

# 1.3

---

## A JOURNEY THROUGH MENTAL ILLNESS: ASHLEY'S STORY

Personal stories are crucial for understanding mental illness. They allow us to connect with the lived reality of mental illness and to appreciate the strength, resilience and perseverance of individuals seeking help for mental health challenges. They cultivate our empathy and compassion and encourage us to reach out with understanding and support.

## A JOURNEY THROUGH MENTAL ILLNESS: ASHLEY'S STORY

In losing my mom at the age of five, I really shut down internally. My alcoholic dad was an angry person very against God. I would stuff feelings a lot during abuse from my dad. Therapy was never a thing; and there was really no support. There were older ladies who would bring me to church but no intervention for any emotional problems I had. At the age of 13, after watching my dad deteriorate and die from lung cancer, I discovered that alcohol really numbed those feelings I was carrying around.

### A Diagnosis

After my father died, I was moved to Minnesota to live with extended family. I experienced some sexual abuse while there and mental health issues really started to bubble to the surface. I began cutting and burning myself. I found that the external pain helped release the internal pain or give a relief to that in a kind of way. I continued drinking to suppress my feelings. When my behaviors were identified by my aunt and her family, I was brought in to my first case manager. I was referred to mental health professionals - psychiatrists and therapists - and diagnosed with oppositional defiant disorder and major depressive disorder and put on some medications.

Eventually the whole situation came to a head. The abuse became known, the family dissolved, and I was placed into therapeutic foster care at the age of 16 and remained there until age 18. This

was the first time that counseling was introduced to me. It was very hard for me to say things out loud so I found that writing was an expression for me. I would write down throughout the week how things were going and how I felt, and just hand it to the therapist to read. That was helpful for me during that period of time, although I did have struggles. I was placed in a strict household because of a past history of running away with older men and things like that.

### On My Own

When I turned 18, I was let go from the foster program - kind of just set off into the world with no real family and my mental health support cut off. I did have two half-sisters in Minnesota, but they enabled me to drink and I got in a relationship right away. I ended up pregnant with my first son at 18 right out of high school. The pregnancy squashed my plans to go to university and pursue a degree at that time, but I loved that little boy so much. He was my world.

I struggled in adulthood - finding more freedom to dip into alcoholism and partying in my early years. I began using drugs and getting into toxic relationships. Nearly every relationship I had in my adult life turned me on to stronger and stronger drugs - marijuana to cocaine to methamphetamine - and eventually they turned abusive. My mental health declined as I got more and more into drinking, and became more and

more dependent on drug use. In that struggle, I turned back to self harm (cutting) and dealing with my feelings that way.

### **Falling Apart**

The majority of my twenties was substance use, poor mental health, and all this kind of toxicity. I was incarcerated and did jail time for behaviors that happened while under the influence of alcohol. I lost my kids multiple times to foster care and family. Everything fell apart in my late twenties due to these circumstances. At that time, my mental health was really acknowledged and my support actually increased.

### **Getting Clean**

A case manager began to work with me. There was a Child Protection Services (CPS) worker that helped me take the steps needed for reunification with me and the kids. I worked with Rise, Inc. on housing and employment. It was hard to navigate but the CPS worker went above and beyond in meeting me where I was at. I did well at following the case plans and making the visits. I really did want my kids back. The case manager saw I was in a particularly abusive situation and helped me find new housing. I moved into a safe space, my own apartment, where I worked on getting clean. I had a good stretch of time where I was off meth and things like that - just me white knuckling it. I was lacking a social network or recovery meetings. I eventually did get reunited with my kids after about nine months of abstinence.

### **Mental Health Struggles**

I still struggled with mental health. I ended up going into the hospital for a major manic episode after having my son for a few months. I was put into the psychiatric unit for a couple days of evaluations and medication trials. I was given a new diagnosis of bipolar one disorder. Because I wasn't given much education, it felt like it was a death sentence of sorts. After being stabilized, I was released; but the bipolar came back in full swing. I lost my kids again as a result of an emergency room visit and being honest about my continued drug use.

