HEAL GUIDES

RESOURCES TO HELP, EDUCATE AND INSPIRE

HIV/AIDS & Bipolar Disorder: Keys to HEALing

HEAL Health Education Advocacy & Leadership

A project of AIDS & Disability Action Program/Wellness & Disability Initiative
BC Coalition of People with Disabilities

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HEAL Guide No. 2

HIV/AIDS & Bipolar Disorder: Keys to HEALing

The HEAL Guides Series

The HEAL (Health Education, Advocacy and Leadership) framework is a cross-disability, self-advocacy approach developed by the BC Coalition of People with Disabilities (BCCPD).

Through education, advocacy and personal leadership (recognizing and sharing skills, experience and encouragement) people with disabilities discover new strengths, passions and possibilities. This creates a ripple effect into the relationships and communities around us.

HEAL is a path to empowerment and our Guides are intended to "help, educate and inspire" readers to explore their unique HEALing path. For information about HEAL and other HEAL Guides, visit the BC Coalition of People with Disabilities website at http://www.bccpd.bc.ca or contact us (please see page 3 for contact details).

How to use this HEAL Guide

HEAL Guides provide information from experts and researchers, as well as people living with chronic health issues and disabilities. They offer a selection of "keys:" facts, research findings, experiences, perspectives and insights about living with a disability or a combination of disabilities or health conditions.

Most keys are one paragraph or two at most. You can begin with any key that interests you or read the Guide from beginning to end.

The source for most keys can be found in parentheses at the end of the paragraph. To read more about each key, find the source in the Resources section at the end of this Guide. Additional helpful articles, books and websites are included. If you are reading this Guide on your computer, the links provided throughout are live and can be used to jump to listed resources.

Disclaimer

While considerable care and effort have been taken in gathering and summarizing the information included in this HEAL Guide, it may have become outdated since publication. HEAL Guides offer a brief and selected overview of research and perspectives on health topics to encourage discussion and participation in your health care, in consultation with your professional care provider. A recurring theme in HEAL Guides is the complex and personal balance that creates wellness. Your health care providers play an essential role and should always be consulted before making changes that may alter the balance for you.

Acknowledgements

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For more on HEAL, visit us at www.bccpd.bc.ca, under Programs.

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In This Guide

There is a particular kind of pain, elation, loneliness, and terror involved in this kind of madness. When you're high it's tremendous. The ideas and feelings are fast and frequent like shooting stars, and you follow them until you find better and brighter ones. . . . But, somewhere this changes. The fast ideas are too fast, and there are far too many, overwhelming confusion replaces clarity. . . . Everything previously moving with the grain is now against . . . . you are irritable, angry, frightened, uncontrollable, and emerged totally in the blackest caves of the mind. You never knew those caves were there. It will never end, for madness carves its own reality.

–Kay Redfield Jamison. Excerpt from *An Unquiet Mind: A Memoir of Moods and Madness* (New York: Random House, 1995)

Living with one or more chronic illnesses invariably includes periods of highs and lows. This can be part of the illness or it can be a result of the challenges of living with illness or disability. And, sometimes medications used to treat the illness can cause depression, as is the case with some HIV/AIDS treatments.

As you will read in this HEAL Guide, bipolar disorder is a difficult illness that often goes undiagnosed for years. Learning more about this illness, and the ways that it intersects with the symptoms of HIV/AIDS, may help you or someone you know. This guide offers information that we hope will motivate you to participate in your own HEALing: health education, advocacy, and leadership.

Things We Know

What is Bipolar Disorder?

