



# The Thermometer Times

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

VOL. 18 NO. 11

Out of darkness . . . November, 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**

**November  
4, 11, 18, and 25**

**Thanksgiving Day Dinner  
at Jo Ann Martin's  
Thursday, November 23, 12noon  
More information inside.**



**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

## Some can't stop antidepressants

**PHYSICAL ORDEAL:** A number of doctors have stopped prescribing drugs such as Effexor and Paxil.

**BY MATT CRENSON  
THE ASSOCIATED PRESS**

When Gina O'Brien decided she no longer needed drugs to quell her anxiety and panic attacks, she followed doctor's orders by slowly tapering her dose of the antidepressant Paxil.

The gradual withdrawal was supposed to prevent unpleasant symptoms that can result from stopping antidepressants cold turkey. But it didn't work.

"I felt so sick that I couldn't get off my couch," O'Brien said. "I couldn't stop crying."

Overwhelmed by nausea and uncontrollable crying, she felt she had no choice but to start taking the pills again. More than a year later the Michigan woman still takes Paxil, and expects to be on it for the rest of her life.

In the almost two decades since Prozac — the first of the antidepressants known as SRIs, or serotonin reuptake inhibitors — hit the market, a number of patients have reported extreme reactions to discontinuing the drugs. Two of the best-selling antidepressants — Effexor and Paxil — have led to so many complaints that some doctors avoid prescribing them altogether.

"It's not that we never use it, but in the end I will tend not to prescribe Effexor or Paxil," said Dr. Richard C. Shelton, a psychiatrist at the Vanderbilt University School of Medicine. Shelton has received grant support from the makers of both drugs and consulted for a number of other pharmaceutical companies.

Patients report experiencing all sorts of symptoms, sometimes within hours of stopping their medication. They can suffer from flu-like nausea, muscle aches, uncontrollable crying, dizziness and diarrhea. Many patients suffer "brain zaps," bizarre and briefly overwhelming electrical sensations that propagate from the back of the head.

Though not exactly painful, they are briefly disorienting and can be terrifying to patients who don't know what they are experiencing. There are case reports of people who have just quit antidepressants showing up in hospital emergency rooms, thinking they are suffering from seizures.

*Continued on page 3 (Antidepressants)*

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

**Please note that articles in The Thermometer Times are collected from many sources. They do not necessarily reflect the views of DBSA Riverside, nor do we make recommendations based on these articles. Editors.**

***The Thermometer Times***  
***16280 Whispering Spur***  
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**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](http://www.suicidepreventionlifeline.org).

**ANTIDEPRESSANTS**(*Cont'd*  
from page 1)

## 'NEEDLES IN MY BODY'

Toni Wilson certainly didn't know how unpleasant going off Zoloft could be when her doctor recently switched her to Wellbutrin, telling her that the new drug would "take the place of" the old one. The two antidepressants actually work on entirely different neurochemical systems, so going straight from one to the other was equivalent to quitting Zoloft cold turkey.

"After about three days I felt real anxious and irritable," the Kansas woman said in an e-mail message. "I would shake, not eat much, it felt like little needles in my body and head."

Cases like Wilson's would be virtually nonexistent if physicians took more care in weaning their patients off antidepressants, said Philip Ninan, vice president for neuroscience at Wyeth, the maker of Effexor.

"The management of discontinuation symptoms is relatively easy if you know about it," Ninan said, and noted that Wyeth had made efforts to educate both physicians and patients.

Yet surprisingly few doctors know enough about SRI discontinuation to manage it effectively.

A 1997 survey of English doctors found that 28 percent of psychiatrists and 70 percent of general practitioners had no idea that patients might have problems after discontinuing antidepressants. Awareness may have increased since then, but the phenomenon is so little studied that no one has done the necessary research to find out.

The condition's prevalence is equally mysterious. Studies put the rate at anywhere from 17 percent to 78 percent for the most problematic drugs.

