



The Thermometer Times

Published by The Depression and Bipolar Support Alliance of Riverside, California

VOL. 18 NO. 10

Out of darkness . . . October, 2006

Dates to Remember

CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome. Riverside County Mental Health Administration Building (see page 13 for address & map)

**Every Saturday
10 am-12 noon**

**This month
October
7, 14, 21 & 28**

**Guest Speaker, Sat., Oct. 21
(see insert)**

**Halloween Party at JoAnn's
Tues., Oct. 31 (see pg. 6)**



Meetings start promptly at 10 am. Do yourself a good turn: Be on time to visit with friends before the meeting starts. If you come late, please enter quietly. Announcements will be made at the close of the meeting.

Directions to

Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left.



2nd driveway on the right

16280 Whispering Spur
Riverside, CA 92504 951 / 780-3366

Depressed brain can be 'primed'

By SUSAN BRINK

LOS ANGELES TIMES STAFF WRITER

Before the antidepressant ever gets swallowed, before it dissolves and makes its way through the bloodstream and deep within the gray matter of the brain, some depressed patients start feeling better because they think they will. Experiments have shown that healing from depression starts in some people, called placebo responders, even when the drug given is just a sugar pill.

That, of course, is not enough to completely cure depression. But if a placebo can trick the brain into starting to get better, it's actually a pretty good predictor of who will continue to improve with antidepressant treatment.

A new study released last week in the American Journal of Psychiatry shows that the placebo effect may provide a head start for actual drug treatment by beginning to change the brain pathways that antidepressants will then follow.

The finding is an important step in helping scientists further refine who might be helped by drugs and what other factors might be involved in helping depressed patients get better.

The setting most likely matters too. Feeling free to talk openly about how he felt, along with a belief that he was going to be helped, set Chuck Park, 32, of Culver City on a path to healing. He was a participant in the 51-person study and one of 26 volunteers who received a placebo for the entire nine weeks of the trial. Another 25 volunteers received antidepressants for eight of the nine weeks. "After a few weeks, I started to feel a little better," he says. "The nurse, Michelle, would ask me how I was feeling, and I knew it wasn't just a superficial question. I could really tell her."

Activity measured by electro-encephalogram in an area of the brain that is especially active in depressed patients, called the dorsolateral prefrontal cortex, slows down in some people shortly after they begin getting a placebo. The slowdown is not enough to overcome depression, but those people whose brains responded to sugar pills ended up also responding to antidepressants in the new study. And Park, who improved slightly on a placebo, saw his depression lift completely after the trial ended and he started taking antidepressants.

"It's a very dramatic and clear example demonstrating that medication itself isn't the whole story," says Almee M. Hunter, UCLA psychologist and lead author of the study. "If there is an actual formula or recipe for getting better, it may include medication, but it's very clear that it includes other factors or ingredients."

The placebo response, as the study measured it, appears to be a significant ingredient. Researchers attributed about 19% of the mood improvements measured on a depression scale after the trial to the placebo effect.

Psychiatric research is different from other kinds of medical research in that almost all depressed patients are given a placebo for about a week before the trial

Continued on page 3 (Depressed)

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. These kinds of articles allow us to get to know one another in greater depth and to learn of the many talents, interests and assets of our members.

Articles, poetry and/or drawings can be on anything pertaining to:

- *Experiences you have to share regarding depression and/or Bipolar Disorder: what it is to live/cope with it; how you learned of it, what helps, what doesn't, etc., etc., etc..
- * Any other mental health issue or problem that you are passionate about.
- *Tell us about yourself and how you spend your time and what's important to you.
- *A report on a mental health event you attended or a mental health book you have read.

Drawings should be black and white, line or half-tone.

Your work may be submitted to JoAnn, Leroy or Lynne at DBSA Riverside meetings.

It may be mailed to:
JoAnn Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: JoAnnMartin1@aol.com
FAX to: 951/780-5758

Materials submitted may or may not be published, at the discretion of the editors, and may be edited for length.

Get your creative juices flowing and share your knowledge and experience with your DBSA friends through *The Thermometer Times*.

Thank you.
Lynne Stewart

Define your future by your dreams and not by your memories, by your hopes and not by your fears.

JOE TYE
Motivational speaker and leadership coach

The Thermometer Times
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American Board of Psychiatry

and Neurology

Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

Riverside Suicide Crisis Help Line

Call **(951) 686-HELP [686-4357]** if you need to talk to someone. It is available 24 hours - 7 days a week.

