



The Thermometer Times

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

VOL. 18 NO. 6 Out of darkness . . . June, 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)

**Every Saturday
10 am-12 noon**

**This month:
June 3, 10, 17 & 24**



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

Network of Care: a Web site for people with mental illness

It's all about mental health.

"I never thought that the internet could improve our lives... but it did."



It's easy even for beginners to use Network of Care

Network of Care is a comprehensive, Internet based community resource for people with mental illness, as well as their caregivers and service providers. This easy-to-use Web site provides an extensive directory to put people in touch with the right services at the right time. It also offers vital information about diagnoses, insurance and advocacy, as well as daily news from around the world concerning mental health. This unique, one-stop information tool enables you to find pertinent mental health Web sites, keep personal records, and communicate directly with elected officials to make your voice heard in the legislative halls.

.....
<http://riverside.networkofcare.org/mh>
.....

This Network of Care for Mental Health Web site is sponsored by the Mental Health Services Act and the California Department of Mental Health, along with the Riverside County Department of Mental Health.

Continued on page 3 (Care)

a note from the Editor

May was Mental Health Month and the Riverside County Department of Mental Health held an open house at its Mental Health Administration Building where we have our Share and Care meetings every Saturday. The event was held Tuesday, May 16, between 3 and 6 pm.

Our own Jo Ann Martin played the piano and sang. A couple of the songs she sang were "Second Hand Rose" and "Don't Cry For me, Argentina". Kevin Nenstiel played a medley of "Smile", "You Raise Me Up" and several other pieces on the piano. (Please see Kevin's article in this issue, "Mentoring Others to Recovery", on page 4.) Joe Eagan kept us in stitches with his comedy routines.

There were tables lining the halls with displays describing all the programs of the County Mental Health Department.

The DBSA, and a few other outside groups had small displays as well.

Outside was set up with entertainment for children, such as: face painting, jewelry making, finger painting and drawing, and special snacks.

Visual artists from the community displayed their work at the event, too. There were drawings and paintings in various media.

Kathi Stringer took photographs of everyone and everything throughout the afternoon and later created a DVD Photo-montage set to oldies rock and roll music that runs ten minutes. It is a wonderful, entertaining look back at the days' events. It's available through Kathi. Call our main number to reach Kathi (951/780-3366).



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

Times. ✍ 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: 909/780-5758.

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

Thank you,
Lynne Stewart

It is not in everyone's power to secure wealth, office, or honors; but everyone may be good, generous, and wise.

Luc De Clapiers (1715-1747)
Moralist and essayist

The Thermometer Times
16280 Whispering Spur
Riverside, CA 92504
(951) 780-3366

Publisher & Editor in Chief

Jo Ann Martin

Senior Editor

Lynne Stewart

Copy Editor

Karen Cameron

Associate Editors

Nelma Fennimore

Karen Cameron

Staff Writer

Judy Kaplan

Medical Advisor

Andrew J. Rooks, M.D.

Child, Adolescent & Adult Psychiatry

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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 (909) 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.

Frequently Asked Questions About Network of Care

What is Network of Care for Mental/Behavioral Health?

Network of Care for Mental/Behavioral Health (www.networkofcare.org) is an online information place for individuals, families and agencies concerned with mental and emotional wellness. This online community provides critical information, communication and advocacy tools with a single point of entry. It ensures there is "No Wrong Door" for those navigating the system of behavioral health services, those working to avoid the need for formal services, and those ready to transition out of the behavioral health system.

How was Network of Care created?