So little is known about it that researchers aren't even exactly sure what causes the symptoms. It may be related to the fact that the brain chemical affected by most of the antidepressants on the market today, serotonin, does a lot more than regulate mood. It also is involved in sleep, balance, digestion and other physiological processes. So when you



Gina O'Brien, of Howard City, Mich., became ill when she tried to stop taking Paxil. "What really makes me mad is if I can't get off it, why am I paying them? They should be paying me," she says.

throw the brain's serotonin system out of whack, which is essentially what you're doing by either starting or discontinuing an antidepressant, virtually the whole body can be affected.

Generally the drugs that are metabolized most quickly cause more severe symptoms, Shelton said. Effexor, which breaks down in a period of hours, is one of the worst SRIs in that regard; Prozac, which has a half-life of about a week, is considered the best.

## NOT TECHNICALLY ADDICTIVE

Some doctors have been able to minimize withdrawal symptoms in patients who are quitting Effexor or Paxil by gradually switching them over to Prozac, then tapering them off the more easily discontinued drug.

Critics of the pharmaceutical industry complain that drug companies downplay the severity of drug discontinuation symptoms. The

prescribing information companies provide to doctors warns that patients occasionally experience mild symptoms when they stop taking SRI antidepressants, but imply that tapering off the medication can prevent problems. Medical journals describe the ill effects of going off the drugs as "mild and short-lived," and usually avoidable if the dose is tapered.

"I don't think they're difficult to go off," said Alan Schatzberg, chairman of the department of psychiatry and behavioral sciences at the Stanford University School of Medicine. "The vast majority of people aren't that sensitive."

Schatzberg recently chaired a Wyeth-sponsored panel of physicians that offered guidelines for how to manage "antidepressant discontinuation syndrome," the preferred medical term for what a layperson would think of as withdrawal. He also has served as a consultant to several other pharmaceutical companies.

Terms like "antidepressant discontinuation syndrome" demonstrate the pharmaceutical industry's efforts to downplay the problem, charged Karen Menzies, an attorney who has been involved in litigation over the phenomenon.

"Withdrawal is the word that is used in Europe," she said.

In December 2004 Britain's drug regulatory agency issued a report that warned that all SRIs "may be associated with withdrawal" and noted that Paxil and Effexor "seem to be associated with a greater frequency of withdrawal reactions."

Drug companies insist antidepressants can't cause withdrawal because they are not technically addictive. Even so, many patients who have gone through the experience say it feels like withdrawal to them.

*Source: The Press Enterprise  
August 12, 2006*



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## Discounted drugs bill approved

**LEGISLATION:** The measure, backed by the governor, will benefit up to 6 million Californians.

**AB 2911** BY ROBIN HINDERY  
THE ASSOCIATED PRESS

**SACRAMENTO** — As many as 6 million Californians would benefit from legislation sent Wednesday to Gov. Schwarzenegger that would impose mandatory prescription drug discounts.

Schwarzenegger has said he will sign the bill, the result of negotiations between his staff and the Legislature's Democratic leadership.

"With prescription drug costs contributing to more than 8 percent of health care inflation, this is a critical step in addressing access to affordable health care," Schwarzenegger said in a statement.

The bill, by Assembly Speaker Fabian Nunez, D-Los Angeles, passed a final Assembly vote 42-28, with lawmakers sticking to party lines.

"This is an opportunity to finally do the right thing for families choosing between buying gasoline for their cars and buying their prescription drugs," Nunez said.

The bill will give discounts of about 40 percent for name-brand drugs and 60 percent for generics to people who otherwise would have to pay full retail price. The enrollment fee will be \$10 a year.

Discounts will be limited to households that make up to three times the federal poverty level, or about \$60,000 a year for a family of four.

Drug companies, which oppose the plan, will have until August 1, 2010, to comply voluntarily. If they fail to meet the benchmark discount levels, they face being taken off the state Medi-Cal program which provides about \$4 billion in drugs annually to the poor and elderly.