My life became a revolving door of treatment programs, psychiatric units, and no treatments. I couldn't hold a job during that period of time so I became homeless. I hit rock bottom while in a treatment center, missing my kids, realizing all the years of not being there for them, and the detrimental things that I did do. At that point, I was really ready to find recovery. I plugged myself in - got stabilized on the medications I needed to be on, got in regular mental health care, sought out a recovery group in the community and got plugged into an AA meeting. I found a sponsor, worked the 12 steps, and really put the work in.

My previous case manager stuck with my case. She was a firm believer in me. She had such care and compassion that she followed me even when she didn't have to. She would make an hour long drive just to see me in person, be there for me, and hear my story.

My CPS worker also went above and beyond and stayed with my case. She never cut me off or pushed a decision to permanently lose my kids. She was always a supporter; always pushing for me to get where I needed to go. I think they saw the potential and they didn't let go of that.

My sponsor also connected me to people in the recovery community. I found online resources, and support groups on Facebook. I would just post saying, "Hey, I really need a meeting tonight. Is there anybody going or anybody that could give me a ride to the meeting place?" I always got an answer. I even got tapped into street ministry - going out and helping the homeless people - after a conversation with a pastor online who I had shared my hopes and dreams with. That was just a really good experience altogether.

I moved into a sober home which I very much enjoyed. It was religious, strict with chores and things like that. I really plugged into that but mental health got in the way again. I went back to treatment and was introduced to a peer specialist which really planted a seed in me. It was the first time somebody told me that I could take hold of my life, my situation, my mental health, and the first time I saw somebody like me, with the same diagnosis, flourishing. It gave me a lot of hope.

### **A Spiritual Intervention**

Coming out of the sober home, I went into adult foster care where I did alright

for a while but then relapsed and hit another rock bottom. I was cut off from my foster family after using their place to drink, do drugs, and act out; I could no longer stay at their home. I was ready to end my life; I had a plan and knew what I was going to do. Then I had a "spiritual intervention." In my mind, God clearly showed me two pathways right in front of me. I saw what it would look like to end my life - what it would mean to my kids, the legacy of my family - and how much it would hurt my kids and forever change their lives. And I saw what it would be like to ask for help on my own for the first time - not because I was in trouble, or in the system and being told what to do and navigated by others. I realized I had the option to really do it on my own terms. So I chose that - I had a mustard seed size faith and I ran with that and asked for help from my case manager that I had had all this time. I was honest, open and transparent about it. I told her all the things that had happened that I had previously hid, and that I really wanted help. Treatment wasn't an option but at the last minute she got me plugged into a foster home that opened up. It was my second chance from God. I saw something I really didn't want to waste, so I got moved in and put into practice everything I had learned from my best treatment program. I got plugged back into AA and got a sponsor to rework the 12 steps with me. I didn't have transportation so I utilized what I had learned about reaching out online and found rides to a church and got plugged in there. I still had my case manager, and my CPS worker, but I also added peer

support and things like that.

Four and a half years ago I had a slip up and was hospitalized but it was different for me. In the past, I had let being in the hospital beat me, defeat me, knock me down and keep the cycle going. This time, my faith brought me through. I came out of the hospital and just picked it all back up and kept doing well. Eventually I was taught how to take my medications myself which was really positive for me because I can't really manage my bipolar issues without the medication. The seasons I struggled, it was mostly related to coming off my meds or only taking what I wanted. I got really strong in taking my meds, taking care of myself physically and mentally, continuing to go to church and flourish there, and making new friends. I grew my involvement with the recovery community and got plugged into employment and housing with RISE. Anything that was available to me - ARMS workers, peer specialists, therapy, EMDR - I navigated and figured it out. I got it set up for myself and just kept progressing. I kept going day by day, putting it together, adding up the time and doing what I needed to do to take care of myself. I was on disability and worked part-time.

