

What can you do when you're feeling blue?

Have you ever decided to roll back over and put your head under the covers in the morning, unwilling to face the day? Maybe you always look forward to meeting your friends once a week, and for some reason this time you don't feel like leaving the house. Perhaps you've had days where you let the answering machine pick up all of your calls because you just didn't feel like talking to anyone.

According to Molly Hofer, MA, Family Life Educator with University of Illinois Extension, we all feel blue at one time or another.

"If you occasionally feel down-in-the-dumps, that's normal," said Hofer. "No one is cheerful one-hundred percent of the time—that's what makes us human," she said.

But what can you do to help yourself get through the blues? How can you help someone else who's feeling down? And how do you know when it's more serious than simply feeling blue? Hofer discusses these issues in a new workshop called *Blues, Blahs, and Bouncing Back*.

Hofer said many things can cause us to feel blue now and then. Common causes include:

Everyday blues

Sometimes there isn't any one reason to pinpoint why you're feeling blue on a particular day. We all have ups and downs, without always knowing why.

Stress

"We all experience stress," said Hofer. "We experience both good stress and bad stress.



"Sometimes a phone call, or just going out to lunch with a friend or getting out in the sunshine can cheer you up."

We must have some stress in our lives to get going, but too much stress is detrimental, and too much stress can affect our physical and emotional well-being." Before you can take steps to manage your stress, you must first identify the cause of your stress.

Seasonal Affective Disorder

Seasonal Affective Disorder (also known as SAD), is a "mood disorder that takes place in the

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From the Executive Director “Challenges and opportunities”



Louis W. Kosiba
IMRF Executive Director

With the start of the new year in mind, I thought I would share with you IMRF’s Strategic Plan and the Board’s legislative agenda for 2008.

Strategic Plan

1. Improve IMRF’s effectiveness in addressing legislative issues.

Our diverse membership has no clear voice in legislative matters in Springfield. This makes it difficult to defend against attacks and to make positive changes. IMRF staff will work to develop that clear voice.

2. Prepare the IMRF organization for changing demands in customer

service. IMRF faces an increasing workload as more members file for benefits and service level expectations continue to rise.

3. Advocate preservation of the Defined Benefit

plan. A guaranteed monthly retirement payment that you cannot outlive is the key to financial security in retirement. We will work to preserve it.

4. Continue to promote the IMRF Brand. IMRF

will work to create and maintain a positive image of IMRF and public employees.

5. Maintain and promote the Board’s

independence. IMRF remains the only pension board in the state completely elected by members, retirees, and employers.

6. Advocate preservation of the 100% funding

goal. Being 100% funded means IMRF has 100 cents for every dollar promised in benefits.

Legislative Agenda

Last year, we used an independent consultant to evaluate IMRF benefits compared to other public pension funds nationwide. When you add IMRF and Social Security together, we have a

solid benefit package. There are, however, a few changes which the Board will pursue:

1. **Vesting:** Changing the length of time needed from eight years to five years before your benefit is guaranteed.

2. **Interest on refunds:** If a member takes a refund, they are not paid any interest even though IMRF earns an average of 7.5% to 10% on their money.

3. Supplemental Benefit Payment

(13th Payment): The value has been declining; to prevent it from falling further, a legislative change is needed.

4. **Annuitant Trustee:** Currently, your trustee does not have a right to vote—that is fundamentally unfair.

This new year brings new challenges and new opportunities. Please be assured that your trustees and IMRF staff are working to provide you with the highest quality of retirement services possible. ❖

Q & A What is a Strategic Plan and why does IMRF have one?

A strategic plan serves as a road map for IMRF, to help us look at the “big picture” of IMRF as an organization. We can spend a lot of time making sure we do things right, but we need to take the time to step back and determine if we are doing the *right things*.

In creating a strategic plan, we look at the following three questions: Where are we right now, where do we want to be, and how do we get there?

Where are we right now?

If you took a snapshot of IMRF today, you would find that we take a pretty good picture. IMRF is a successful Illinois public pension fund that is consistently funded and well-managed. As of 12/31/2006, our funded status was 100.1% on a market basis.

In our most recent benchmarking analysis, IMRF received the highest Total Service Score of the 58 pension funds analyzed. We are committed to providing excellent service to our members and employers.

Where do we want to be?

While we are proud of our achievements, we also recognize that improvements can always be made.

We must be proactive and flexible to serve the changing needs of our members, annuitants, and employers. We take our role as a public pension plan seriously, and will continue to advocate for the preservation of defined benefit plans.

