

# RETURN TO FUNCTIONING

## Do's and Don'ts for persons with mental disorders and their careers



### About the Speaker

Mr. Vijay Nallawala is a mental health advocate with lived experience of Bipolar Disorder Type I. He is the Co-founder of Bipolar India, Managing Trustee of the Mental Health Support Foundation, and Founder of the livelihood initiative “Let’s Walk Together.” His work focuses on peer support, recovery advocacy, social reintegration, and livelihood opportunities for persons living with mental illness.

### Seminar Overview

The seminar centered on redefining recovery in bipolar disorder as a continuous, disciplined life process rather than a final endpoint. Drawing from

personal lived experience and years of peer advocacy, Mr. Nallawala emphasized that recovery is not merely the absence of symptoms but the development of self-awareness, structured living, treatment cooperation, and meaningful social participation.

The session integrated personal narrative, recovery frameworks, lifestyle strategies, relapse prevention, work participation, peer support, and medical collaboration, presenting recovery as both an internal commitment and a community-supported journey.

### Lived Experience and Delayed Diagnosis

Mr. Nallawala shared his personal mental health journey, noting that his symptoms began in adolescence but remained undiagnosed for over two decades due to limited awareness and stigma in earlier decades. A severe manic episode in mid-adulthood resulted in hospitalization and eventual diagnosis of Bipolar Disorder Type I.

He described experiencing multiple mood states across the bipolar spectrum, including depression, hypomania, mania, psychosis, and co-occurring obsessive symptoms. Despite repeated episodes and delayed treatment, he stressed that sustained recovery is achievable when structured support and disciplined self-management are adopted.

His narrative underscored the importance of early diagnosis, continuity of care, and informed self-understanding.

## **The ABCD Model of Recovery**

A central contribution of the seminar was the ABCD framework of recovery, presented as a practical guide for long-term stability.

**Acceptance** involves acknowledging the diagnosis and adjusting expectations realistically. Acceptance is described as a gradual progression from denial and resistance toward psychological comfort and ownership of one's condition.

**Belief** refers to sustaining hope during difficult phases, particularly prolonged depression. Internal motivation, meaning, and in some cases spiritual grounding were described as protective factors that support perseverance.

**Cooperation** highlights collaboration with psychiatrists, therapists, caregivers, and peer networks. Recovery is not an isolated effort but a coordinated ecosystem involving multiple supports.

**Discipline** includes medication adherence, structured routines, avoidance of substances, sleep regulation, and consistency in daily health behaviors. Discipline was presented as the operational backbone of recovery.

Together, the ABCD model positions recovery as a structured, repeatable practice rather than a passive outcome.

## **Holistic Health and Lifestyle Stabilization**

Beyond medication, the speaker emphasized the role of holistic lifestyle regulation in bipolar stability. Daily physical exercise, yoga, breathing practices, mindfulness, meditation, nutritional planning,

journaling, and creative expression were identified as supportive practices.

Sleep regulation received special emphasis. Disturbance in sleep patterns was identified as one of the earliest and most reliable warning signs of relapse. Maintaining consistent sleep-wake cycles was described as a preventive intervention equal in importance to medication adherence.

Lifestyle structure was framed not as optional wellness activity but as a clinical stabilizing factor.

## **Work and Livelihood as Recovery Catalysts**

A major theme was the therapeutic value of work and structured engagement. Through his livelihood initiative, Mr. Nallawala advocates supported employment opportunities for individuals with mental illness.

Work contributes to identity, structure, financial independence, self-esteem, and social reintegration. However, he acknowledged real barriers including stigma, employer hesitation, performance pressure, and inconsistent workplace accommodation.

Sustainable employment was described as requiring gradual reintegration, self-awareness of limits, and supportive supervisory environments rather than immediate high performance expectations.

## **Early Warning Signs and Relapse Prevention**

The seminar stressed the importance of self-monitoring and early intervention. Recognizing warning signals allows preventive action before a full episode develops.

Common early indicators include sleep disruption, sudden energy changes, impulsive behavior, social

withdrawal, and hopeless thinking patterns. Prompt communication with caregivers and mental health professionals was recommended at the earliest signs.

Relapse prevention was framed as a skill that improves with self-observation and experience.

## **Emotional Regulation and Coping Skills**

Mr. Nallawala openly discussed struggles with anger, emotional surges, and behavioral reactivity. Over time, he developed regulation strategies including pausing before reacting, observing thoughts, practicing gratitude, limiting exposure to distressing media, and maintaining long-term goal focus.

He emphasized that resilience is built through consistent small efforts rather than intense short bursts of motivation. Incremental discipline was presented as more sustainable than dramatic but short-lived change.

## **Communication and Peer Support Systems**

The importance of empathetic communication and peer support networks was strongly emphasized. Peer groups reduce isolation, normalize experience, and enable shared learning through lived knowledge.

Support communities help individuals feel understood rather than judged, which strengthens treatment adherence and emotional stability. Respectful communication within families and support systems was identified as a protective factor in recovery.

## **Medication and Professional Partnership**

Medication was described as a central pillar of bipolar disorder management. Treatment decisions and dosage adjustments must remain under psychiatric supervision. Collaboration between patient, family, and clinician produces the best outcomes.

Contributing medical input during the session reinforced that bipolar disorder is highly treatable when diagnosis is accurate and monitoring is consistent. Concerns regarding long-term medications such as lithium were addressed, with emphasis on safety under regular laboratory monitoring.

The strongest recovery outcomes occur when medical treatment, patient discipline, and family support operate together.

## **Key Discussion Themes from the Interactive Session**

Participant questions addressed illness severity, family involvement, medication duration, managing low-energy days, workplace anxiety, and medication safety. It was reinforced that even severe bipolar presentations involving hospitalization and psychosis can achieve long-term stability with structured care.

Family encouragement was repeatedly identified as foundational. Medication is often long-term but must always be psychiatrist-guided. On difficult days, maintaining minimal routine structure remains important. Workplace reintegration should be gradual and sensitized rather than pressure-driven.

## **Conclusion**

The seminar concluded with a reframing of recovery as a movement from victimhood to survivorship and ultimately to empowerment. Recovery was defined not as symptom disappearance alone but as growth in discipline, awareness, contribution, and purpose.

Mr. Nallawala's journey illustrates that long-term stability can evolve into leadership, advocacy, and service to others. Recovery is non-linear but achievable through acceptance, belief, cooperation, discipline, and meaningful reintegration into society.

---

Prepared by:

**Diya Menon**

Intern at Eklavya Foundation for Mental Health

Student of Symbiosis Institute of Health Sciences