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels and the ability to carry out day-to-day tasks. Symptoms of bipolar disorder are severe. They are different from the normal ups and downs that everyone goes through from time to time. Symptoms can result in damaged relationships, poor job or school performance, and even suicide. However, bipolar disorder can be treated, and people with this illness can lead full and productive lives. (*Bipolar Disorder*, NIMH)

Intense Emotional States

People with bipolar disorder experience unusually intense emotional states that occur in periods called "mood episodes." An overly joyful or overexcited state is called a manic episode and an extremely sad or hopeless state is called a depressive episode. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. People with bipolar disorder also may be explosive and irritable during a mood episode. (*Bipolar Disorder*, NIMH)

Changes Can Be Long-lasting

Extreme changes in energy, activity, sleep and behaviour go along with these changes in mood. It is possible for someone with bipolar disorder to experience a long-lasting period of unstable moods, rather than discrete episodes of depression or mania. (*Bipolar Disorder*, NIMH)

How Often Do Symptoms Appear?

A person may be having an episode of bipolar disorder if he or she has a number of manic or depressive symptoms for most of the day, nearly every day, for at least one or two weeks. Sometimes symptoms are so severe that the person cannot function normally at work, school or home. (*Bipolar Disorder*, NIMH)

Early Development

Bipolar disorder often develops in a person's late teens or early adult years. Some people have their first symptoms during childhood, while others may develop symptoms late in life. (*Bipolar Disorder*, NIMH)

Unipolar and Bipolar

For people living with HIV/AIDS and other chronic health conditions, depression, or unipolar depression as it is sometimes called, is very common and may be caused by the illness or by medications (see HEAL Guide #1, *HIV/AIDS and Depression*). Bipolar disorder includes periods of depression and manic or intensely "up" periods. It can be difficult to recognize because, for many people, the manic periods may be brief or infrequent. In some cases, a manic phase may not occur until several years after the onset of the illness. (*Bipolar Disorder*, NIMH)

What Are Common Symptoms?

Symptoms of mania or a manic episode include:

Mood Changes

- a long period of feeling "high," or an overly happy or outgoing mood
- extremely irritable mood, agitation, feeling "jumpy" or "wired"
- behavioural changes
- talking very fast, jumping from one idea to another, having racing thoughts

- being easily distracted
- increasing goal-directed activities, such as taking on new projects
- being restless
- sleeping little
- having an unrealistic belief in one's abilities
- behaving impulsively and taking part in a lot of pleasurable, high-risk behaviours, such as spending sprees, impulsive sex and impulsive business investments

Symptoms of depression or a depressive episode include:

Mood Changes

- a long period of feeling worried or empty
- loss of interest in activities once enjoyed, including sex

Behavioural Changes

- feeling tired or "slowed down"
- having problems concentrating, remembering and making decisions
- being restless or irritable
- changing eating, sleeping or other habits
- thinking of death or suicide, or attempting suicide

(*Bipolar Disorder*, NIMH)

Continuum of Symptoms

Bipolar disorder is a continuum with mania and depression at the two extremes. One end of the continuum includes severe depression, moderate depression and mild low mood. Moderate depression may cause less extreme symptoms. Mild low mood is called dysthymia when it is chronic or long-term. In the middle of the continuum is normal or balanced mood.

At the other end of the continuum are hypomania and severe mania. Some people with bipolar disorder experience hypomania. During hypomanic episodes, a person may have increased energy and activity levels that are not

as severe as typical mania, or he or she may have episodes that last less than a week and do not require emergency care. A person having a hypomanic episode may feel very good, be highly productive and function well. They may not feel that anything is wrong, even when family and friends recognize the mood swings as possible bipolar disorder. Without proper treatment, however, people with hypomania may develop severe mania or depression. (*Bipolar Disorder*, NIMH)

Mixed Symptoms Intensify Disorder

During a mixed state, symptoms often include agitation, trouble sleeping, major changes in appetite and suicidal thinking. People in a mixed state may feel very sad or hopeless, while feeling extremely energized. (*Bipolar Disorder*, NIMH)