The California Department of Mental Health sought to replicate the highly successful Network of Care for Seniors and People with Disabilities with a similar online community for behavioral health services. It chose San Diego County as its inaugural site. The Mental Health site will serve the entire State of California started in May 2006 via the California Mental Health Services Act, Network of Care for Seniors and People with Disabilities, sponsored by a State of California innovation grant in partnership with county governments, which was launched in August 2001 and has spread rapidly. The success of that project at the county level has also led to requests from several states to develop Network of Care sites for kids at risk, domestic abuse and substance abuse. The Network of Care for Kids (ages 0-5) was launched in multiple counties in 2003. The Network of Care for Children & Families (ages 0-18) was launched in California and Ohio in 2004. The Network of Care for Developmental Disabilities and Network of Care for Domestic Violence were launched in 2005.

Who runs Network of Care?

Riverside County's Network of Care Web site is sponsored by the Department of Mental Health and is a free service to all the citizens and organizations in the county. It is built, operated and maintained by Trilogy Integrated Resources LLC (www.trilogyir.com)

Will Network of Care expand to other counties and states?

There is considerable demand for the various aspects of Network of Care throughout the state and nation. Network of Care continues to develop Web sites for multiple types of social services and currently serves more than a dozen states.

How often is Network of Care's content updated?

Network of Care's various channels are updated on specific schedules. For example, the bill information in the Legislation section is updated daily. The articles in the Library are reviewed quarterly to ensure accuracy, and they are reviewed and completely updated annually. The database in the Service Directory can be updated daily, and the News section is updated each weekday

What does Network of Care offer that other Web sites don't?

Network of Care offers a vast array of services and information about community-based social services for people with mental illness and their families and service providers. It was designed specifically to improve access to services in Riverside County. It strives to be accessible to those with limited computer or Web experience, those with limited English, those with limited finances and those with physical disabilities. Network of Care offers all services free of charge in one custom built user-friendly package



Network of Care Background

Many quality social services are available to residents of California's communities, but due to the fragmented way programs are funded, there is all too often little coordination among programs. Accessing services effectively and on a timely basis. This can be an extremely difficult task for the general public.

Many of the problems associated with the fragmentation of services are information issues. Not only are consumers in the dark about available services, but often the agencies themselves don't know all of the services available for their clients because no information system has connected agencies to each other. Furthermore, the general public is largely unaware of important related information on topics such as specific disorders, early intervention, prevention, independent living, and advocacy.

The corporate community has for some time now been addressing similar information problems using a variety of internet solutions. Until now., Web technology has been scarce in diverse, fragmented public systems such as those serving the elderly, people with disabilities, kids at risk and people with mental illness. However, a revolution is taking place in the public's use of the Internet. Today, an astonishing 60 percent of the public uses the Internet as its primary source of health information, and the number is growing. A way to connect the vast, extensive, easily accessible, nearly universal phenomenon of the Internet to the health and social service needs of the local community is sorely needed

TriIogy bridged this gap. The Network of Care Web Project is a state/county, public/private partnership that was born of a State of California innovation grant in early 2001. Network of Care (www.networkofcare.org) is a single place for consumers, caregivers, and case managers to gain knowledge quickly and find and coordinate community services, store important information, and advocate to policy makers.

Trilogy integrated Resources worked with Alameda and

Continued on page 4(Care)



Mentoring Others to Recovery

by
Kevin Nenstiel

All too often people who attend support groups such as DBSA and who recover, stop coming to the support group. As it is right now, there are not enough stable people in our DBSA of Riverside to help those who are suffering see that there is "light at the end of the tunnel". I attend DBSA of Riverside whether I feel good or not because my experiences can help others and in turn, I am helping myself in the recovery process. Everyone has a story to tell based on his or her experiences with these disorders. The new MHSA (Mental Health Services Act) plan in California encourages stable consumers to help other consumers move on to recovery (peer to peer support).