National Suicide Prevention Hotline

Call **1-800-273-TALK (8255)** if you need to talk to someone in any of 109 crisis centers in 42 states. The National Suicide Prevention Lifeline has just been launched by SAMHSA (Substance Abuse and Mental Health Services Administration) as part of the National Suicide Prevention Initiative (NSPI). In addition, a new Web-site has been established at www.suicidepreventionlifeline.org.

DEPRESSED (Cont'd from page 1)

starts. Called the placebo lead-in, it is done to clear the body of other medications the patient might have been taking, but it is also done to get people used to filling out forms measuring their feelings and to allow them to meet the doctors and nurses who will be working with them. "Psychiatric studies are a lot more personal," says Dr. Andrew Leuchter, director of the laboratory of brain, behavior and pharmacology at UCLA.

"This is the first study to look at succession," Leuchter says. "There are brain changes due to placebo, and changes due to the medication."

But that still leaves 81% of the formula predicting treatment success yet to be sorted out. A patient's beliefs, hopes, expectations and relationship with the doctor might also play a role.

Leuchter is part of a team of researchers in 10 centers throughout the country who are beginning to further sort out the elements that go into treating depression. They will study 300 patients to see if they can use similar EEG testing to predict which patients will do well on specific antidepressants.

There are about 20 antidepressants available by prescription, and patients can fail on several before finding one that works. In fact, a National Institute of Mental Health sponsored study of 4,000 patients found that only about half of depressed patients got relief from their symptoms following a first round of treatment with either an antidepressant or talk therapy.

"Right now, trial and error is the rule, and it can take months to find the right medication," says Leuchter.

The new study he's involved with, called the Biomarkers for Rapid Identification of Treatment Effective in Major Depression trial, will look at brain changes following one week of treatment with any one of a number of antidepressants. That won't be enough time for the drugs to work clinically, but researchers will be looking for early brain changes. Volunteers will again be tested with EEGs after about three months of treatment. "We can look at early EEG changes to see if any of those changes predict how they did later," he says.

If early brain changes can alert

physicians to patients who are on the right track for treatment, Leuchter says, it could cut down on the time needed to find the right drug for the right patient. "We're hoping that within three years, this might be a test available in doctors' offices," he says.

It's not just the right drug, either, that has yet to be sorted out. Depression is complicated and the NIMH is conducting a seven-year study, called the Sequenced Treatment Alternatives to Relieve Depression, to determine the effectiveness of various treatments including drugs and psychotherapy and combinations of both.

"We know from other studies that psychotherapy also causes certain brain changes," Leuchter says. "I believe that engagement with physicians and attention is a form of supportive therapy."

It could be, he says, that just as drugs, placebo and talk therapy can change the brain's circuitry, so can wanting to get better, believing one will get better, or hearing a physician say there is great hope that you'll get better.