Hallucinations Possible

Sometimes, a person with severe episodes of mania or depression also has psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to reflect the person's extreme mood. For example, psychotic symptoms for a person having a manic episode may include believing he or she is famous, has a lot of money or has special powers. In the same way, a person having a depressive episode may believe he or she is ruined and penniless or has committed a crime. As a result, people with bipolar disorder who have psychotic symptoms are sometimes wrongly diagnosed as having schizophrenia, another severe mental illness that is linked with hallucinations and delusions. (*Bipolar Disorder*, NIMH)

Four Types of Disorder

There are four basic types of bipolar disorder:

- Bipolar I Disorder is mainly defined by manic or mixed episodes that last at least seven days or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, the person also has depressive episodes, typically lasting at least two weeks. The symptoms of mania or depression must be a major change from the person's normal behaviour.
- Bipolar II Disorder is defined by a pattern of depressive episodes shifting back and forth with hypomanic episodes, but no full-blown manic or mixed episodes.
- Bipolar Disorder Not Otherwise Specified (BP-NOS) is diagnosed when a person has symptoms of the illness that do not meet diagnostic criteria for either bipolar I or II. The symptoms may not last long enough or the person may have too few symptoms to be diagnosed with bipolar I or II. However, the symptoms are clearly out of the person's normal range of behaviour.
- Cyclothymic Disorder or Cyclothymia is a mild form of bipolar disorder. People who have cyclothymia have episodes of hypomania that shift back and forth with mild depression for at least two years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.
  (*Bipolar Disorder*, NIMH)

Rapid-cycling Bipolar Disorder

Some people may be diagnosed with rapid-cycling bipolar disorder. This is when a person has four or more episodes of major depression, mania, hypomania or mixed symptoms within a year. (Akiskal) Some people experience more than one episode in a week or even within one day. Rapid cycling seems to be more common in people who have severe bipolar disorder and may be more common in people who have their first episode at a younger age. (*Bipolar Disorder*, NIMH)

Time and Season May Have Effect

Increased exposure to daylight and artificial light can set off a manic phase. Although the reason is not clear, summers can prompt mania and fall/winter can initiate depression. (Bowden and Singh)

Lack of Treatment Worsens Disorder

Bipolar disorder tends to worsen if it is not treated. Over time, a person may suffer more frequent and more severe episodes than when the illness first appeared. (Goodwin and Jamison referenced in *Bipolar Disorder*, NIMH)

Additional Illnesses Common

People with bipolar disorder usually have at least one additional physical or psychiatric illness. Substance misuse (alcohol or drugs) is common, although some researchers note that it is not clear which disorder develops first–bipolar or substance misuse. Substance misuse can complicate the symptoms of bipolar and has been linked to higher rates of mixed and rapid cycling mania, longer recovery time, and a higher incidence of physical illnesses. (Krishnan)

Physical disorders linked with bipolar include: thyroid disease, migraine headaches, multiple sclerosis, Cushing's syndrome and asthma. Illnesses that often result from the medications used to treat bipolar disorder include: obesity, Type 2 diabetes and renal failure (chronic kidney disease). (Krishnan; and Kupfer referenced in *Bipolar Disorder*, NIMH)

Anxiety Disorders

Anxiety disorders, such as post-traumatic stress disorder (PTSD) and social phobia, also occur often among people with bipolar disorder. (Muesser et al.; Strakowski et al.; and Krishnan)

Attention Deficit Disorder

Bipolar disorder may also occur with attention deficit hyperactivity disorder (ADHD) which has some symptoms that overlap with bipolar disorder, such as restlessness and being easily distracted. (*Bipolar Disorder*, NIMH)

Diagnosis Often Difficult

Other illnesses can make it difficult to diagnose and treat bipolar disorder. For example, people living with HIV/AIDS often experience depression which may be caused by the disease or by HIV/AIDS medications. (See HEAL Guide #1 *HIV/AIDS & Depression*)

Seeking Help

People with bipolar disorder are more likely to seek help when they are depressed than when experiencing mania or hypomania. (Hirschfeld 2010)

Not Seeking Help

Many people with bipolar disorder may not seek help at all because they don't realize they are not well. Inability to recognize that they are ill or appreciate the severity of symptoms, called *anosognosia*, occurs among people with bipolar disorder and also those who have had a stroke or traumatic brain injury, or have dementia or schizophrenia. Researchers note that anosognosia appears with more frequency and intensity during manic phases. Not only does this condition delay diagnosis, but it also makes treatment less successful because people do not recognize or acknowledge the need to take or continue their medication. (Orfei et al.)