Healthy plans like IMRF can serve as an example to other public pensions of how to successfully manage a retirement fund.

How do we get there?

In his column on the previous page, IMRF Executive Director Louis W. Kosiba summarizes the six goals in IMRF’s 2008-2009 Strategic Plan. IMRF is now following a two-year cycle for revising its Strategic Plan, and these goals are IMRF’s road map for the next two years.

You can read IMRF’s complete Strategic Plan at our website: www.imrf.org ❖

Sharpen your memory in 2008!

Your Fall 2007 Retiree *Fundamentals* included information about the *Building a Better Memory Workshop* presented by the University of Illinois Extension. We are pleased to announce that IMRF has partnered with the Extension to offer these workshops for our retirees in 2008. Look for more detailed information in your next issue of *Fundamentals*!

What can you do when you're feeling blue...

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dark dreary months of winter," said Hofer. If you feel symptoms of depression in the winter that go away in the spring, you may have SAD. SAD is related to seasonal changes in light and is a mood disorder. Treatments are available and have a high success rate, but you should discuss them with your physician.

"Working your way through the blues can be as simple as motivating yourself to get out of the house for a change of pace."

of joy. In grief, a person is sometimes able to laugh—to find laughter in the pain."

People who are grieving are also usually moving toward an eventual recovery. With depression, said Hofer, "people typically remain stuck in sadness."

Holiday Blues

Holidays can be a time of great joy, but they also can be a time of sadness, as well as stress. If you have lost loved ones, holidays can be difficult. Said Hofer, "We miss the people we love, and this is often the reason for the sadness." If you experience a lot of stress preparing for holiday get-togethers, this can also take its toll. Some people experience "post-holiday let down," where they feel blue after the excitement of the holidays is over.

Grief

"No one in life escapes grief—absolutely no one," said Hofer. "The way we respond to grief is different for each of us—it is a very personal experience."

Grief can share similar symptoms to depression, but there are important differences. With grief, said Hofer, we are "typically sad related to the loss we're experiencing, but we do find moments

Depression

Depression has many similar symptoms to the blues; however, said Hofer, "the biggest difference between the blues and blahs versus depression is typically how long it lasts."

Depression has many different symptoms—the most common are deep feelings of sadness, or a noticeable loss of interest in activities that used to be pleasurable.

It is important to know that depression is not a normal part of aging. "It can be harder to see the symptoms in an older adult," said Hofer. "Denial of symptoms is a large barrier as people can assume they're just part of getting older."

Anyone experiencing symptoms of depression should discuss this with their doctor. Although people can be reluctant to seek help for depression, it is important that you do so because you cannot "bounce back" from depression in the same way that you may be able to for the blues.

"There is a stigma associated with depression,

and sometimes people don't want to seek help," said Hofer. "Depression is very treatable—it is the most treatable of all mental disorders." Left untreated, however, depression can have serious consequences (thoughts of suicide should not be ignored—get help immediately if this is happening). For additional information on depression, see pages six and seven.

What can you do?

Working your way through the blues can be as simple as motivating yourself to get out of the house for a change of pace. "Sometimes a phone call, or just going out to lunch with a

Bouncing Back...

Hofer's presentation includes a number of suggestions on how to bounce back from the blues:

- Exercise
- Get enough rest; stay on a schedule
- Eat right
- Spend time with others
- Positive self-talk (what you say to yourself can affect how you feel)
- Meditation
- Keep a journal
- Get enough light (open your curtains, take a short walk outdoors, etc.)
- Maintain a sense of humor
- Forgive others (don't hold on to grudges or regrets from the past)
- Help others (take the focus off of yourself)

friend or getting out in the sunshine can cheer you up," said Hofer.

Helping others who are feeling down

It can be hard to help others who are feeling down—sometimes you don't always know what to say or do. "It depends on the person," said Hofer. "Some people are more accepting of help than others." Often, though, all it takes is listening to someone to help them through a rough time. This is particularly important when someone is grieving.

"Everyone responds to grief in their own way and in their own time," said Hofer. It is important not to rush someone through the grieving process. "Research shows that it is better to give a person time to grieve than to tell them it's time to move on," she said.

Different ways to help people through the blues include offering:

- Emotional support (offer encouragement and understanding)
- A listening ear (validate feelings, give your full attention)
- Practical support (helping with chores, preparing a meal, etc.)
- Social interaction (encourage them to stay involved with others and participate in activities)
- Optimistic outlook (encourage them to look at the brighter side of things)
- Professional help (if you feel it is more serious than the blues, encourage them to seek professional help)

Next time you or a loved one is feeling blue, try some of these tips and see if you can't bounce back just a little more quickly. ❖

Fighting misconceptions about depression

On June 27, 2007, Dr. Shaukat Jamal, M.D., Board certified Adult and Geriatric Psychiatrist, made the presentation *Maintaining a Healthy Brain* through the Older Adult Institute at the College of DuPage in Glen Ellyn, Ill.

