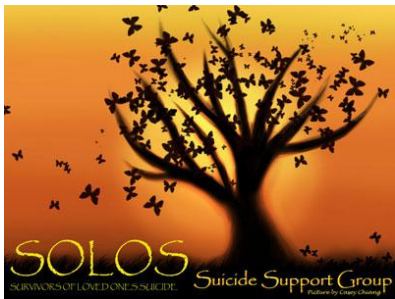


MARCH/APRIL/2016 NEWSLETTER



www.survivorsofsuicide.co.za

DURBAN NORTH joy@crisisteam.co.za
Joy Chiang 083 256 5993 :SueFairall 074 182 4360 Meetings are held the first Monday of every month from 18H30-20H30 at Pam Golding House, 2 Swapo Road Dbn North.

GLENWOOD
suicideprevent@gmail.com
Lori Barausse 083 652 0117
Meetings are held the 3rd Monday of every month from 18H00 171 Bulwer Road Glenwood

SADAG SUICIDE HELPLINE

0800567567

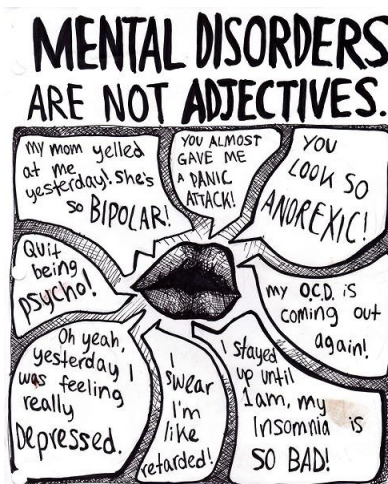
DIARY DATES : DEPRESSION AND ANXIETY GROUP MEETING: LAST TUES OF EVERY MONTH SMS Robin for details 0824991344

No one is obliged to speak and everything said is confidential.

Apologies for the very late Newsletter. The months have flown and with it time. Hopefully we are back in track and so you will get these on a regular basis.

Re Support Group News: Please let me know if anyone is interested to volunteer time to helping with Support Groups. We desperately need a support group for Depression. Cathy Hoggs who ran the Saturday Depression group tirelessly for many years has had to stop for personal reasons. So if anyone is interested in getting involved please email me on suicideprevent@gmail.com

Zane Wilson the founder of SADAG sent me this article and I thought it would be important and beneficial to share it with you.



How different would the world of people who suffer from mental illness be if Mental Illness was treated like Physical illness. This is how it should be and yet we

still seem to have to break down so many barriers. If all of us together create more awareness about Mental Illness and make others aware of how painful these awful stigmas are to the sufferers and their families we can certainly make headway. Little steps altogether can create a change. We need to do this.

What If Physical Illness Were Treated Like Mental Illness?

What if you were sick in bed for three days? You're popping Advil like candy to keep your fever down. You feel like you are going to die. Well-meaning friends offer to swing by the store if you need anything. Your mother brings over chicken soup and tells you to rest up and take it easy. Everyone says "get well soon!" But what if they didn't? What if, instead, they told you, "Have you tried ... you know ... just not having the flu? C'mon, shake it off!"

Or imagine you just cut yourself. Or threw out your back. Or had an asthma attack. Or were diagnosed with diabetes. And the response to your malady was "You just need to change your frame of mind, then you'll feel better."

These responses seem heartless and insensitive, not to mention socially inept. Yet because mental illness is so misunderstood, this is the type of "helpful advice" that people diagnosed with depression,

anxiety disorders and other mental illnesses confront on a daily basis. Talk about adding insult to injury.

Have you ever wondered what it would be like if people treated physical illness the same way many people treat mental illness? It's an interesting concept that was perfectly captured in the following illustration. (Image credit: Robot Hugs www.robot-hugs.com)



One of the most widely believed and most damaging myths is that mental illness is not a physical disease. Nothing could be further from the truth. As with most mental diseases, the causes are often unknown and from this lack of proper understanding, the social callous arises. Mental diseases can have a significant adverse effect on patients, in no small part due to lack of understanding by others. Many may believe the patient is at fault

or is in control of their affliction, which can lead to insensitive or uneducated statements such as "Have you tried ... you know ... not being depressed?"