*Source: Riverside Press-Enterprise  
August 31, 2006*

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## RX Help for Californians

This is a free service for people who are uninsured, or have a limited income. It can help sort through hundreds of free and reduced priced medication programs.

Have the names of your medication and your income handy, then follow these three steps. Both the Internet and phone services are free and confidential.

1. Call toll free to speak with someone,
2. Answer 10 simple questions
- 3 Find out what programs you qualify for and learn the next steps to getting your discounted or free prescription drugs.

**1-877-777-7815 or [www.RxHelpforCA.org](http://www.RxHelpforCA.org)**

*Source: Orange County DBSA, Spring 2006,  
via SFVAMI, June 2006*

*As seen in: POLAR STAR Summer 2006*

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## Wal-Mart to Sell Generic Drugs for \$4

BY ANNE D'INNOGENZIO  
THE ASSOCIATED PRESS

**TAMPA, Fla.** (AP) September 21, 2006—Wal-Mart announced today that it will start a test program in Florida, where it will sell generic prescription drugs for \$4 for a 30-day supply. The test will start tomorrow in 65 Tampa Bay-area stores and is to expand to the whole state by January.

In a statement, CEO Lee Scott says the world's largest retailer intends to "take the program to as many states as possible next year."

On average, generic drugs tend to cost between \$10 and \$30 for a month-long supply.

The world's biggest retailer said that it will test the program in Florida that will make 291 generic drugs available, which are used to treat a variety of conditions from allergies to high-blood pressure. It will also be available to the uninsured.

The program will be launched on Friday at 65 Wal-Mart, Neighborhood Market and Sam's Club pharmacies in the Tampa Bay area in Florida and will be expanded to the entire state in January.

The company said it plans to take the program to as many states as possible next year.

"Each day in our pharmacies we see customers struggle with the cost of prescription drugs," said Wal-Mart CEO H. Lee Scott, Jr., in a statement. "By cutting the cost of many generics to \$4, we are helping to ensure that our customers and associates get the medicines they need at a price they can afford."

*Source: The Initiative, Fall 2006*

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## A Light Snack for SAD Sufferers

Seasonal Affective Disorder, or SAD, is marked by some of the same symptoms associated with PMS: low energy and uneven emotions. Now research indicates that the lethargy and depression some people experience with the onset of winter is related to low levels of serotonin and other neurotransmitters. SAD sufferers crave the same high carbohydrate foods as do other people with low levels of serotonin.

Studies indicate that when light hits the retina of the eye, serotonin levels rise, and SAD symptoms typically disappear. Researchers have also found that light therapy relieves symptoms in about 80% of SAD sufferers and is even more effective when combined with a high-carbohydrate snack.

*Source: Eating Well, May/June 1998  
As seen in: The Initiative, Fall 2006*

# Poet's Page

## I'M BI-POLAR

I'm a bi-polar person but I won't hurt you a bit...  
When it comes to violence; well that never was or will  
ever be my intent...  
I'm not kookoo, nuts or crazy as a bed bug or even  
unbalanced you see...  
So, don't back away from me when you find out, don't  
be afraid of me...  
I served my country, raised a family and a little  
harmless hell...  
So, you see, I was perfectly normal as far as anyone  
could tell...  
Until one day the chemistry in my brain somehow  
went a little haywire...  
And turned all my thoughts and emotions into fodder  
for instability 's fire...  
So, yes, I am mentally ill, not weak or dangerous to  
be around...  
I have a brain condition instead of a heart condition,  
not quite as bad as it may sound...  
So, you should give me the respect I deserve and not  
give me the urge to kill...  
By patronizing me or excusing my anger or  
displeasure by asking, "Did you take your pill?"...  
Because you know, I functioned just fine before you  
knew I needed one...  
And I'm the same old guy I was before the pill when  
all is said and done...

By Gerald Carver  
September, 2006

ZIGGY By TOM WILSON



## "Everything Starts With A Dream!"

Everything - starts with a dream,  
It's a plot - it's a scheme!  
Always feel - up and high,  
With your blues -say good bye!

