser JD, Mueller T, Solomon DA, Keller MB.
- (5) *J Clin Psychiatry*. 2007 Aug;68(8):1237-45. Mood symptoms, functional impairment, and disability in people with bipolar disorder: specific effects of mania and depression. Simon GE1, Bauer MS, Ludman EJ, Operskalski BH, Unützer J.
- (6) *Bipolar Disord*. 2004 Oct;6(5):368-73. Burden of general medical conditions among individuals with bipolar disorder. Kilbourne AM1, Cornelius JR, Han X, Pincus HA, Shad M, Salloum I, Conigliaro J, Haas GL.
- (7) *Psychiatr Serv*. 2013 Dec 1;64(12):1195-202. doi: 10.1176/appi.ps.201200587. Does response on the PHQ-9 Depression Questionnaire predict subsequent suicide attempt or suicide death? Simon GE, Rutter CM, Peterson D, Oliver M, Whiteside U, Operskalski B, Ludman EJ.