My first step in the recovery process was attendance at meetings of the Depression and Bipolar Support Alliance (DBSA) of Riverside, formerly known as the Manic Depressive and Depressive Association (MDDA) which was started in 1988. I was suffering from severe depression at the time. I didn't know what to do to get better so I started attending MDDA meetings. I soon learned what I needed to do to get a diagnosis and begin to travel down that very long road to recovery. Even though I am in the process of recovery now, it was tough and took some very hard work on my part. Through the years of trying different medications, I have finally found the ones that are helping me recover. Through medication and hard work, I learned things like learning to take baby steps instead of trying to do too much at one time. Before, it was either all or nothing. The rewards of helping myself by helping others are wonderful and satisfying. My self-esteem has greatly improved and for once in my life I feel that I am worthwhile and that I can help to make a difference.

I am now in recovery for two disorders in my life. The first one is sexual addiction and the second one is my mental health disorder, bipolar disorder, type 2. I lost 20 years of my life to these disorders.

Recovery is an on-going process. It doesn't mean that I will never have thoughts of engaging in bad and illegal behaviors or that I will never get depressed or manic ever again. Recovery means that I now have the tools to work through and around these issues. I have had to set boundaries and weed out people in my life who were unhealthy for me and using and abusing me. I know what the consequences are if I engage in unhealthy behaviors and don't take care of my mental health. I now have bad memories and flashbacks of engaging in sexual addiction and this keeps me safe. When I even think of engaging in bad and unhealthy behaviors, I remember how bad it was and that it

made my bipolar disorder and already poor self-esteem worse. I don't want to revisit this chapter of my life. It would be like starting all over again. I look back on it though from time to time. This helps me see how far I have come in my recovery process and makes me feel good about myself.

Recovery takes good hard work. There are no easy steps. The roles of attending a support group, being truthful to my psychiatrist, psychotherapist and taking medication is what takes the edge off of the depression or mania and allows me learn coping skills to work on my issues. Becoming stable means that I can help others get there, based on my experiences and recovery.

Medications alone do not solve all of my problems. I used to be able to earn a living but, I know if I were to try now to go back to work doing what I used to do for a living, I would become unstable again and the stress could cause my addiction to flare up again. Mentoring others and volunteering my time makes me feel good about myself. I believe that my attendance and participation in DBSA of Riverside has saved my life and has allowed me to help others.

Therefore, I strongly encourage those who are stable to come back to DBSA as they are able and share their experiences and get involved in mentoring others to recovery.



CARE (Cont'd from page 3)

Sacramento counties to launch the Network of Care for Seniors and People with Disabilities in August 2001, and since then, the sites have rapidly expanded. The Network of Care currently serves more than a dozen states

The huge success of this project at the county level has led to requests from the State of California and several of its counties to develop similar Web sites for behavioral health, children at risk, domestic abuse and developmental disabilities

The Network of Care for Mental/Behavioral Health now serves counties in 12 states, including the entire states of California, Missouri and Utah.

Source: Trilogy Integrated Resources LLC
www.triloghir.com



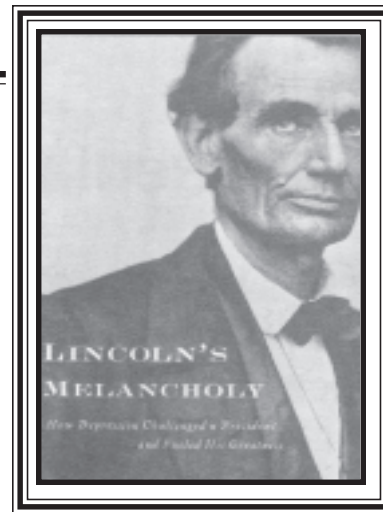
The Reader's Corner with Betsy Naylor

Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness

by Joshua Wolf Shenk

350 pages,

Houghton Mifflin Company \$25



How could Abraham Lincoln become one of our most important presidents despite his lifelong depression? Lincoln's Melancholy argues that his depression fueled his path to greatness. But how could depression fuel anything but misery?