Never give up - on a goal,  
Never let life - make you feel low!  
Let ambition - lead you,  
Let good health - guide you!

May the desires of your heart - be known,  
May your talents - be shown!  
As they say - mind over matter,  
Keep your hands busy - it does matter!

Start with a hobby - and let it expand,  
Remember - it's all in the hand!  
The pleasant things in life - are free,  
So enjoy life and be - happy!

By Nancy Bullinger  
May, 2006





## GENETICS OF BIPOLAR DISORDER IN LATINO POPULATIONS

The purpose of this research is to find the genes implicated in bipolar disorder. Adult men and women who have been diagnosed with bipolar disorder and have a sibling with the same diagnosis are needed. The immediate family will be asked to take part. The study consists of a diagnostic interview and blood sample for genetics tests.

### **FINANCIAL COMPENSATION IS AVAILABLE FOR ALL PARTICIPANTS**

For more information, please contact:

Ricardo Mendoza, M.D. 310.222.1800  
Deborah Flores, M.D. 310.222.3133  
Lorraine Garcia—Teague, Ph.D. 310.222.5260

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El objetivo del estudio es la identificación de los genes implicados en el trastorno bipolar. Necesitamos mujeres y hombres diagnosticados con el trastorno bipolar que tengan un (-a) hermano (-a) con el mismo diagnóstico. La participación de la familia inmediata será necesario. El estudio consiste de una entrevista diagnóstica y una muestra de sangre por examen genético.

### **LOS PARTICIPANTES RECIBIRÁN COMPENSACIÓN MONETARIA**

Para solicitar mas información, favor de llamar a:

Ricardo Mendoza, M.D. 310.222.1800  
Deborah Flores, M.D. 310.222.3133  
Lorraine Garcia—Teague, Ph.D. 310.222.526



LABioMed  
Los Angeles  
Biomedical  
Research Institute  
at HarborUCLA Medical Center

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LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE 1124 WEST CARSON STREET \* TORRANCE CA 90502



LABioMed IRB NUMBER: 11260-01R2  
IRB APPROVAL DATE: 2/10/2006

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VAGUS NERVE STIMULATION

**Dear Advocate:**

The Centers for Medicare and Medicaid Services (CMS) has now published a Request for Public Comment on a National Coverage Policy for VNS Therapy for patients with TRD. The National Coverage Policy would apply to patients with TRD who have recently been treated, or refused treatment with ECT or hospitalized for depression. CMS has already established a National Coverage Policy for VNS Therapy for patients with medically refractory epilepsy, so the inclusion of patients with TRD would provide parity in access for those with TRD. The ultimate coverage policy determination by CMS will have a high level of impact on access for all patients with TRD, whether they are covered by CMS or third party payers.

Your comments may be submitted electronically:

Go to [www.VNSTherapy.com](http://www.VNSTherapy.com) to access the link to CMS.

Or you may submit comments by mail:

Centers for Medicare and Medicaid Services (CMS)

Att: Beverly A Lofton, MHA

Ref: NCA for Vagus Nerve Stimulation for Treatment of Resistant Depression (TRD) (CAG-00313R)

D1-09-06

7500 Security Boulevard

Baltimore, MD 21244

Your overall experience with TRD, as well as any experience you may have specific to VNS Therapy for TRD will be very valuable to CMS as they make this important decision. Please include any of the following aspects of your experiences and perspective in your letter:

1. Your knowledge of and any experience with TRD;
2. Any experience you may have with VNS Therapy for TRD;
3. Comments on any long term patient outcomes you may have observed in those treated with VNS Therapy; particularly as it relates to changes in healthcare utilization and return to work/school benefits;
4. Your opinions regarding the proposed CMS coverage criteria;
5. Your position regarding parity in access for patients with TRD. If you have any questions, please call 1 877/NOW-4VNS.