HIV/AIDS Can Trigger Mania

A manic episode can be triggered by a number of medical conditions, including HIV and AIDS. Treatment for these illnesses is important in the management of bipolar disorder. (Bowden and Singh)

Lack of Diagnosis

Many have had to cope with bipolar disorder without a correct diagnosis or treatment for years. A US study in 2000 found that one third of people with bipolar disorder consulted a health care professional within one year of experiencing their first symptoms. However, sixty-nine percent were misdiagnosed, most often with unipolar depression. People who were misdiagnosed commonly saw four doctors before being correctly diagnosed and, for one third, this took 10 years. (Hirschfeld et al. 2003)

Diagnosis is a Process

In order to diagnose bipolar disorder correctly, your doctor will take a very detailed medical history. Previous medical records and input from family and friends is extremely helpful in reaching an accurate diagnosis. (*Bipolar Disorder*, NIMH)

The Burden of Stigma

The stigma surrounding both bipolar disorder and HIV/AIDS is sometimes described as worse than the illness itself. In fact, stigma has been found to lead to depression. (Vanable et al.) Stigma and the fear of being labeled prevent people from seeking treatment.

Stigma and Small Communities

For people living in rural areas, stigma and discrimination are common in both community and health care settings. This can be especially difficult to cope with because of lack of alternative care providers, social isolation, and lack of transportation and/or resources to travel for services (Zukoski and Thorburn).

Ageism and Stigma

For older people living with bipolar disorder and/or HIV/AIDS, the burden of stigma may be made even greater by ageism–judgment and discrimination based on age.

Stigma is a Major Stressor

Stigma, whether related to mental illness or HIV/AIDS, causes extreme stress. For people living with HIV, stress has been linked to faster progression of the disease. (Cohen et al.)

Satisfaction with Doctor

Research shows that those who were most satisfied with the doctor managing their treatment had a more positive outlook regarding their illness and their ability to cope with it. (Hirschfeld et al. 2003)

Things That Help

Standard Treatments

Treatment for bipolar disorder may include one or more of the following (*Bipolar Disorder*, NIMH):

- medications (mood stabilizers, atypical antipsychotic medications and antidepressants)
- psychotherapy (cognitive behavioural therapy (CBT)), family-focused therapy (working with the entire family to increase communication and problem-solving skills), interpersonal and social rhythm therapy (improving relationships and management of daily routines) and psychoeducation (education about the illness and treatment)
- electroconvulsive therapy or ECT (formerly called "shock therapy") can be helpful when bipolar disorder does not respond to other types of treatment
- sleep medications (difficulty sleeping is common for many people with bipolar disorder)

Complementary Therapies

Herbal remedies are a popular complementary and alternative medicine (CAM) option and are used by some people to treat depression. Although alternative medicines seem safe because you can buy them over-the-counter without a prescription, it is extremely important that you discuss them with your doctor. Herbal or natural remedies can interact with prescription medications (including those used to treat HIV/AIDS, depression, cancer, heart conditions, and seizures), in some cases making them less effective. (*St. John's Wort and Depression*)

For people with bipolar disorder, it is important to know that St. John's wort, an herbal product long marketed as a "natural antidepressant" and used in tea, capsule, and extract form to treat depression and other health problems, can trigger a manic episode. (Nierenberg et al.)