Until recently, historians had largely lost interest about the melancholic aspect of Lincoln's character, but author Joshua Wolf Shenk, who himself suffers from depression, delved into this subject and through his considerable research, tells the story behind his paradoxical title. I was concerned that the book might be a sort of psycho-biography with the author making all the kinds of diagnoses and analyses I couldn't trust. But Shenk does not make assumptions, which was a breath of fresh air. In his introduction, he states his purpose is simply "to see what we can learn about Lincoln by looking at him through the lens of his melancholy, and to see what we can learn about melancholy by looking at it in light of Lincoln's experience."

The book examines Lincoln's lifelong struggle with depression. He suffered two suicidal episodes, one at 25, another five years later when he was starting out as a lawyer in Springfield, Illinois. Friends took away knives and scissors. They feared for his sanity, and Lincoln likely underwent barbaric treatments available at the time: blood-letting, painful mustard rubs and even ingestion of mercury. It was during the second episode that he wrote these startling words: "I am now the most miserable man living... I must die or be better."

As he got better, though, Lincoln must have decided that he wanted to live. He wanted to be a consequential person who did something important and good. Strong ambitions had always been a part of Lincoln's character, and his path to political office involved a devotion to the issues of his day. He became intensely absorbed in opposition to slavery. His conviction led him to the work "he felt made to do." Even still, eyewitness writings indicate that his melancholy went on, uninterrupted and that he took no pleasure from his accomplishments. Invariably, people who met Lincoln could not miss the deep sadness in his eyes. And though he was known for a sense of humor that could break his isolation, cut the tension when people disagreed, and give him short respites from his sadness, he always returned to melancholy. Slowly he must have come to the calm resignation, that his depression would never go away, and that the world was a difficult place.

Shenk argues that Lincoln's greatness at the time our country could have dissolved stemmed from ways he learned to cope with depression. Not only could he look at the worst rationally and empathetically, he had also developed a dogged persistence to get through bad times. And while optimistic people may perceive the world as sunny, they can miss the dark side. Shenk tells us that Lincoln saw it all.

Regardless of how Lincoln's depression may have contributed to his greatness, though, I think the important thing to take away from his story is how he was able to transcend that depression. Some phrases from the dictionary definition of transcend caught my eye: "to go beyond the limits of; surpass; excel; to be separate from or beyond." Lincoln was able to focus on what he had to do. Other intangibles must have played a role: Honest and fair, clear-eyed and rational, he took the high road, asked others to do the same.

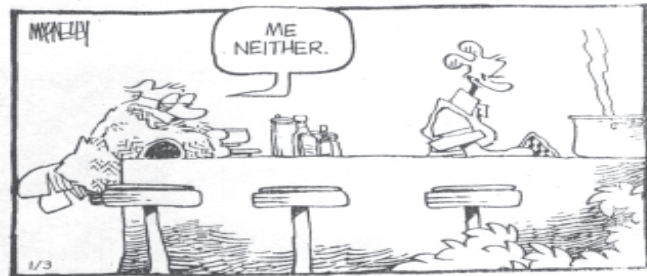
Source: MOODS The Newsletter of the Mood Disorders Support Group/New York, 2006,

Shoe

By Jeff MacNelly



macnelly.com
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Five Key Concepts for Families and Friends

Ellen Frank, Ph.D.

DBSA Scientific Advisory Board

Educating yourself is extremely important when someone you care about is diagnosed with a mood disorder. Family members and friends should know the symptoms of mania and depression, and which symptoms their loved one finds the most troublesome. There are also five key concepts that can help family members understand their loved one's struggles.

1 No one ever chooses to have symptoms of depression. Depressive symptoms are part of a medical illness. They are not an attempt to manipulate others or escape responsibility. Treat your family member who has depressive symptoms the same way you would treat someone with a physical injury — help when you are needed. Know that your loved one's symptoms may prevent him or her from showing appreciation for your help. But some individuals with bipolar disorder sometimes do choose to have hypomania. Hypomania can be a pleasurable state compared to depression, and it is tempting for many people to allow their hypomanic symptoms to escalate. Be aware that impaired judgement is a feature of mania, and your loved one may not have insight into what is happening. Know that communication will be more difficult and it is helpful for you to stay as calm as possible.