Below is a sample letter:

We reach out to many persons who suffer from depression and many are resistant to medications and other forms of treatment. I'm sure that having access to the VNS therapy treatment could be a great help to many of our support group people. Most of these persons do not have funds to pay for this and desperately need coverage from Medicare and Medicaid to be able to be treated with VNS therapy.

Many persons who suffer from depression should be able to function well and enjoy a full and productive life. I have bipolar disorder and have experienced depression myself. It can be very crippling. My treatment began in the 60s when these new and encouraging therapies were not even thought of. Fortunately, after years of suffering, a combination of medications was found to completely rid me of the devastating lows I felt. For those who need an alternative to the treatments they have been tried on and found no results, it is critical to open the door and let them have a chance to live fulfilled lives.

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## Lantos Legislation for Animal-Owner Emergency Evacuation Plans Becomes Law

San Mateo, CA - A bipartisan bill authored by Congressman Tom Lantos (D-San Mateo/San Francisco) to protect people who own household pets and service animals in the wake of catastrophes such as last year's Gulf Coast hurricanes has just been signed into law.

"Nobody wants to see people needlessly suffer, and possibly sacrifice their own safety, because they are confronted with the awful prospect of abandoning household animals that are essential to their lives," Lantos said. "Now nobody will ever have to see it again."

The Lantos legislation requires local and state jurisdictions to submit disaster preparedness plans that take people with household pets and service animals into account; if they fail to do so, these jurisdictions will not qualify for grants from the Federal Emergency Management Agency. It also allows the Director of FEMA to make financial contributions to States and local authorities for animal emergency preparedness purposes (including the procurement, construction, leasing or renovating of shelter facilities to allow these facilities to accommodate both people and animals). And it instructs FEMA to make necessary changes to the law in order to ensure that Federal assistance provided in a disaster can assist in the rescue, care, and shelter of individuals with household pets and service animals.

"This country needs the force of federal law to protect people in large-scale emergencies who own household pets or service animals such as guide dogs," Lantos said. "I am overwhelmingly pleased at the wisdom of my colleagues in both chambers of Congress, and with the judgment of the White House, on this issue. Now it is up to local and state authorities to make their disaster preparedness plans conform to our simple requirement: to ensure that they account for the emergency evacuation needs of people with animal companions, through whatever system works best for these authorities."

Like a lot of Americans, Lantos and his wife, Annette, felt pity for a little boy who was shown on national television not long after Hurricane Katrina, traumatized not only by the wreckage that his family's life had become after fleeing their home, but also having to suffer the blow of seeing his pet dog abandoned to its fate because authorities would not let it be evacuated with the family.

Lantos and Congressman Chris Shays (R-CT) introduced the Pets Evacuation and Transportation (PETS) Act (HR 3858) just days later. It passed the House unanimously and, after amendments by the Senate were approved unanimously; the House also passed the final version unanimously earlier this month. The president signed it into law late on Friday.

The Humane Society of the United States, the American Society for the Prevention of Cruelty to Animals, the Doris Day Animal League and the Best Friends Animal Society emphasized their support for this initiative.

Lantos is a founding member of the Congressional Friends of Animals Caucus and has been an outspoken champion for animal welfare issues since his first term in 1981.

Source: <http://www.californiachronicle.com/articles/ciewArticle.asp>

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### News: Nicotine Dependence and Psychiatric Disorders

Adults with nicotine dependence and/or psychiatric disorders consume 70 percent of all cigarettes smoked in the United States, according to results of a National Institutes of Health (NIH) study reported in the November issue of the Archives of General Psychiatry (Volume 61). The study provides the first national estimates among U.S. adults of the prevalence and co-occurrence of nicotine dependence and a broad array of other psychiatric disorders including alcohol and drug abuse and dependence, mood and anxiety disorders, and personality disorders.