Source: Los Angeles Times
August 7, 2006

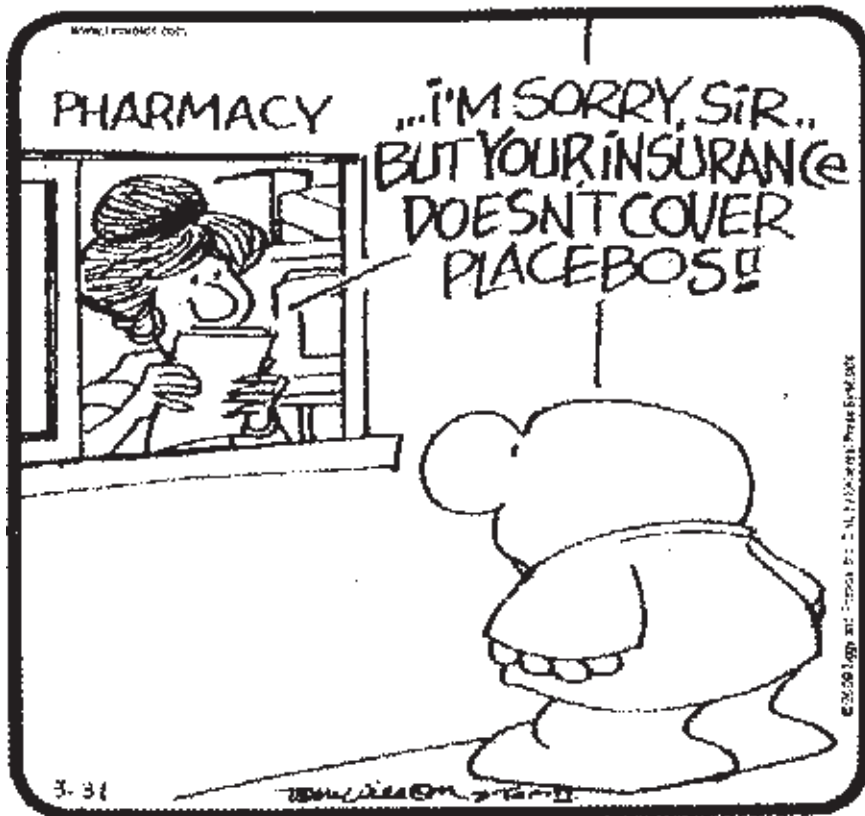
Instant Serenity

No time for yoga or a nap? Restore your energy and boost your spirits in 60 seconds or less with these tricks.

- * Take a vacation in your mind. Feel the warm sand between your toes or the cool mountain air on your face.
- * Find something nice to say about someone around you. Tell your son how much you love his smile.
- * Smooth on some delicious-smelling hand lotion, or inhale the aroma of an essential oil.
- * Sit up straight with your feet flat on the floor. Breathe deeply, allowing your abdomen to expand. Slowly exhale. Repeat three times.

Source: Woman's Day 2/1/06
As seen in: Mood Challenge
Feb & March, 2006

ZIGGY By TOM WILSON



No Therapy for Patients on Antidepressants

By **LINDA A. JOHNSON**, Associated Press Writer
Tuesday, August 8, 2006
Trenton, NJ

A huge study found that patients on antidepressants rarely get the psychiatric therapy needed right after they start the drugs, a time when risk of suicidal behavior can rise temporarily.

Two-thirds of children and even more adults did not see a doctor or therapist for mental health care once within a month of beginning drug treatment, according to the study by Medco Health Solutions Inc., which manages prescription benefits for health plans.

Experts suggest the cost of therapy, a lack of follow-up by busy family doctors, and a shortage of psychiatrists in some parts of the country might help explain the problem.

Medco's study of 79,488 adults and 5,026 youngsters reviewed prescription and doctor visit records from July 2001 through September 2003. That was before the government urged drug makers to put warnings on their products calling for close monitoring of suicidal thoughts or violent behavior in the early weeks after starting the drugs.

"Many of these people probably should have had more follow-up than they did, regardless of the FDA guidelines," said Dr. Glen Stettin of Franklin Lakes-based Medco, which paid for the study.

In early 2004, the Food and Drug Administration recommended that new antidepressant users see a doctor once a week for the first month and three more times in the following two months. That advice is the agency's "best estimate" of what's reasonable, said Dr. Thomas Laughren, director of the Division of Psychiatry Products at the FDA.

Laughren said he is concerned that so few people in the study failed to get therapy, but said the sicker patients probably got more help.

The Medco study also looked at treatment through the first three months and found that more than half the children and three-quarters of adults still had not had a mental health visit. Fewer than 15 percent of patients got all the treatment the FDA recommends in the first month, according to the study, which was pub-

lished in this month's American Journal of Managed Care.

More than half of antidepressant prescriptions are written by family doctors, and there are only about 40,000 psychiatrists nationwide.

That's one reason some experts believe there is little follow-up care. In addition, Dr. Darrel Regier, the American Psychiatric Association's director of research, said that carrying out the FDA treatment recommendations would push up costs up more than 50 percent.

Stettin and other doctors said follow-up therapy has probably improved a bit since Medco's study was done because of heavy press attention, particularly about antidepressants and suicide concerns with teenagers. Medco plans an update to see if that's so.

Meanwhile, the number of children taking antidepressants dropped 18 percent in the first three months of 2004, an earlier study by Medco found.

"That's something a lot of people are concerned about," Laughren said.