Uninterrupted Treatment

Bipolar disorder can be best controlled with continuous treatment, rather than starting and stopping in response to symptoms. Even with proper treatment, however, mood changes can occur and relapse typically means the return of depression. Studies show that if a person has another mental illness in addition to bipolar disorder, he or she is more likely to experience a relapse. (Perlis et al.; *Bipolar Disorder*, NIMH)

Monitor Your Health

People with bipolar disorder should monitor their physical and mental health. If a symptom does not improve with treatment, it's important to consult your doctor. (*Bipolar Disorder*, NIMH) Keeping a diary or charting changes in physical and mental health can be very useful.

Following a Medication Routine

Taking medications as prescribed (on schedule and regularly) is one of the greatest challenges in successful treatment of bipolar disorder. A US study showed that the most common reason for not taking medications regularly was simply forgetting. Those who most successfully manage their medications establish a regular routine in their lives and use reminder strategies to help them keep on track, for example, keeping medications in the same place, using pill bottles or pill boxes, and keeping a small quantity of medication with them all the time. (Sajatovic)

Knowlege and Self-awareness

Living well with HIV/AIDS and bipolar disorder requires knowing yourself, learning about your illnesses, and identifying strategies for self-care and coping. A study examining the experiences described by people newly diagnosed with bipolar found several common themes. Participants indicated the following as significant challenges: medication side-effects, coping with difficult symptoms, reactions from others to the diagnosis, identifying "early warning signs" and triggers, loss of a "sense of self," uncertainty about the future, and stigma. (Proudfoot et al.)

Defining Wellness

A study in New Zealand explored strategies used by people with bipolar disorder to "stay well." The concept of "wellness" was defined differently by each person. For some, wellness meant living a life without symptoms, while for others it meant making choices and taking control of their illness. For others, being able to separate themselves from the bipolar label was empowering. Describing a person as "manic depressive" or "bipolar" allows the illness to define the individual. (Russell and Browne)

The Right Diagnosis

According to participants in the New Zealand study described above, "[t]he first step in learning to stay well was receiving the correct diagnosis, and then accepting it." This is a challenge, given that it can take years for people with bipolar to be diagnosed. The most common misdiagnoses in this study were clinical depression, schizophrenia, anxiety disorders, borderline personality disorder and attention deficit disorder. Only with a correct diagnosis can people begin the important work toward acceptance. (Russell and Browne)

Staying Informed

Many people with bipolar disorder (one third of participants in one study) feel that they don't have enough information about bipolar and the role of medication in managing the illness. Continuing to take medication, even when the symptoms are gone, is key in preventing relapse. (Sajatovic) Being well-informed also enables you to participate in your treatment by asking questions and weighing options.

Mindfulness

"Mindfulness" is another key to living well with bipolar disorder. Defined by Russell and Browne as an awareness of self and responses to "physical, mental, emotional, social and physical environments," mindfulness enables people to recognize when they need to make changes to prevent an episode. Identifying which changes are most effective typically requires some experimentation. (Russell & Browne)

Similarly, author and medical doctor Jane Mountain notes that understanding the concept of normal or "healthy mood" is key in treating and living with bipolar disorder. She writes, "[n]ormal, or healthy, mood is a resilient mood. It has its ups and downs, but is distinguishable from the other moods of bipolar disorder in that these ups and downs do not have the intensity or duration of the extreme moods of bipolar disorder." Successfully managing the illness requires being aware of "mood clues"–signs of "just bordering on the edges of normal mood." (Mountain 2009)

Inhabiting this space is difficult for everyone. The fear of shifting either into depression or mania is a significant burden. It can also strain relationships when family and associates become preoccupied with watching for warning signs and focusing on the illness rather than the person. Health care providers must also carefully weigh when and how to adjust treatment strategies to prevent relapse and over-medication. (Mountain 2009)

Learn Your Triggers

Life experience and time to learn how to recognize episode triggers and which management strategies work best are important. For the New Zealand study participants, stress and sleep deprivation were the most common triggers. Other triggers included "fatigue, jet lag, hormonal fluctuations, change of seasons, all night partying and recreational drugs." (Russell and Browne)