2 Communicating your concerns and desires through "I messages" is more likely to be effective than using blaming "you messages." Speaking about the things you need or want is more likely to get results than telling your loved one what he or she is doing wrong. For example, "I need to have some quiet time," rather than "You're talking too much," or "I'm concerned about you," instead of "You're acting crazy."

3 Most individuals with mood disorders benefit from regular routines that lead to adequate (but not too much) sleep. Regular daily rhythms and routines for your loved one (and possibly the whole family) may be difficult at first, but the long-term rewards are worth it.

4 Being an effective support to someone with a mood disorder is very challenging. You may feel helpless, overwhelmed, confused, hurt, angry, frustrated, guilty, ashamed or resentful. All of these feelings are normal.

5 Because it can be challenging, you, too, need support. DBSA support groups can provide support. Many chapters offer family and friends' groups. Many loved ones have taken leadership in these groups. Being with other family members who have been there not only provides perspective and relief, but it can be an excellent source of advice for keeping a family healthy.

*Source: The Rollercoaster Times
Quarterly Newsletter of the DBSA of Orange County
Spring 2006*

Patients with Bipolar Disorder Are Prone to Sleep Problems

People with bipolar disorder experience significant sleep problems even when they are not experiencing elevated mood alterations, new research suggests.

University of California at Berkeley department of psychology researchers studied people with insomnia, people with no sleep problems, and people with bipolar disorder who were not experiencing mood elevations — known as euthymic.

Their findings, published in the American Journal of Psychiatry in January, show the group with bipolar disorder had im-paired sleep, higher levels of anxiety and fear about poor sleep, lower daytime activity levels, and a tendency to skip sleep.

Also, the group with bipolar disorder held a level of dysfunctional beliefs about sleep that was comparable to that in the group with insomnia and significantly higher than that in the good sleeper group.

The researchers conclude insomnia is a significant problem among euthymic patients with bipolar disorder and that components of cognitive behavior therapy for insomnia - especially stimulus control and cognitive therapy - may be a helpful add-on treatment for patients with bipolar disorder.

*Source: bp Magazine, Spring 2005
As seen in DBSA Tampa Bay Newsletter,
March-April 2006*

Trouble Sleeping?

HELP ONLINE OR BY PHONE

Seasonal changes and holiday activities can interfere with sleep. At www.SleeplessInAmerica.org, find out what might be keeping you up, why sleep is important, how sleep relates to mood disorders and how to help a family member who has trouble sleeping. You can order a free sleep kit on the site or by calling (800) 826-3632.

Did you know?

... That laughter increases B cells that produce antibodies directly against harmful bacteria.

... Laughter induces a relaxation response in the autonomic nervous system.

... Laughter's effect in the body is similar to a good aerobic exercise.

... Laughing 100-200 times a day is equal to 10 minutes of jogging.

... Laughing allows a person to use both sides of the brain.

... The average adult laughs 25 times a day. The average child laughs 400 times a day.

*Source: DBSA Tampa Bay Newsletter,
March-April 2006*

I Teach People How to Advocate for Themselves

Sara Watson Arthurs The Times-Standard
Eureka Times Standard

Rob Chittenden said he's no different from anyone else, though that in itself sometimes strikes people as surprising.

Chittenden, unit manager of the Peer/Self-Advocacy Program of Protection and Advocacy Inc., was diagnosed with mental illness when he was a teenager. He said a psychiatrist told him then that he could never expect to lead a normal life. Now at 56, he's doing just that, and helping others to do so.

Protection and Advocacy Inc. is a nonprofit organization working on behalf of people with developmental disabilities and psychiatric disabilities, the term Chittenden used rather than "mental illness."