### **One Day at a Time**

One day at a time eventually paid off. RISE helped me get into my own apartment. I had had over a year of sobriety under my belt so they supported me in getting custody of my son Dominic back. I had so many support letters from people that had seen me put in the work,

succeed, and have stability. My sister, who had custody, agreed. My daughter was coming every weekend.

During that period of time, I did the certified peer recovery specialist training and got certified with the state, passing with a score of 100. I started working in a treatment center and began mentoring for my church's transitional living program which helps people coming out of addiction, homelessness, and abusive situations. I began sharing my story mainly with women in treatment. I've found that's very therapeutic for me. When my pastor had an opening in her program, I began working for her. This led to a move to my hometown of Cambridge.

My 14-year-old son is doing phenomenal. He's been through so much but he's never wavered. He's always had a strong head on his shoulders and we've always been very close. He's a go-getter - gets his homework done, began working at age 14 at McDonalds. I've continued to take opportunities for additional training - getting certified in the mental health portion of peer specialist training, and forensic peer recovery. I've gone full circle - now teaching others on programs that were introduced to me in treatment. I now work with a wide variety of people including going into jails for peer support. I've graduated into the coordinator's position for justice and harm reduction and oversee the peer specialists at my church.

Two years ago, after being in therapy for awhile, I had an updated diagnosis of

borderline personality (BPD). It had been put on my diagnostics, but I had never been told. A coworker had had the same diagnosis for years and gone through Dialectical Behavior Therapy (DBT) and recovered to the point that she no longer met the criteria for the disorder. Before, a diagnosis would have really beaten me down. With each diagnosis, I would have a moment of defeat thinking, “I’m going to have this for the rest of my life; another thing working against me.” Knowing of her experience and seeing her journey kept me from letting the diagnosis defeat me. I was at the point where labels and the diagnosis don’t define me so much anymore. I just took it as, “OK, it’s a part of me. I need to understand it.” Instead of relapsing over it or anything like that I sought out literature and books at the library to read. It was hard to find things but I did know of DBT. I had always wanted to get plugged back into that so about a year and a half ago, I started. I put my all into that program with the goal of completing it and no longer meeting the diagnosis criteria. I graduated, and when an updated diagnostic was done, I was found to no longer meet the criteria for BPD. That was amazing in my story.

## Stability

In order to remain stable and thrive, I do a lot of the same things I’ve done throughout my journey - caring for my mental health and being aware of it. The past year I was working on becoming med-free. That’s always been a desire of mine but I had come to the point where I didn’t really let that define me. I found it

was OK to be on medication. Some people just need them in order to live their lives to the fullest and be OK. I was okay with finding the lowest therapeutic dose possible so I tried titrating down on meds. Communications with my doctor have really helped me thrive. He’s very open to discussing changes in treatment. In the process, I got to the point where it was obvious the dose was too low. For whatever reason, biological or situational, maybe a combination of both, it just takes medication to keep me level. And that’s OK to live my best life.

I’m a high-energy person; I think I have a higher energy baseline than most people. It keeps me going in my six roles with Wellness In the Woods. I love the diversity of being able to go one place one day and another the next, and meeting new people. It’s a big part of what keeps me going in my life. My recovery is working with others and doing peer support. I love meeting people where they’re at, hearing their stories, and being able to share a little of mine. It’s so beautiful to watch somebody from the very beginning develop their recovery pathway and be alongside them. And when there’s a slip or a stumble, to be there to encourage them to get back up. Peer support has been huge in my life, keeping me going, keeping me better, and helping me maintain supports and services.

I’ve graduated off a lot of my supports. I had Independent Living Skills (ILS) when I first got my apartment. They taught me housekeeping skills, parenting, and stuff like that. My employment specialist with RISE taught me how to budget. She’d

come every month and would write down all my bills, my budget and see how much I had left. Learning financial management skills and gaining endurance in my work to be able to handle more hours has enabled me to work myself off of disability. I'm no longer on that and I'm pretty much working full-time now between the two jobs. My work and my kids keep me going. My son started college this past fall, and recently enlisted in the military. I'm really proud of him; he's a huge part of how I keep going and how I do what I do. I went back to school for a licensed alcohol and drug counselor (LADC) certification and got straight A's in my fall semester. I'm hoping to work under the therapist my church has for the outpatient services they will be offering.