Triggers to Avoid

Alcohol, caffeine, hallucinogens (such as LSD) and cocaine are common triggers of manic episodes. In addition, some medications like bronchodilators ("puffers" used for asthma and other breathing problems), antidepressants and Interferon can initiate an episode. (Bowden and Singh)

Planning for Wellness

Developing a "stay well plan" is important for long-term wellness. The plan can be an informal document or simply a verbal agreement with members of your support network. It describes triggers and problem areas that might initiate an episode and what you can do to prevent or minimize it. (Russell and Browne) The Wellness Recovery Action Plan (WRAP) is a "self-management tool for recovery [including] identifying triggers and stressors that threaten wellness, making a list of trusted individuals to call on for support, describing activities and strategies to maintain wellness, and detailing the kinds of circumstances that prompt initiating a crisis plan." (Suto et al.; Copeland, *Mental Health Recovery and WRAP*)

Regular Sleep

Establishing and maintaining good sleeping patterns is essential for living well with bipolar disorder. Going to bed at a regular time and avoiding intellectually stimulating activities in the evening are important. For times when disruptions are unavoidable, many people use medication to help them sleep. (Russell and Browne; Suto et al.)

Resting

"Waking rest" is described as helpful in managing bipolar disorder and typically involves re-energizing through activities, such as lying down or watching television. (Suto et al.)

Managing Workplace Stress

The workplace is a common source of stress and those with well-managed bipolar disorder recommend regular holidays, changing jobs if necessary, part-time work and regular counseling. For some, increased medication helps them to get through high stress times. (Russell and Browne)

Lifestyle Keys

Healthy lifestyle practices, such as a healthy diet, exercise, moderate to no alcohol or caffeine, time to relax with family and friends, quiet time, managing stress and laughter, were identified as vital in successfully managing bipolar disorder and most other chronic illnesses. (Russell and Browne; Suto et al.)

Finding Support

Support networks are a critical element in wellness generally, and in living well with bipolar disorder, as reported by participants in Russell and Browne's study. Networks included partners, parents, children, brothers, sisters, friends, colleagues, pets, churches, community and mental health groups, and health care professionals. (Russell and Browne)

Sharing Experiences

The realization that we are not alone in our struggle with illness, isolation, grief, and the pain of stigma and discrimination is extremely powerful. The strength found in connecting with others who share our experience is at the core of the HEAL philosophy. Mountain describes the value of shared experience in her article about peer recovery groups. "Individuals who have expe-

rienced the challenges of bipolar disorder provide unique perspectives and insights. Because they live the disorder from the inside out, rather than looking at it from the outside in, people who have bipolar disorder can provide valuable insights in recognizing and applying recovery skills." (Mountain 2003)

Supporting Others

Volunteering is an important means of connecting with other people and gaining perspective. As one study participant said, "What I've noticed is that when I have a bit more outward kind of motivation and movement and being involved in the world, in helping other people or even just giving things away or giving of my time and energy, that's really helpful in terms of keeping balanced in my own life." (Suto et al.) The affirmative value in giving of ourselves is central to the HEAL philosophy.

Healing Through Stories

Maintaining "self" while living with the challenges of bipolar and HIV/AIDS demands awareness and effort. In an article about the role of story in healing and illness management, Mountain wrote, "Healing comes through sharing the illness experience. But when we tell our stories, we need to include the chapters about wellness. Our lives must become focused on health, so that wellness can be woven into our daily stories and the stories of our communities." (Mountain 2008)

Recognize Stressors Early

Stress, especially stress that disrupts sleep, can trigger hypomania and depression for people with bipolar disorder. Family issues, personal relationship difficulties and employment problems are a few of the common and often unavoidable stressors. Early warning signs of a bipolar episode are variable and unique to each person and to the type of episode–mania or depression. Learning to recognize these signs and to intervene early is key to living well with bipolar. (Russell and Browne)

Stress Management Programs

A study published in 2008 reviewed 35 stress management programs for people living with HIV/AIDS, including training in guided imagery, progressive muscle relaxation, interpersonal skills, medication and other aspects of living with HIV, and coping skills. Researchers found that these strategies improved mental health and quality of life, and reduced fatigue. (Scott-Sheldon et al.)