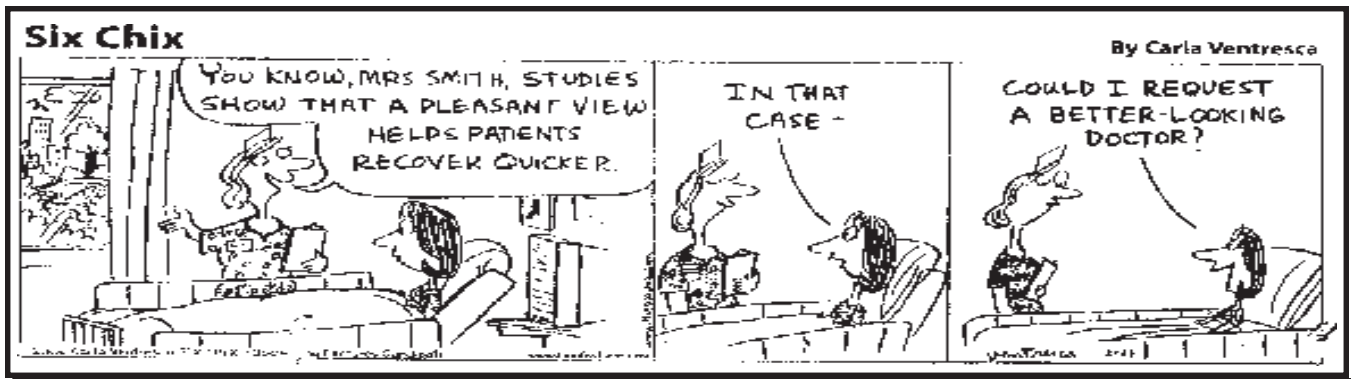
That's because for many patients, not treating depression is more dangerous than the slight increased risk of suicidal behavior at the onset of treatment — from 2 percent to 4 percent, according to 24 studies in children reviewed by the FDA.

"Ten percent of patients with severe depression will kill themselves" without treatment, said Dr. Richard A. Friedman, director of the psychopharmacology clinic at Cornell University's medical school.

Overall antidepressant use, which rose about 10 percent a year early in the decade, rose by less than 2 percent last year before picking up slightly this year, according to health information company IMS Health. U.S. sales exceeded \$12.5 billion last year.

Besides major depression drugs, such as Prozac, Zoloft, Paxil, Lexapro, Effexor, Celexa and Wellbutrin are prescribed for patients with anxiety and panic disorders, premenstrual syndrome and social phobias.

Source: www.fda.gov/cder/drug/antidepressants/default.htm



Experimental Medicine Kicks Depression in Hours Instead of Weeks

People with treatment-resistant depression experienced symptom relief in as little as two hours with a single intravenous dose of *ketamine*, a medication usually used in higher doses as an anesthetic in humans and animals, in a preliminary study.

Current antidepressants routinely take eight weeks or more to exert their effect in treatment-resistant patients and four to six weeks in more responsive patients -- a major drawback of these medications.

Some participants in this study, who previously had tried an average of six medications without relief, continued to show benefits over the next seven days after just a single dose of the experimental treatment, according to researchers conducting the study at the National Institutes of Health's National Institute of Mental Health.

This is among the first studies of humans to examine the effects of ketamine on depression, a debilitating illness that affects 14.8 million people in any given year.

Used in very low doses, the medication is important for research, but is unlikely to become a widely used clinical treatment for depression because of potential side effects, including hallucinations and euphoria, at higher doses.

However, scientists say this research could point the way toward development of a new class of faster-and-longer-acting medications. None of the patients in this study, all of whom received a low dose, had serious side effects. Study results were published in the August, 2006 issue of the "Archives of General Psychiatry."

*Source: U. S. Department of Health and Human Services
NATIONAL INSTITUTES OF HEALTH, NIH News
National Institute of Mental Health (NIMH)
<http://www.nih.gov>*

*CONTACT: Susan Cahil, NIMH Press Office
(NIMHpress@nig.gov), 301-443-4536*

Skin Patch Approved to Treat Depression

The Food and Drug Administration has approved the first skin patch to treat major depression in adults. The selegiline transdermal patch will be marketed as Emsam, said Somerset Pharmaceuticals, Inc., which developed the drug, and Bristol-Myers Squip Co., which will market it. Selegiline was approved in pill form by the FDA in 1989 to treat Parkinson's patients. It is a monoamine oxidase inhibitor, or MAOI, which is typically prescribed only if patients don't respond to other antidepressants. Health officials say MAOIs are safe when used correctly, but the drugs can cause dangerous interaction, including severe rises in blood pressure, when patients consume food or drinks that contain a substance called tyramine. Tyramine is found in draft beer, soy sauce and other products.