### **The Process of Recovery**

It's always a process, I think, of setting goals and being aware of yourself and where you want to go, and reassessing. You set a goal, you meet that goal, then what's next? Always keep moving forward, and remember you can't fill from an empty cup. Working with people and hearing so many stories can be draining at times so self-care has been huge to me. My boss will send me a message: "Breathe." She's been extremely supportive of me and keeps me level so I don't do too much and burn out.

I've found my biological family throughout the years and there's been a lot of hurt there. I've been judged and put down for the mental illnesses that I've had. I call them mental health challenges

now but, for where I was at at the time, it really was an illness. In the past, I was told I take handouts all the time. I found the people who were supposed to love me the most really let me down and disappointed me. It's been people with compassion - both with lived experience and not - that have made the difference. People who want to be there for you, they care about your wellness and want to see you flourish and live your life to the best. Specifically, my case manager, who spent a whole six years with me from the worst of the worst to the best. I graduated from case management probably two years ago now but I keep sending her emails when big things happen. She was huge in my life.

There were so many instrumental people who held hope for me. People like Monica, who knew what it was like having BPD, had recovered from it, and was there for me. She sat with me; she talked me through it and let me feel my feelings. Then, without influencing, I was able to come to my own decision about the treatment that I wanted. That's really what we need to do - come alongside people as they decide what works for them, what's right for them. It's our choice and what we want to do with our lives that really sticks and we can do the best with.

Monica was also there for me when I first started at Wellness in the Woods. In one of our training sessions, I was pretty much silent the whole time. I was quiet, not sure of myself, and really self-conscious. I didn't want to say anything and sound stupid. She supported me

through the whole meeting and then afterwards asked to talk with me. I thought, “Oh no, I’m in trouble now.” Instead she came at me with, “Is everything OK? How can I support you? What’s going on?” There was no judgement; it was just support. I could tell she wanted to understand and then help me understand what was happening. Throughout that process, I just blossomed and flourished. Now, I’ll share my story openly and I’m not ashamed.

Another significant person was my CPS worker. A lot of times, you’ll feel alienated from your workers; it feels like they’re talking down to you. They’ll give you assignments, and without support, those are hard to do. She never treated me like a bad parent or somebody who didn’t deserve my kids. She always wanted the best for me, even at times saying, “Ashley, I need you to go to the hospital.” She’d listen to me and hear what was going through my mind; see what I was experiencing and know that outside help needed to be brought in. She stuck through it even though so often their work does not result in families reunited.

My boss, Jodi, is like a friend too. I can share with her all the ups and downs in my life, and she has given me space to do what I love to do using what pertains to my life. Those lived experiences, those tough times now enable me to do the work that I can do. Jail was a really tough time for me but, in that darkness and despair of sitting in that cell, I knew one day I wanted to come back there. I wanted to do something that would make

a difference. And now I get to do those things. I can’t go without mentioning that that is a big part of what God has done in my life. Things that the enemy meant for evil - things that were done to me and the losses and heartbreak that I had - it’s now being transformed into good. It’s not only good for me but it’s good for others. I can have an impact on their lives and together we carry forward recovery and wellness.

In supporting others and meeting people where they’re at; growth and success come when we stand alongside the other person and don’t look down at them. We don’t judge them and think “they should be doing this or that.” Supporting us is hearing us, talking to us, doing things with us that we enjoy. In peer support, I find it’s good to just go to coffee and chat, or play a game of Uno, or color some pictures. Something so simple that it gives the other person time to just breathe and say what they need to say, and not be alone. Be the person who stands in the gap and is present, caring and compassionate. When compassion comes across, it’s easier for us to open up and share what we’re going through and then set goals. No judgment. That builds trust so we’re able to tell you we’ve had a fallback and then come back to where we need to be and keep moving forward.