The Peer/Self-Advocacy Program, which Chittenden manages, provides self-advocacy groups throughout the state in hospitals, board and care homes, drop-in centers and community groups. It has a staff of 27 people.

Each self-advocacy group decides what it wants to focus on, but topics include how to improve one's living situation, get out and stay out of the hospital, get vocational assistance and cope with stigma and discrimination, states the program brochure.

Chittenden's job, on a day-to-day basis, includes doing many of the administrative functions of a nonprofit organization. But he said he also gets to see hope turn on in people's lives.

"I teach people how to advocate for themselves," he said simply.

'The only thing I'm doing is living my life'

He said he came across the self-advocacy movement about nine years ago and started thinking again in terms of doing what he wanted to do with his life, rather than assuming that not much was possible.

"I sort of found my niche," he said.

He said he met others who'd also been advised to lower their expectations, and has seen them instead strive toward their goals.

"I met people who had significant difficulties in their life who were doing just fine," he said.

He said that peer support — talking to someone else who's been in the same situation — makes an enormous difference.

And he said he speaks about his own experience in the hopes of educating people.

"In order for society to change and for stereotypes to be broken, people like me need to let society know who we are," he said.

He said people are often surprised to hear his story, and often say that, really, he's not much different from them.

That's the point, Chittenden said.

"The only thing I'm doing is living my life, just like you are," he said.

He added that he thinks too many professionals — like the psychiatrist he saw as a teenager — may have too low expectations for their clients.

"There's hope for every human being," he said. "It's not the special few." Making a difference

He said the groups give clients a chance to talk freely. In hospitals, he said, emotions are often seen as symptoms of illness when they might really be just normal human nature. For example, anger is normal once you "put someone in a locked setting where they have no power to decide anything they do."

He said he's enjoyed seeing the little successes — like a man who'd been in a locked facility so long that he didn't think he could advocate for himself even enough to ask to shower at night rather than in the morning. The man felt defeated before he'd begun, but eventually got up the courage to ask and won permission. Chittenden said it's a small thing but shows the beginning of the man practicing standing up for himself.

Another group, familiar with the legal system from going before judges to ask to be released from conservatorship, invited a judge to come speak to the

group. The judge did, and seemed to get a new perspective, Chittenden said.

He said he often encounters people at the grocery store who he's previously seen in groups. Chittenden said he doesn't approach them unless they approach him first — but when they do, he gets to hear of the successes in their lives. He's seen people get out of locked institutions, seek their own housing and regain independence, he said.

"The hope that I have for folks keeps me going," he said.

He said his program is trying to reach out to underserved populations, such as homeless people in Los Angeles and Spanish-speakers in the Central Valley. Rural residents are another such group, part of why Chittenden is based in Eureka rather than the statewide nonprofit's main offices in Sacramento, Oakland, Los Angeles and San Diego. "This is my home," he said.

Protection and Advocacy Inc. also includes a legal department, an investigative unit and a legislative unit as well as the peer/self-advocacy program. And while Chittenden's program focuses on people with mental health issues, the larger nonprofit organization works with people with other types of disabilities, such as developmental disabilities.

And with another organization, the California Network of Mental Health Clients, Chittenden's involved in another project dear to his heart — an effort to restore the cemeteries at state institutions. He said the goal is to create a memorial wall with each person's name and dates of birth and death.

Chittenden speaks of his work with passion. And he said it's made a difference in his own life.

"I say to people, I get paid to take care of myself," Chittenden said.

Source: cnmhc@yahoo.com
4/25/06



Introduction

California Network of Mental Health Clients

*Introduction
to the*

California Network of Mental Health Clients

~In the late nineteen sixties and seventies people who were abused by or frustrated by the inadequate services of the mental health system began meeting in small groups. They gathered in churches, parks, coffee shops, anywhere they could, to share their stories, provide emotional support and try to do things to make life better for themselves and others. These groups, going on in many parts of the nation and, in fact, in many parts of the world, were the grass root beginnings of self-help groups and client-run alternatives that we have today operating everywhere.