*Source: USA Today
The Rollercoaster Times
Summer 2006*

Poet's Column

"Thanks, Friend"

Give me joy for sorrow,
Give me peace for pain,
Take away the sadness,
Help me live again.

Shattered by fears and illusions
I kept to myself, alone
Thinking that if you knew me
To reject me, you'd be prone

I reached out in shy expectation.
You came to listen and share,
And what would I do,
Without friends just like you,
Who give of themselves and care?

by Henry N. Willey, Jr.
1985

Untitled

If the first would not have
done her work,
And bent to kiss the fear torn
child,
What other can be asked?

Can I go on to run
Before my soul has learned
to crawl?

Would have me leap the chasm?
Run with the others?
Without your gentle wings,
I might forever fall.

Dyane Smith
1970

Halloween Party



Tuesday, October 31, 2006

6:00 pm - ???

There will be scary doings and fun pranks and yummy treats for all.

Shauna (our psychic) will do readings.

COSTUMES WELCOME



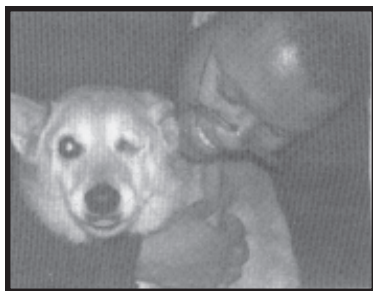
Directions:

*Exit 91 Freeway at Van Buren.
Go south 4.2 miles on Van Buren to
Whispering Spur. Turn Left.
2nd house on the right
with the cat mailbox.*

*16280 Whispering Spur
Riverside, CA 92504*

951 / 780-3366

The Road to Recovery



**Jayson Blair
(former NYT
reporter) with
Falcon**

I was recently working from home when I noticed my dog, Falcon, throwing up nearby. Ever the stoic dog, Falcon was smiling and laughing within seconds but the mess on the floor suggested that things were not good.

In the two years since I had returned to Virginia from New York City, Falcon had lost an eye because of cataracts, been diagnosed with diabetes and in recent months had lost the strength, if not the desire, to make it up the stairs on his own. Officially, Falcon was not my dog but since the life-changing crisis I had in 2003, he had become the rock I leaned on. He tended to me when I was ill, warned my relatives when I was manic or depressed and reminded me unconditional love exists. This gave me a reason, however, silly this might sound, to go on. He was my one-dog support group until the last days when my parents noted Falcon wasn't eating because of the pain of a tumor. We reluctantly came to the decision that Falcon was just suffering too much and should be put to sleep. After that painful experience, my parents told me that during the weeks leading up to his death Falcon would limp over to the couch where I was sleeping and lick me and stare at me, as if his only concern, up until his death, was to make sure I was all right.

The notion and value of support were not new to me with my relationship with Falcon or even with my diagnosis of bipolar disorder in a very public crisis in 2003. Before I left *The New York Times* because I fabricated and plagiarized articles during a long stretch of rapid cycling, I had been a part of support groups as a recovering drug addict and alcoholic. The people whom I had relied on as my unofficial support group — friends from AA and a few friends from work, college and my apartment building — were the ones who tirelessly supported me when my world was collapsing around the time of my resignation and subsequent diagnosis. Later, some of those hospitalized with me at Silver Hill Hospital in New Conn., became a part of that network.

In 2004, it was time to leave New York. One of the reasons not to go, however, was that my support there was strong. There was nothing back home. My friends had either left Centreville, Va., where I had gone to high school, or they were not going to be the beacons of hope and help when it came to mental health. I was, for all intents and purposes, alone. Then came Falcon (this is not to discount my parents, brother or sister-in-law, but, honestly, who else is going to stay up with you 48 hours straight or when you need coffee at 3 am.?). He became my constant companion and support, an advocate and defender. He was even my early warning system, he would

bark for help when I was manic, depressed or appeared to be on the verge of hurting myself.

There is no way for him to know this — although I told him the words before he passed on — but there were three things that I would ask myself when lost in thoughts of wanting to harm myself: Who would take care of Falcon? What would Falcon feel? And how could I give into my pain when he lived so happily with his? He was my one-dog support group, my lifeline.