“Brain health is no different than any other part of the body you are looking to keep healthy. Become more educated. Do not have that stigma in your own head.”

“The single most important thing I would like to emphasize,” began Dr. Jamal, “is that the brain is an organ of the body—the most important organ of the body.”

Dr. Jamal stated that some people are reluctant to seek help for conditions whose symptoms have emotional components. He said while people do not hesitate to seek treatment for physical problems such as allergies or a heart condition, there is still a stigma associated with seeking treatment for conditions of the brain, such as depression, anxiety, or panic disorders.

In a follow-up conversation with Dr. Jamal, he answered the following questions regarding older adults and depression.

Q: What would you say to someone reluctant to seek treatment?

A: “When patients express concern about the stigma associated with mental illness and therefore their reluctance to seek treatment, I provide them with information related to the current knowledge and understanding of neuroscience, which shows that depression is a medical disorder.

A diagnosis of depression does not mean the individual is weak, defective, or dysfunctional.”

Q: What signs and symptoms should prompt an older adult to seek professional help?

A: “All human beings experience stress. Everyone feels sad or blue sometimes.

Normal sadness as a reaction to life circumstances does not mean a diagnosis of depression. However, when sadness persists and interferes with everyday life, it may be depression.

Older adults are particularly not likely to express their depression verbally and may deny feeling sad. Many express feelings of guilt and become preoccupied with real or imagined transgressions that occurred many years ago.”

Q: What can someone expect when first seeking a medical opinion for suspected depression?

A: “Most older adults see their primary care physician regularly and have a relationship with that doctor. That person is probably one who they trust and are familiar with.

However, mental health issues are frequently missed or ignored while addressing the many physical ailments that older people may present with. Referral to a psychiatrist who has particular expertise in evaluating and treating older adults is always a good idea when mental health issues are present.

The usual initial meeting with a psychiatrist is for a psychiatric evaluation. During this

session, the psychiatrist will ask many questions to get a good understanding of the patient's symptoms and obtain a detailed history.

It may also include testing for memory and other functions and abilities. Often times, blood work, MRI, or other relevant tests may be requested. A full review of the patient's medical history and all medications prescribed is conducted. Following the assessment, the psychiatrist will explain the findings, tentative working diagnosis, and treatment options."

Q: How important is it for someone experiencing symptoms to seek help?

A: "Depression is not a normal part of growing older. Depression is a very common finding, but many who suffer from it remain undiagnosed or refuse treatment.

Untreated, depression impacts every aspect

of an individual's life. Depression increases risk of heart disease, diabetes, cancer, even osteoporosis...in fact it might even trigger them. Depression slows recovery from other illnesses, causes excessive disability and greatly increases risk of mortality, including suicide. At the very minimum, it adversely affects the quality of life."

Q: How treatable is depression?

A: "Depression is a medical illness, not a character defect or weakness. It is also one of the most treatable illnesses. An effective treatment can be found for nearly all patients.

Treatments for depression are safe and effective, and there are many options. The aim of treatment is to recover to the level of functioning before the onset of depression, and focuses not only on getting better, but staying well." ❖

Signs and symptoms of depression

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Reprinted from the National Institute of Mental Health's website: www.nimh.nih.gov

Watch your mail for Form 1099-R

IMRF will mail your IRS Form 1099-R tax statement by the end of January 2008. If you don't receive your 1099-R by February 15, 2008, please contact a Member Services Representative at 1-800-ASK-IMRF (1-800-275-4673). You will need Form 1099-R when filing your 2007 tax returns.

What information is on the 1099-R?

The information on Form 1099-R should be used to file your 2007 federal and state income tax returns. Your 1099-R will show the gross amount of benefits you received from IMRF in 2007. This form will also indicate the federal income tax which was withheld from your benefit payments and, for most people, the taxable portion of your benefit.

Live outside of Illinois?

Although IMRF pensions are not subject to Illinois state income tax, different provisions apply in other states. If you live outside of Illinois, contact your state's Department of Revenue for information.

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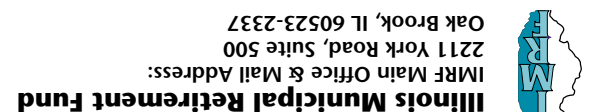
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