Remember Your Strengths

It can be very difficult to feel good about yourself when you are under the stress of having symptoms that are hard to manage, when you are dealing with a disability, when you are having a difficult time or when others are treating you badly. At times like these, it is easy to be drawn into a downward spiral of lower and lower self-esteem. Low self-esteem may also be a symptom of depression. One thing you can do to help you feel good about yourself is to make a list of at least five of your strengths (courage, friendliness or creativity, for example). Next, make a list of ten ways you could reward yourself that are free and not related to food or drink. Examples might include taking a walk in your favourite part of town or in the woods, enjoying a conversation with a good friend and browsing at the library. When you feel that you need a lift, do one of the activities on your list. (Copeland, *Building Self-esteem*)

Avoid Self-medicating

The pain that comes with chronic health problems, stigma, low self-esteem and other challenges in life can lead many people to "self-medicate"–use alcohol, nicotine or recreational drugs for temporary relief. Researchers have found that bipolar disorder and substance misuse commonly occur together. People with bipolar and substance misuse disorders are especially susceptible to high risk sexual behaviour during manic periods. Manic-related excitement and euphoria, increased energy, reduced impulse control, poor judgment and hypersexuality can lead to unsafe sex, sex trading and sex with multiple partners. (Meade et al.)

Massage Therapy

Massage therapy has been found to improve overall quality of life and ability to cope with stress for people with HIV/AIDS, especially when combined with meditation or relaxation training. Researchers believe that massage therapy may also increase the body's ability to fight HIV/AIDS. (Hillier et al.)

Positive Psychology

Looking for positive aspects of a challenging situation is a way of coping with difficult life events and is called "benefit finding" by psychologists. Researchers have found that people who look for and recognize some of the positive effects or benefits of living with HIV/AIDS feel more optimistic and able to manage challenges they face. Examples of some of the benefits identified include access to medical care and disability benefits following HIV diagnosis, better relationships with family and friends, improved coping skills, and improved eating habits and nutrition. (Littlewood et al.)

The Importance of Meaning

Author of *Feeling Good: The Science of Well Being*, C.R. Cloninger, argues that therapy must address spiritual beliefs and needs because spirituality is key to resilience. People with mental health disabilities need support to increase self-awareness and to find "self-acceptance and meaning in coping with life challenges." Consistent with the HEAL philosophy, Cloninger explains that meaning "can be found by encountering someone or something that is valued, acting with kindness and purpose in the service of others, or developing attitudes such as compassion and humour that give meaning to suffering." (Cloninger 2006)

Spirituality

According to researchers, spirituality or religiousness increases after people have been diagnosed with HIV. (Ironson et al. 2006) These individuals also experience less depression and hopelessness, have lower cortisol (stress hormone) levels, smoke less and practice safer sex. (Ironson et al. 2002)

Improve with Exercise

Exercise is commonly recommended for depression. It can reduce stress, and increase energy level, strength and muscle tone. Discuss your exercise plan with your doctor before beginning to ensure that your medications, physical health and current fitness level are considered. (Bopp et al.) For an overview of how to safely begin an exercise program for people living with HIV/AIDS, see Mooney and Vergel's "Exercise: The Best Therapy for Managing Side Effects."