I did not help start the Bipolar Support Group for Northern Virginia, a DBSA chapter based here, for myself. A friend who lives with bipolar became manic in the summer of 2005 and I saw that she and her family had no one to turn to for the support that I enjoyed from my friends in New York and later from Falcon. In the fall, my family began making plans for two support groups — one for those with bipolar and another for their loved ones. Toward the end of the year, we connected with a newly-started health ministry at Centreville United Methodist Church which offered space for the group for those with bipolar. We planned small, but the results were much bigger than anyone in my family expected. Between the two groups, more than one hundred people have attended meetings in the past six months, reaching a countless number of people in total. My mother and father facilitate an active group of loved ones while I help smooth the way for those with bipolar.

I was recently surprised when, coming from the perspective of a person who saw himself as less a member of the group and more a facilitator, I realized that I have been given the gift of a new support group — one as good as the network I had in New York. And, as it turns out, it has proven to be fortuitous timing with the death of my beloved Falcon. I have a new reason to go on and new rocks to lean on.

The beauty of a support group like DBSA, made up of those who suffer from the same illness, is that we can all relate to each other on a level that goes far beyond the clinical. Just as my bipolar disorder helped me understand my dog's suffering with diabetes and reminded me of the reason we both needed to take our medications, so too the struggles of my compatriots in the support group remind me of the perils that are potentially around the corner. Just as my dog's good disposition through pain gave me hope and made me focus on what could be achieved through adversity in life, the members of the support group remind me that being diagnosed with bipolar does not rule out a healthy and happy life. Some members of my group see me as the leader but that is a bit of an illusion when it comes to a support group made up entirely of people who suffer with the same affliction. They have breathed as much life into me as I into them, and perhaps more, just in the nick of time.

So, Falcon, I am sure, is resting easy knowing that I am in good hands.

Source: DBSA Outreach, Summer/Fall 2006

***The fullness of life is in the hazards of life.
And at the worst, there is that in us which can
turn defeat into victory.***

EDITH HAMILTON (1865-1963)
Scholar and educator

FDA Approves First Drug for Seasonal Affective Disorder (SAD)

The FDA has approved the first drug to treat seasonal affective disorder (SAD), a form of depression that strikes during the years darker seasons (autumn and winter).

The drug is Wellbutrin XL (bupropion HCL extended-release tablets), which is already approved to treat major depressive disorder.

“Seasonal affective disorder can significantly impair the quality of life of patients with this condition,” says the FDA’s Steven Galson, MD, MPH, in an FDA news release. Galson directs the FDA’s Center of Drugs and Research.

“Today’s approval can help patients with this condition to avoid the depressive symptoms and impaired functioning that typically affect them in the fall and winter,” Galson says.

SAD is characterized by recurrent episodes of major depression that usually coincide with the seasonal decrease of daylight during autumn and winter. The depressive episodes can last up to six months.

Wellbutrin XL’s effectiveness in preventing SAD episodes was established in three trials of adults with [the disorder]. The overall rate of patients depression-free at the end of treatment was 84% for those on Wellbutrin XL compared with 72% for those on placebo, according to the FDA.

Source: WebMD, June 12, 2006, <http://www.webmd.com/content/article/123/115137.htm>

As seen in The Initiative Summer, 2006

Finding the Perfect Fit

Usually it’s the therapist posing the questions. But when you’re choosing a therapist, remember that you’re entitled to ask almost anything.

Because successful counseling depends on personal disclosure and how well you connect with your therapist, it’s important to find a counselor you can trust and with whom you feel at ease. These questions are a good start.

What’s your specialty? Get a sense of the therapist’s experience with the kind of issues you want to focus on and the type of therapy, from cognitive behavioral to psychoanalytic, that he or she practices.

How long do patients usually see you? A potential therapist should have a rough idea of an appropriate course of treatment, be it a targeted three-session approach or an open-ended one.

May I contact references? Confirm that this is a licensed, caring professional worthy of your trust. *Psychology Today’s* Therapy Directory is a resource that lists certified therapists by zip code and specialty.

(therapists.psychologytoday.com)

Source: Psychology Today, May-June 2006

As seen in The Initiative, Summer 2006

Mental Health Consumer/Survivors Create National Coalition

WASHINGTON, D.C. — Mental health consumer/survivors have formed a national coalition to ensure that they play a major role in the development and implementation of health and mental health care and social policies at the state and national levels.

