

Opening our eyes
The challenge to manage a mental illness
Nan Dickie

As a person with a multi-decade history of recurring depression (a mood disorder/mental illness), I am encouraged by the new language and strategies that have recently entered the realm of treatment for people with mental illness.

For many years, the term *self-help* has been used to describe various ways by which people with mental illnesses can best contend with the symptoms of mental illness. Numerous self-help books (of varying applicability) line bookstore shelves; a growing number of useful self-help groups exist.

Today, we talk about illness self-management. This term challenges one to be even more responsible for his or her life. Self-help, though a proactive term, seems to imply coping with, dealing with, or living with an illness. Self-management, on the other hand, as used today, goes one step further; it requires that people with mental illnesses be responsible, not simply to help themselves, but to:

- Learn everything they can about their illness, its usual and abnormal symptoms, and the wide range of traditional and alternative treatments
- With this knowledge, devise a personalized, comprehensive and well-thought-out action plan for their entire life of repeating mood cycles
- When possible, employ applicable self-management strategies and/or self-help strategies
- Find the necessary outside resources (personal and professional) to truly manage the illness throughout their lives, and use these resources effectively and optimally.

Everyone can, and sometimes ought to, be challenged beyond their present capabilities. That is a requisite for growth. When people with mental illness accept the term self-management, chances are that they will strive, and sometimes — hopefully often — succeed in going beyond what they had previously been able to do, and perhaps even beyond what was thought to be possible.

Self-management strategies must not be onerous or complex, for if they are, one may well face failure, something people with mental illnesses are too familiar with already. Nor should self-management be assumed to necessarily ease symptoms of an episode, or hasten recovery from it. Wise self-management strategies may do so, but there is no guarantee. However, when one employs self-management strategies on an ongoing basis, one may discover, over time, that the quality of life during all phases of a cycle may be enhanced.

For self-management to work, strategies must be realistic, and customized for each person, as no two people experience episodes in exactly the same way, with identical symptoms, nor to the same degree of severity.

Often the most one can do on the descent into an episode, and during an episode, is to employ self-help techniques which have worked in the past, as well as some they may have learned about since

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their last episode. It is best to establish, implement, reinforce, and if necessary, revise self-management strategies during remission (that is, good mental health), and during the long road to recovery when one regains self-confidence, a self-concept beyond the illness, and a sense of hope and optimism.