Recent studies also show that exercise reduces depression and depression-related fatigue in people with chronic illnesses by increasing their sense of achievement or mastery of physical exercise goals. (University of Illinois News Bureau)

Be Your Own Advocate

Living with one or more chronic health conditions means that there are times when you need to advocate for yourself. Becoming a good self-advocate will also help you when you need to advocate for others. Self-advocacy–protecting your rights and getting the information, care or changes you need–can be especially difficult when stigma, depression and low self-esteem are involved. Effective self-advocacy involves organizational skills to focus and identify what you need, get the facts, plan a strategy and set goals. Good communication skills are needed to explain your situation and gather support from others, to ask for what you want and to assert yourself calmly. Learning self-advocacy strategies is well worth the effort and will help bolster your self-esteem and nurture patience–two essential ingredients for success. For practical step-by-step suggestions, see Mary Ellen Copeland's *Speaking Out for Yourself: A Self-help Guide*.

The Importance of Connection

Maintaining friendships or making new friends can be extremely difficult when you are living with a chronic illness and even more difficult if you are feeling depressed or have low self-esteem. *Making and Keeping Friends: A Self-help Guide* by Mary Ellen Copeland offers excellent practical tips to get started finding new friends and maintaining friendships.

Resources

For the source and additional information about the keys above, look for the author's name or article title (which appears in parentheses in the keys) in the resource list below.

The links in this Guide are live, so you can jump to the reference or website directly from the PDF on your computer.

You can learn more about HEAL (Health Education, Advocacy, and Leadership) in BCCPD's *Transition* magazine (Summer 2009) at: http://www.bccpd.bc.ca/transsummer09.htm.

Akiskal, H S. "Mood Disorders: Clinical Features." In Kaplan & Sadock's Comprehensive Textbook of Psychiatry. Edited by B J Sadock and V A Sadock. Philadelphia, PA: Lippincott Williams & Wilkins, 2005.

BC NurseLine.
Telephone Anywhere in BC: 8-1-1.
TTY (Deaf and hearing-impaired): 7-1-1.
Call 8-1-1 to speak to a registered nurse 24 hours/7 days/about non-emergency health concerns.
To speak to a pharmacist: call 8-1-1 for medication information between 5 pm and 9 am 7 days/when your pharmacist may be unavailable.
For nutrition advice, call 8-1-1 to speak with a dietitian.
Translation services are available in over 130 languages on request. Say the name of your preferred language in English to be connected with an interpreter.

BC Partners for Mental Health and Addictions Information. HeretoHelp. http://www.heretohelp.bc.ca/ (accessed March 7, 2010).
A partnership of:
Anxiety Disorders Association of BC; BC Schizophrenia Association; Canadian Mental Health Association, BC Division; Centre for Addictions Research of BC; FORCE Society for Kids' Mental Health; Mood Disorders Association of BC.
Access information in multiple languages. Publications include: *BC School Resource Guide*; Brochures; Fact Sheets; State of the Knowledge Papers; Toolkits; and *Visions Journal*.

BC Persons with AIDS Society (BCPWA). http://www.bcpwa.org (accessed March 7, 2010).
Resources, support, events/news, advocacy, and more.
Healthy Living Manual and *Living+ Magazine.*

Bipolar Advantage: Looking at the Positive Side of Disorder. [Blog] http://blogs.psychcentral.com/bipolar-advantage/

Bipolar Disorder. rev. ed. Bethesda, MD: National Institute of Mental Health, 2009. http://tinyurl.com/c3cl5z (accessed March 25, 2010).

Bizzarri, J V, A Sbrana, P Rucci, L Ravani, G J Massei, C Gonnelli, S et al. "The Spectrum of Substance Abuse in Bipolar Disorder: Reasons for Use, Sensation Seeking and Substance Sensitivity." Bipolar Disorders 9, no. 3 (May 2007): 213-220.

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HEAL GUIDES

RESOURCES TO HELP, EDUCATE AND INSPIRE

HIV/AIDS & Bipolar Disorder: Keys to HEALing

HEAL Health Education Advocacy & Leadership

A project of AIDS & Disability Action Program/Wellness & Disability Initiative
BC Coalition of People with Disabilities

Guides funded by the Provincial Health Services Authority

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