Nicotine dependence is most prevalent among persons with current drug and alcohol use disorders (52.4 percent and 34.5 percent, respectively) and somewhat lower among persons with any mood or anxiety disorder (29.2 percent and 25.3 percent, respectively) and personality disorders (27.3 percent). Persons with a current psychiatric disorder - whether or not they are nicotine dependent - make up 30.3 percent of the population and consume 46.3 percent of all cigarettes smoked.

Source: National Institute on Alcohol Abuse and Alcoholism, Nov. 2004, As seen in: The Rollercoaster Times, Fall 2006



*Have you  
Hugged  
Someone Today?*

If you have, it can help lower your blood pressure by raising your levels of oxytocin, the so-called "cuddle hormone" that slows the body's response to stress, say University of North Carolina researchers. . .

Source: The Rollercoaster Times, Fall 2006

*Sooner or later you've heard all that your best friends have to say. Then comes the tolerance of real love.*

**NED BOREM**  
Composer and author

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## A House Full of Whispers

“My life has always been a bed of roses; only someone nicked my petals and left me the thorns.”

Dear DBSA Riverside,

I am an author from Devon, United Kingdom and the survivor of childhood abuse, physical, mental and sexual. I have written a book entitled A House Full of Whispers detailing my struggle to survive this heinous crime that is still widespread today. I tried to self harm for many years believing I was setting the poison within my body free.

My book is not about retribution but helping others who are still living under the cloud of this memory forced onto them by another.

I struggled at times to finish the book and have relived many harrowing images I thought I had buried within my self.

My aim for writing about my abuse and making it public is to hopefully allow others to read it and know that a road can be found to happiness and no matter what we have been made to endure through some one else's crimes, there is a life after desolation. Small voices that stand alone will one day reach each other and become an ocean of power; every wave starts as a ripple. For this reason I have written you this email.

A House Full of Whispers is the first in a trilogy and is an honest account of my life with the highs and lows. There is a path to redemption within my books for any who have walked a similar road. I was lucky to be able to stop the dysfunctional lineage, and my family, and children's children, live a life all generations deserve. They have laughter and freedom, and most importantly they have trust and confidence in all adults within their lives. My abuser, like so many, never atoned for his crimes and his freedom still rages within. But like most paedophiles he abused my innocence as a child but never comprehended the adult who would eventually accuse by him or her.

[www.sharonwallace.co.uk](http://www.sharonwallace.co.uk) is my web address. Please feel free to visit. You are all most welcome. The merits of the book and how if any, it can help others is in your hands. Would you be able to allow other survivors know of my book's existence(sic) (sic) won't change the world standing alone on a shelf, but it will be a small link in the chain of helping society know what road we survivors have walked, and the path a neighbour's child is possibly still walking.

Thank you for your time,  
S. Wallace

*Our lives are shaped by those who love us as well as those who refuse to love us.*

KARL MENNINGER (1893-1990)  
Psychiatrist

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## Medical ID Theft Poses Health Threat

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### Keeping tabs on health records

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Under the federal law known as the Health Insurance Portability and Accountability Act of 1996, medical providers have wide latitude to disclose records to others in the field, as long as they tell the patient they are doing so. They are also supposed to show the patient most of those files, with limited exceptions such as the notes of mental health professionals. But hospitals worried about fraud often demand multiple forms of identification and setup other bureaucratic hurdles to patient viewing. They can refuse patient access altogether if someone else's records are intertwined with the patient's.

#### **To guard against identity theft, patients should:**

- Ask to see their medical files from each provider on a regular basis;
- Scan medical and insurance bills for services, medicine and equipment they didn't receive;
- Demand an annual list from their health insurance company of benefits that have been provided.

#### **If medical records have been compromised:**

- Ask the healthcare providers to delete the incorrect information and contact everyone they have shared that information with, as required by the health insurance act;
- Ask the providers for a list of those recipients, and follow up with them;
- Clean up records with the health insurer and make sure the provider has not passed along improper benefit reports to insurance databases;
- Scrutinize credit reports for unpaid medical bills;
- File a police report;
- Contact the Federal Trade Commission and state health and insurance departments.