In September, 1983 in California self-help group leaders were invited to Sacramento by the State Department of Mental Health and the Federal Community Support System Project to form and build the California Network of Mental Health Clients (a.k.a. theNetwork). This was the first mental health client-run state organization in the country.

Today the Network is two pronged. First, the executive office in Sacramento represents the client voice at the state level It handles the creation, introduction and modification of assembly and senate bills that advocate for psychiatric survivors and consumers. En addition, members at the state level advocate on various state boards and committees. This state office also writes grants to obtain funding for Network programs, such as our newly funded Self-Help Technical Assistance Program.

Second, is the Regional component, wherein the state is divided up into five regions. Each region has five or more counties. Once a year each region has an Annual Regional meeting. At this meeting each region choose~ an advocacy project for the year. The project is unique to the area. *An example is the development of a training curriculum for consumers so they are able to participate on menial health boards. A second example is the development of teaching materials for law enforcement agencies as first responders to mental health clients. The materials would instruct officers how to best reduce client trauma.* A paid staff member, called a Regional Coordinator, coordinates the project of the year with the help of volunteer members. Also at the Annual Regional Meeting a member of the Board of Directors is elected for a two-year term. In each region there are three Directors. Any member of the Network may be a candidate for the Board of Directors.

In summary, the Network's executive office at the capitol is advocating issues at the state level and each of the five regions advocate their projects yearly at the local level.

This message is brought to you by
LynneStewart, Advocate/Organizer
KathiStringer, A Far South Director of the California Network of Mental Health Clients

1772 1 Street, Suite 324 Sacramento, CA 95814
1-800-626-7447 www.californiaclients.org

You're In Good Company

Virginia Wolff, author
Edgar Allan Poe, author and poet
Jack Cassidy, Actor
Vincent VanGogh, Artist
King George of England

Lord Byron, English Poet
George F. Handel, Composer of Messiah
Sylvia Plath, Pulitzer winning poet
Patty Duke, Actress

Vivian Leigh, Actress
Ludwig von Beethoven
Abraham Lincoln, U. S. President

John Keats, poet
Isaac Newton, Inventor
Ernest Hemingway, Writer

Ted Turner, founder of CNN News Network
Leo Tolstoy, Writer
Robert Schumann, Composer
Winston Churchill, English Prime Minister

Eugene O'Neill, Nobel Prize winning playwright
William T. Sherman, Civil War General
Josh Logan, director & producer

Jimmy Piersall, baseball player
Emperor Norton
Hector Berlioz, composer
Jackson Pollock, Artist

Burt Yancey, Pro golfer
Dick Cavett, T.V. talk show host
Ezra Pound, Poet
Peter I. Tchaikovsky, Composer

Tony Dow - TV Actor
Mike Wallace - News Commentator
Hugo Wolf, Composer
Mark Twain, Author

Leonard Bersntein, Composer
Kristy McNichols, Actress
Rod Steiger, Actor

...all have experienced extreme mood swings.

Source: DBSA Riverside, CA

re-published 6/2006

How to Spot and Handle a Sociopath

From *The Sociopath Next Door*

by Martha Stout, Ph.D.

Trust your instincts. In a contest between your instincts and what is implied in someone else's role — as a doctor, animal lover, parent — go with your instincts. Your unfiltered impressions may help you if you let them. Your best self understands that impressive and moral-sounding labels do not bestow conscience on anyone who didn't have it to begin with.

Practice the rule of threes. One lie, one broken promise or one neglected responsibility may be a misunderstanding. Two may involve a serious mistake. But three lies says you're dealing with a liar, and deceit is the linchpin of conscienceless behavior. Cut your losses and get out. Do not give your money, your work, your secrets or your affection to a three-timer.