“The creation of the National Coalition of Mental Health Consumer/Survivor Organizations (NCMHCSO) is a milestone,” said the group’s Director of Public Policy, Lauren Spiro. “The formation of this Coalition takes us to the next level- it enables us to raise our collective voice, based on our experience of mental health recovery, and be heard at the seat of power. The Coalition embraces the disability movement’s motto, ‘Nothing about us without us.’ “The Coalition will collaborate with other advocacy groups to ensure that consumer rights policies continue to move towards full participation and integration in the community.

The rapidly growing Coalition currently consists of organizations run by consumers representing 28 states and the District of Columbia, including representatives from the three federally funded consumer-run national technical assistance centers: the Consumer Organization and Networking Technical Assistance Center, the National Empowerment Center, and the National Mental Health Consumers’ Self-Help Clearinghouse.

The Coalition supports the efforts of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to transform the mental health system to one that is recovery-based and consumer- and family-driven, and supports SAMHSA’s consensus statement on recovery (www.mentalhealth.samhsa.gov/publications/allpubs/smao5-4129/).

The Coalition proposes a new consensus for the mental health field based on the following principles:

- * Recovery is possible for everyone. To recover, we need services and supports that treat us with dignity, respect our rights, allow us to make choices, and provide assistance with our self-defined needs. This range of services must include consumer-run and -operated programs.

- * Self Determination: We need to be in control of our own lives.

- * Holistic Choices: We need choices, including a range of recovery-oriented services and supports that provide assistance with housing, education, and career development.

- * Voice: We must be centrally involved in any dialogues and decisions affecting us.

- * Personhood: We will campaign to eliminate the stigma and discrimination associated with mental illnesses.

The Coalition, whose office is in Washington, D.C., received start-up funding from the Washington-based Public Welfare Foundation. For additional information, visit <http://www.NCMHCSO.org> or Lauren Spiro, 978-590-2014.

Source: Press Release

Sept. 6, 2006



Family/Friends Support Groups

Riverside County Dept. of Mental Health
Offers Support groups for families and friends
of people with severe
and persistent mental illness.
These Support Groups are offered
throughout the County of Riverside.

The County also offers the NAMI Family-to-Family Education Program

This program is a 12-week series of
educational meetings for
family members.

There is NO COST TO YOU.

For information on dates, times and location,
Please contact:

Riverside Co. Dept. of Mental Health
The Family Advocate Program
951 / 358-4987 or 800 / 330-4522

The Starting Point SUPPORT GROUP FOR DEPRESSIVES AND BIPOLARS

Mesa Clinic, 850 Foothill Blvd., Rialto
Mondays from 10:30 to 12:10
For more info: *82 (909) 864-4404

ORIGINAL MATERIAL WANTED

Do you have a story to tell, or a poem or art work?

We welcome submissions
to our newsletter.



If you have something you think
we could use, please send it to:

EDITOR

DBSA P.O. Box 51597 Riverside, CA 92517-2597
FAX 951/780-5758



Join us for the Holidays

Picnics or dinners
at noon at Jo Ann's

Swimming, badminton, spa, food and more...
during summer months.
Friendly sharing during the winter.

Bring a salad, main dish,
or dessert.
If you can't bring a dish, come anyway.
Meat & beverage will be furnished.

Holidays include: Memorial Day,
4th of July, Labor Day, **Halloween**,
Thanksgiving, and Christmas.

See page 1, lower left column of this
newsletter for directions.

Check us out on the web!

Website for DBSA Riverside:

<http://www.geocities.com/mddariv>

E-mail addresses: DBSA, Riverside: dbsaofriv1@aol.com.

DBSA, California: dbsaofca1@aol.com.

Do you have a Medic Alert Bracelet?

Do you wear it? All the time?

In an emergency, would others know what
medication you are taking and why?

Always wear your
Medic Alert bracelet.
It could save your life.

If you don't have one,
ORDER ONE TODAY!

(Available through most pharmacies)





Phone Phriends

If you need someone to talk with, you may call one of the following members at the specified time.