The effects of mental illness in the U.S. cost nearly **\$210.5 billion** a year in lost productivity and direct costs, with an estimated **19 million Americans afflicted with clinical depression**.

There is a lot of public misconception with depression as simply being "overly sad", when in fact the symptoms include chronic fatigue, insomnia, difficulty concentrating, persistent feelings of hopelessness and worthlessness. Too often those who try to help patients with depression often lack the proper understanding of the illness, that it cannot be cured simply through cheering up. This then creates frustration in both parties.

Fewer than half of individuals affected by depression seek treatment due to a variety of misconceptions. Many patients believe that depression is a normal part of life (also known as the "everybody has their ups and downs" way of thinking) or a disease that they can treat themselves. Sadder still is many feel that seeking treatment indicates that they are personally weak. Some individuals don't even realize they are depressed and therefore don't know to seek

help. The social perception of depression needs to be corrected since it can lead to **substance abuse, ruined relationships, insomnia induced symptoms, and even suicide**. However, when a patient does decide to get help, there are often effective treatment options available which can help up to 70% of patients go into full remission.

Like depression, the development of anxiety disorders in patients is very complex and not well understood. Generally theories include brain chemistry, genetics, and life events being likely culprits. Anxiety disorders can be characterized simply as experiencing more anxiety than a typical situation, such as shopping in a store, should warrant. Anxiety disorders can impede one's ability to function correctly in society and can decrease the quality of one's life by causing avoidant behavior.

A specific form of an anxiety disorder, called **panic disorder**, occurs when the fear response is out of proportion for the situation, which often is not threatening. Anxiety disorders and depression often appear in patients simultaneously with nearly half of depression-diagnosed patients being also diagnosed with an anxiety disorder. Most often, anxiety disorders present with symptoms of intense **fear, panic, dizziness,**

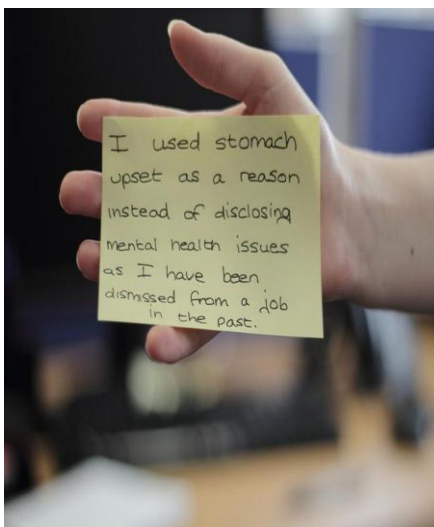
and shortness of breath as the “fight-or-flight” response becomes activated by the hypothalamus in the brain. Unfortunately, only one third of people with anxiety disorders seek help for this highly treatable condition.

Other mental diseases and disorders include Obsessive Compulsive Disorder (OCD) in which the sufferer feels the overwhelming need to perform certain rituals or routines based on constant fears they have. Bipolar disorder used to be known as Manic Depressive Disorder (those afflicted have moods that swing between mania and depression), but can be managed with medication. The feelings of fright and paranoia as well as the distorted thoughts and hallucinations of schizophrenia can also be handled with medication and therapy. Post-Traumatic Stress Disorder (PTSD), once known as shell shock or battle fatigue syndrome can affect more than just the military. Rape victims, trauma survivors and emergency workers can all develop PTSD, sometimes years after an event. It is more than just “not moving on” or “not getting over” something. Fortunately, these conditions can also often can be controlled with medication and therapy.

Mental diseases are real, diagnosable and often treatable.

When a person suffering from mental illness is diagnosed there are many questions. What is the ultimate outlook? What are the side effects of the medication(s)? How long has the illness gone undiagnosed? Is there a cure for it? But for those people who care about the mentally ill, there is one question they should ask themselves: “Would I say this if they had the flu?”

Article by **Robert J. Szczerba**



I used stomach upset as a reason instead of disclosing mental health issues as I have been dismissed from a job in the past.