*Source: World Privacy Forum, Times Research  
Los Angeles Times  
September 26, 2006*

**ATTENTION! ATTENTION!  
BE A PART OF OUR  
DBSA CONFERENCE 2007  
PLANNING COMMITTEE**

We did not have our usual planning committee at the end of our Conference in San Mateo last August. If you would like to be a part of the planning committee for our conference in 2007, please contact Jo Ann at: 951/780-3366 or by e-mail at joannmartin1@aol.com.. We will start our conference calls after the holidays.

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# Holiday Food Baskets

Every year we collect various non-perishable food items and place them in colorful baskets to distribute to people who could use some extra food close to the holiday. If you would like to help, here is a list of a few ideas:

Keep in mind that we want them to fit in the baskets, so smaller items are preferred.

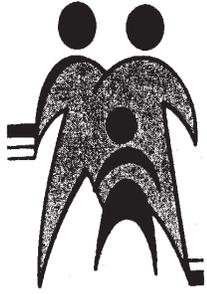
1. Shelf-life jello, pudding, and fruitpacks
2. Canned fruit, vegetables, soup, meat, spaghetti, cranberry sauce
3. Small juice cans
4. Packages and mixes of cake, macaroni, rice, noodle meals, scalloped and mashed potatoes, stuffing mix
5. Peanut butter, small boxes of cereal, crackers, cookies, and cakes
6. Holiday napkins, small decorations, small child's toy, holiday candles.

If you would like to receive a basket (there will be a limited number),  
contact us at: (951) 780-3366.

Bring items by November 17.

**Make someone's Holidays  
a little happier.**





### 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 on  
**Thanksgiving Day**  
Thursday, November 23rd

12:00 noon at Jo Ann's



Turkey will be provided.  
Bring your favorite side dish.  
Or just bring yourself.

Come have a warm and friendly  
holiday with us!

(See front page, lower left column  
of this newsletter for directions  
to Jo Ann's)

#### Check us out on the web!

Website for DBSA Riverside:

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

E-mail addresses: DBSA, Riverside: [dbsaofriv1@aol.com](mailto:dbsaofriv1@aol.com).

DBSA, California: [dbsaofca1@aol.com](mailto: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**

**Georgia**

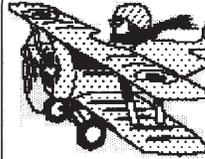
**6 a.m to 9 p.m.**  
**951/352-1634**

**Yen**

**951/315-7315**

**Kevin**

**kevin2004n@aol.com**



## ANNOUNCEMENTS

### 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 19900 Grove Community Drive (off Trautwein) Riv. 92508 951/571-9090 Contact Sheri 951/565-8131 smatsumoto@sbcglobal.net

### 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

### 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 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 November will be on the 11th..

**DBSA-Riverside**

Map Legend

★ Meeting Location

TTTT = Parking

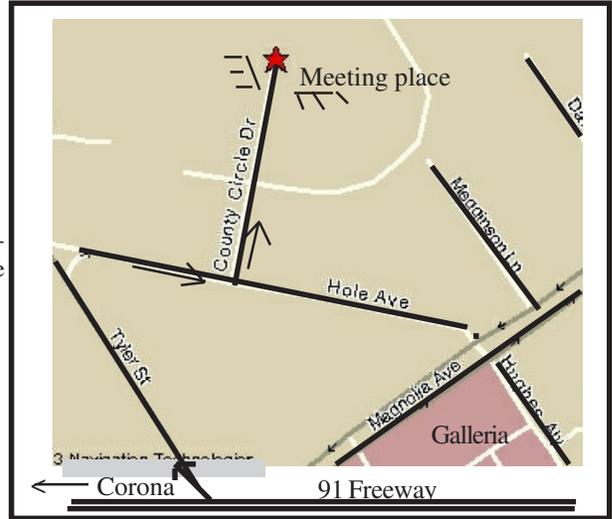
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.\* For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