Leroy

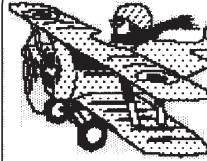
**6 a.m. to 9 p.m.
951/686-5047**

Yen

951/315-7315

Kevin

kevin2004n@aol.com



ANNOUNCEMENTS

TEMECULA DMDA

Mark Monroe
951/926-8393

UPLAND DMDA

Meet Thursday evenings
Call David or Samantha Johns
909/944-1964 OR
e-Mail dmjbf@aol.com

HEMET SUPPORT GROUP

Hemet Support group meets at
Trinity Lutheran Church
Tuesdays, 7 to 9 pm. Fridays,
1:30 to 3:30 pm
Please call 951/658-0181 (Lyla)

THE UPLIFTERS

(Christian emphasis) meets at
The Grove Community Church
Contact Sheri 951/565-8131
smatsumoto@sbcglobal.net

For Support People:

NAMI - Riverside Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month 951/369-1913 - Rosanna

Calling all interested consumers!

NAMI—In Our Own Voice:

Living With Mental Illness

We are looking for consumers who are interested in sharing their personal recovery stories. In Our Own Voice: Living With Mental Illness (IOOV) is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have "been there."
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as the cornerstone for recovery
- ▶ They periodically present at 1½-2 hour workshops, during working hrs.



Stipends will be paid for presentations.



For more information, or to be put on a waiting list, please call:

Allison Hoover, IOOV Coordinator
951/ 686-5484

A collaborative effort brought to you by:
—The Riverside County Mental Health Department—
—NAMI, Western Riverside County—
—Jefferson Transitional Programs—

GAY, LESBIAN, BISEXUAL AND TRANSGENDERED FRIENDS OF THE INLAND EMPIRE



Gays In Search of Hope

<http://www.geocities.com/gayhope1/index.html>

**THIS IS A GAY, LESBIAN, BISEXUAL
AND TRANSGENDERED
DEPRESSION AND BIPOLAR SUPPORT GROUP**
Parents, family and friends are welcome here and are encouraged to participate in the support group in a relaxed non-threatening atmosphere. Please join us!
No One Should Suffer in Silence!!!

WHERE: County of Riverside,
Mental Health Administration Building
4095 County Circle Drive, Room A
Riverside, CA 93503

WHEN: The 2nd ~~and 4th~~ Saturdays, 1p to 2:30p



Kevin: (951) 359-0739
E-Mail: gdbsa@aol.com

Flyer Updated 1/7/2006

Gays In Search of Hope will be meeting on the 2nd Saturday of the month ONLY. Our meeting in October will be on the 14th..

DBSA-Riverside

Map Legend

★ Meeting Location

TTTT = Parking

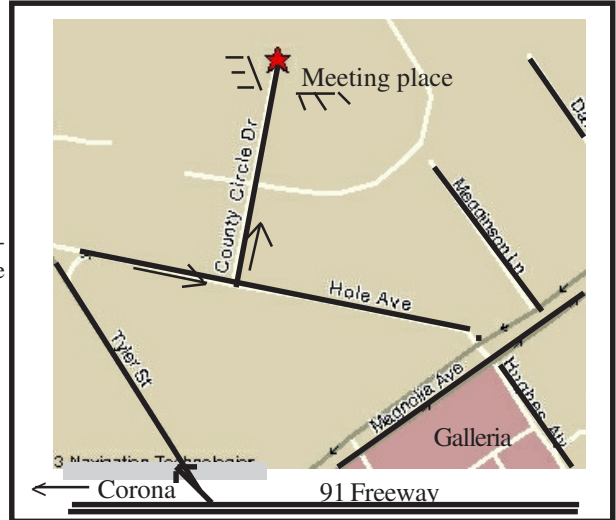
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For meeting-day

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.

About DBSA-Riverside

DBSA of Riverside is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time

is held at the home of JoAnn Martin on the Saturday afternoon following the last sharing meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach JoAnn or Leroy at 951/ 780-3366. Our sharing meetings are held every Saturday of each week from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A. We welcome professional care providers and adult family members and friends. Please note our new area code - 951, effective on July 17, 2004.



MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance of Riverside is \$20.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is \$10.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, please indicate below.

Mail to DBSA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____

Please Print

New

Renewal

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ E-MAIL ADDRESS _____

Please check one of the following:

I have: Bipolar Disorder (Manic-Depression) Depression

I am a Family Member Professional

None of the above

Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for DBSA Membership _____ \$20.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. \$10.00 (12 issues per year).

I would like to volunteer my time and talent to help.