## DISCUSSION OR REFLECTION QUESTIONS

1. How do you feel about the stories you just heard? What was your first reaction? How about as the story unfolded?
2. What were your thoughts regarding the signs and symptoms of these mental health issues? Have you experienced any of these yourself or in someone you know?
3. How would you react if you noticed these symptoms in someone you care about? How would you initiate a discussion about mental health in these circumstances?
4. What actions could you take to help someone who is exhibiting these signs and symptoms?
5. How can your friendship and support help? What difficulties might a person with a mental illness face in developing healthy interpersonal relationships? Are these difficulties any different than people who do not have any mental health concerns?
6. How can you encourage someone with a mental health issue to get additional help?

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

### Living with a Psychological Disorder

Mental illness encompasses a broad spectrum of different conditions. Typically, treatment involves a combination of psychotherapy and medications. What are known as complementary health and alternative approaches along with self-management strategies may also be part of the plan. Short-term hospitalization is recommended where extreme stress and/or impulsive or suicidal behavior threaten the individual's safety.

Of the different conditions that are recognized as mental illnesses, anxiety disorders and the mood disorders known as major depression and bipolar disorder are the most common. Read the descriptions and consider the previous personal stories in order to better understand what life is like for the person with a psychological disorder.

### Mood Disorders - Depression and Bipolar Disorder

Mood disorders, also referred to as affective disorders, involve persistent sadness or periods of extreme happiness; or fluctuations between those two extremes.

**Clinical depression** is more than just feeling sad; it impedes the person's ability to function day to day and typically lasts for more than two weeks. Without treatment, the depressive episodes may

last a few months to several years. Common symptoms include changes in sleep and appetite, lack of concentration, loss of energy and interest in activities, thoughts of hopelessness or worthlessness, irritability, physical aches and pains, and suicidal thoughts.

### Supporting Someone With Depression

**Have a conversation and share your concern** - for example, "Hey, I'm concerned about you. I've noticed (describe changes) and I want you to know I love you and I'm here for you. Let's talk about what's going on." If they are resistant to your initial inquiry, try doing an activity together that they usually enjoy and then initiate a conversation about the experience and what's keeping them from their usual activities. Or seek help from a friend or family member who is closer to the person struggling with depression and may be more likely to get an open, honest response from them. The worst thing for a person suffering from depression is to be left alone with their thoughts.

**Look for ways to interrupt their negative thinking patterns.** Be encouraging rather than critical. Encourage them to interrupt their negative self-talk by asking them to open up about their feelings. Use open-ended questions like, "What makes you say that?" Remind them of their past

accomplishments or the good things in their life.

**Help them find help.** Connect them with area resources and therapists, and consider going along to appointments and sharing your observations with the therapist either before or after the private session.

**Encourage healthy lifestyle habits.** Seven to eight hours of sleep allows the brain to operate at full strength, and exercise releases natural antidepressants. A daily structure with a regular wake-up time, getting dressed, and having healthy meals creates momentum for taking care of themselves and for feeling a sense of purpose and value. Encouraging them to help others can also stir up hope and a brighter outlook.

An individual with **bipolar disorder** experiences dramatic shifts in their mood, energy, and ability to think clearly. Their highs and lows, known as mania and depression respectively, are significantly different from the typical ups and downs most people experience. The symptoms and severity can vary. The manic and depressed phases may be distinct, experienced simultaneously, or in rapid sequence. There may be extended periods for up to years without symptoms. At least one episode of mania, where the person's mood is high is required for a diagnosis of bipolar. In the manic phase, their behavior will be unpredictable and impulsive with reckless decision-making and impaired judgment. Symptoms may include euphoria or irritability, increased energy and

talkativeness, and a decreased need for sleep. The depressed state of bipolar is typically present every day for a period of at least two weeks and can be exhausting for the individual. Normal day-to-day functioning is impaired by being unable to get out of bed or having difficulty falling asleep and staying asleep. Minor decisions can be overwhelming, and negative thinking related to personal failure, guilt or helplessness can lead to suicidal ideation.