Question authority, especially when people claim that dominating others, violence, war or some other violation of your conscience is the grand solution to some problem. Do this even when everyone around you has stopped questioning authority. At least six out of ten people will blindly obey authority.

Suspect flattery. Flattery is extreme and appeals to our egos in unrealistic ways. It is the material of counterfeit charm and nearly always involves intent to manipulate. Manipulation through flattery is sometimes innocuous and sometimes sinister. Peak over your massaged ego and take a closer look.

Redefine your concept of respect. Too often, we mistake fear for respect, and the more fearful we are of someone, the more we view him or her as deserving of our respect.

Do not join the game. Intrigue is a sociopath's tool. Resist the temptation to compete with a seductive sociopath, to out-smart him, psychoanalyze or even banter with him. Instead of reducing yourself to his level, focus on protecting yourself.

Question your tendency to pity. Respect should be reserved for the kind and the morally courageous. If you find your-self pitying someone who consistently hurts you or other people, and who actively campaigns for your sympathy, chances are you are dealing with a sociopath.

*Source: DBSA Tampa Bay Newsletter
March-April-May 2006*

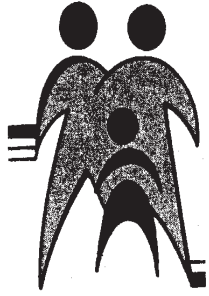
SPANISH SPEAKING SUPPORT GROUPS

New Group at NAMI Orange County
(STARTS JANUARY 9, 2006)
Monday, 7:00 - 9:00 p.m. 714 / 744-8488, ext.105
1810 E. 17th Street, Santa Ana

Ongoing Group at county of Orange HCA/BHS
Thursday 6:00 - 7:30 p.m. 714 / 896-7566
14140 Beach Blvd., Room 215 (2nd floor), Westminster

DBSA Ongoing Group at St. Joseph Hospital
Wednesday, 7:00 - 9:00 p.m. 714 / 744-8718
1100 West Stewart Drive, Orange
Sister Elizabeth Bldg., Conf Romm 1, Ground Floor

All are open to Patients and Family members



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
(909) 358-4987/1-800-330-4522

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,
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

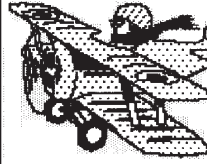
**6 a.m. to 9 p.m.
951/686-5047**

Yen

951/315-7315

Kevin

kevin2004n@aol.com



ANNOUNCEMENTS

TEMECULA DMDA

Mark Monroe
951/926-8393

UPLAND DMDA

FONTANA DMDA

Meet Thursday evenings
Call David or Samantha Johns
909/947-1307 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 951/789-6564
sl_matsumoto@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
No meeting July or August

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

DBSA-Riverside

Map Legend

★ Meeting Location

TTTT = Parking

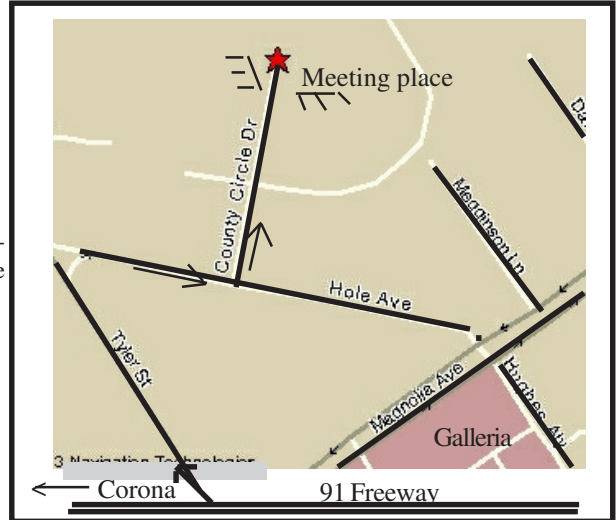
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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