Manic Episode

Ian Stewart

As I write this, I am in the full throes of a manic episode. My bipolar mania is much more manageable these days. Having a child forces me to direct all my energy towards feeding, cleaning and bathing him, and any leftover energy is dedicated to writing essays such as this. I've been stable for almost four years now, take my medications consistently, and am married and have a child with the love of my life. It wasn't always this way; in fact, the family I now have almost never came into being.

My mental health issues, an inheritance from both sides of my family, most likely started manifesting when I was in high school. I say, "most likely", because for almost fifteen years, I was undiagnosed and untreated; my estimation is that given to me by my medical team. During that time, I struggled to maintain good grades in college, had to cut my graduate education short, and eventually self-hijacked my teaching career, all the while burning multiple bridges with friends and colleagues alike. It wasn't until December 2018 that I finally began to come to terms with the fact that I was struggling with something; what it was specifically, I couldn't yet tell. I called a local psychiatry clinic that month, and was told that the earliest available appointment was March 19th, 2019. Not wanting to wait any longer than I absolutely had, I reluctantly accepted this appointment.

The following weeks were a living nightmare. I spent the holidays fighting with my entire family, screaming at them for wrongs they had done to me, both real and perceived. A

relationship which had been built entirely on manic passion fizzled out. Things came to a head at the end of January, when I climbed the stairs to the top of an apartment building my family owned at the time. I had a bottle of painkillers in my coat pocket, and was fully prepared to consume them all on the rooftop, lie down, and wait for the maintenance crews to find my frozen corpse the next day; a final defiant middle finger to my family, my community, and the world. That's what would have happened, had a friend not called me as I was ascending the stairs to the roof entrance. After literally and metaphorically talking me down, I agreed to not make any suicide attempt before my initial psychiatric appointment. When March 19th rolled around, I was diagnosed with Type 2 Bipolar Disorder, and was placed on a medication plan immediately. Following that appointment, everything slowly began to change. The world began to seem brighter, my life had newfound meaning, and I could finally look forward to a future which was both fulfilling and realistic.

There are many injustices which people with mental health issues face on a daily basis here in the United States: employment discrimination, housing inequity, difficulty accessing affordable healthcare, wrongful arrest and abuse at the hands of the criminal justice system. Even within some of our own families, mental illness is seen as a personal weakness at best, or a diabolical curse at worst. I could certainly speak on many of these, having personally experienced them. Yet perhaps the largest issue, and the one which almost ended my life prematurely, is the lack of sufficient mental healthcare providers. Even in the United States, one of the most prosperous and innovative countries in the world, there remains an incredible dearth of psychiatrists, psychologists, and social workers. The end result is that by refusing to invest more resources into

these fields, American society ends up paying more in dealing with the fallout of undiagnosed and untreated mental illness, whether in the courtroom, the rehab center, or the emergency room. The path to a more robust mental healthcare system is neither smooth nor straightforward. Establishing such an infrastructure would require overcoming the objections of multiple demographics in America who either minimize or ignore the very real struggles faced by individuals with mental illness. This is further compounded by the current healthcare system in America, where many insurance companies are loath to pay for long-term treatment and/or therapy. Until government administrators are willing to give more than just lip service to the demands of advocacy groups, the injustices of the American mental health crisis will continue to

accumulate.