### Supporting Someone With Bipolar

**Listen to understand rather than giving advice.** Ask about the warning signs they've noticed that indicate they're about to experience a mood episode, and the triggers that could be avoided or managed. Talk about how to best support them during an episode including things like helping them keep a routine, code words or signs for when it's difficult to describe their feelings, and a crisis plan.

If they are hearing or seeing things during an episode that you don't, stay calm and let them know that, although you don't share the belief, you understand that it feels real for them. Avoid being judgmental or critical, or taking things personally especially when said or done during a manic or depressive episode. During times of illness, stay connected by sending short messages that don't require a lengthy response. When they are feeling well, be on guard for making assumptions about what they can handle, or whether a behavior or mood change is the start of a bipolar episode.

## Anxiety Disorders

Individuals with anxiety disorders experience persistent and excessive fear or worry in situations that are not threatening. They anticipate the worst and are on the lookout for signs of danger. They are unable to control their feelings of apprehension; their physical symptoms - like a racing heart, shortness of breath, sweating, tremors, headaches or upset digestions - may interfere with normal functioning.

## Supporting Someone With an Anxiety Disorder

Be willing to listen and ask questions about their disorder with kindness and respect. Seek to recognize, understand and accept their feelings, and communicate that their feelings do matter.

This could include phrases like, “I can tell this is really important to you” “I appreciate your honesty here” “That must have been a horrible feeling”. Avoid making light of their situation with comments like “it could be worse” “I would think of it like this” “I can’t believe you’re getting upset over such a small thing.”

Help them learn about anxiety and instead of suggesting they see a therapist or take medication, offer them a list of area resources so they can make their own decision. If their anxiety is getting in the way of their ability to enjoy life and be in relationships, or it’s causing

problems at home, then encourage them in making just one appointment for an initial check-in.

Stay in touch through regular visits or by phone or texts. When together, be willing to try breathing exercises with them. Encourage them to go into new situations with curiosity, and support any positive changes they make.



When a friend or family member is struggling with their mental health, it can be tough to know what to do or say. Here are 10 questions you can ask that go beyond, “How are you?”

### How Are You Feeling?

Start out with easy, open-ended questions. You can encourage them to expand on their answer by noting some specific things you’ve noticed. “I’ve noticed you [quit the basketball team/lost interest in gaming/have been sleeping more/etc.] How are you feeling?”

### How would you like things to be different?

Sometimes, distressing thoughts take the form of wanting things to be different. Someone may regret the decisions they’ve made in the past or be unhappy with where their life is at the moment. Asking this question may encourage them to talk about those thoughts.

### Is There Anything You Want To Talk About?

This is another open-ended question that can get people talking. If you know of any specific life events that may be distressing the person, ask directly.

You can say something like:

“I know you recently [broke up with a partner/had a divorce in the family/lost your job/lost a loved one/etc.] Anything you want to talk about?”

### How are you sleeping?

Sleeping a lot more or less than usual is a common sign of mental health concerns.

### How is your appetite?

Drastic appetite changes are often because of a mental health condition.

### Have you called a helpline?

Ask your loved one if they’ve called or have considered calling a helpline, like the 988 suicide line.

### CAN I RUN AN ERRAND FOR YOU OR HELP YOU WITH SOMETHING ELSE?

If your friend can’t think of ways you can help, make some suggestions. Offer to run errands or help them with a project.

### IS IT OK IF I CHECK IN ON YOU LATER THIS WEEK?

Ask if it’s ok to check in with them later and make sure that if you say you will check in, that you do.

### CAN I LOOK UP SOME INFORMATION AND RESOURCES FOR YOU?

If your loved one isn’t familiar with any lifelines or other resources, ask if you can do a little research for them.