



The Thermometer Times

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

VOL. 18 NO. 9 Out of darkness . . . September, 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
September*

2, 16, 23 & 30

*No meeting on the 9th
due to state conference*



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

Depression Strategies



Mitchell Rosen

Read Mitchell
Rosen's
columns
--- and other
Your Life
articles --- at
www.PE.com/
Yourlife

The one trait I notice in individuals who remain depressed is their inability to look beyond themselves.

A depressed person's existence is almost always self-absorbed. It's not selfish, like a narcissist; depression is anything but enjoyable. However, an earmark of chronic depression is difficulty thinking about or being concerned with individuals or issues that are not focused on the person who is depressed.

A depressed man or woman often does not notice that others are suffering or when a spectacular sunset graces the sky. Instead, the depression causes people to turn inward and their world is consumed with pain.

One of the ways I'll know a depressed patient is progressing happens when they come into my office and comment on something beautiful, humorous or even about someone's plight besides their own. It happens in the oddest ways, the things that take depressed people out of themselves. Sometimes it involves finding a puppy or stray animal and caring for it. It could be when a friendless neighbor child moves in next door and they spend time together talking.

A lot of people will offer to depressed people the advice, "You gotta get out, man!" This is somewhat helpful but the entire sentence should read: "You gotta get out and become involved in people or causes outside of yourself." Just getting out and buying things or having unattached, superficial relationships will do little to change the stagnation of depression.

Erik Erickson, a psychoanalyst and buddy of Freud's, described a stage of development for people in their late 20's up until about 40 years old as: generativity versus stagnation. Erickson's idea was that by the time a person reaches this age, there should emerge a healthy desire "in an adult's ability to look outside of oneself and care for others." Failure to do so, Erickson hypothesized, would result in personal stagnation.

Even though he wrote in the 1930s to 1960s, Erickson's developmental theory still holds up. Any therapist who works with depression will observe there are

Continued on page 3 (Depression)

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

Faith

Living is a form of not being sure, not knowing what next or how...The artist never entirely knows. We guess. We may be wrong, but we take leap after leap in the dark.

AGNES DE MILLE (1905-1993)
Dancer and Choreographer

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

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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.

Lifelong Health: Plain-Label Drugs Provide Results Without High Cost

By Dr. David Lipschitz

This year will be a big year for savings on medication costs. Two major drug patents will expire, causing dramatic price decreases as generic brands develop.

The first drug to lose its patent is Zocor, a powerful medication to lower cholesterol. Produced initially by Merck, Zocor will now be available in a generic form. To allow patients to stay on the product, Merck has slashed the cost of the drug to be competitive with those produced by generic companies. Generic Zocor also will be prescribed over the more expensive products, Lipitor and Crestor, leading to billions of dollars of lost revenue for Pfizer and Astra Zeneca.

In the next few months, Zoloft, an antidepressant, also will

come off patent with a twofold or threefold reduction in cost.

Despite the drops in cost, many patients will still be reluctant to switch to generic medications. However, there is no evidence that a generic form of a medication is less effective, less well produced or has more side effects than the brand-name form. Unfortunately, the psychological impact that expensive means better certainly applies to the medical arena.

There are many other reasons why generics are not used more widely. Here are some of them:

First is patient preference. Many people state, for generally no good reason, that they are unable to tolerate the generic form, are allergic to contaminants in the generic pill or that they believe they are poorly made containing inaccurate doses.

These days, companies that produce generics are multibillion-dollar businesses, have excellent quality control, and more importantly, are regulated by the Food and Drug Administration. Another excuse patients use not to use generics is their excellent medication insurance plan. They have the same co-pay, irrespective of the cost of the drug. "Why not get the best?" is a common response. Today, insurance companies have gotten savvier and are either insisting on or providing incentives for the use of cheaper generics.

Second, there are physician prescribing habits. We tend to prescribe the latest and the newest medication. For example, Lipitor and Crestor, two newer statins, are much more powerful than Zocor. Dose for dose, they lower the bad or LDL cholesterol more than Zocor. The likely reduction in LDL by 10mg of Crestor will require 40 mg of Zocor, so why not use the more powerful medication? This should be done only if a maximum dose of Zocor fails to lower the cholesterol level sufficiently. Then, a more powerful medication is warranted. Of course, if the side effect profile of Lipitor or Crestor were less at a lower dose, this would be a compelling reason to use one of these drugs over Zocor. Unfortunately, that is not the case. All three drugs, irrespective of dose prescribed, can damage the liver, cause muscle pain, fatigue and insomnia. It follows that we should use the cheapest first.

Physicians also are affected by the marketing activities of pharmaceutical companies directed at them and their patients. Almost daily patients directly ask me about specific treatments that they have either seen on TV or read in advertisements. And, direct marketing to physicians does create ethical dilemmas. So much so that the American Medical Association has issued stringent new guidelines for the way in which physicians and representatives from pharmaceutical companies should interact.

Most physicians use pens emblazoned with advertisements for medications. Free lunches for those working in the clinic are an almost daily event. And then there is the closet full of samples. When initiating a treatment, we often start with a sample in order to assure the medication

Continued on page 5 (Drugs)

DEPRESSION *(Continued from page 1)*

common traits for most depressed individuals. The more difficult challenge of working with depression is finding the right way to access depressed patients who are so entrenched in their depression, sometimes for decades, that any change would seem to happen begrudgingly.

Arguing back and forth with a depressed person about the despair in their lives is futile. They will always win.

No, working with depression is more of an art than it is an exact science.

If the depression is not simply biologically based, in which case the right medication can provide relief, then the clinician is faced with a "what now?"

Usually the next step involves forming an alliance with the depressed person who is likely very, very tired of being depressed and motivating them to look beyond themselves and becoming involved in caring for or about others.

Mitchell Rosen, M.A., is a licensed marriage and family therapist with practices in Corona and Temecula.

Contact him at family@PE.com

Source: *Riverside Press-Enterprise*
Sunday, June 25, 2006



Despite Prop. 63 counties cut core mental health aid: New funds leave old programs struggling

By Greg Lucas, Chronicle Sacramento Bureau

Monday, July 31, 2006

(07-31) 04:00 PDT Sacramento — Some California counties struggling to provide assistance for the mentally ill are being forced to cut programs despite an infusion of money from a tax increase dedicated for the startup of new services.

The new money, just over \$300 million this year and increasing to nearly \$1 billion annually over the next five years, comes from Proposition 63, approved by voters in November 2004. The measure increased taxes on personal incomes higher than \$1 million to expand help for mentally ill seniors, children, teenagers leaving foster care and homeless people.

“In some instances, counties are adding these wonderful new programs and at the same time making cutbacks on their core program because they haven’t been able to keep up with the cost-of-living increases of doing business as usual,” said Stephen Mayberg, director of the state Department of Mental Health.

Supporters of the ballot measure say the new money from Prop. 63 will eventually dwarf the cuts that counties have made to mental health programs over the past few years. More importantly, they say, the new programs will reduce the number of mentally ill people who are incarcerated or institutionalized, lowering treatment costs across the state.

The new cash has fostered better coordination among local agencies and has led to some creative ideas, such as mobile mental health clinics serving communities that traditionally have not been major recipients of care for mental illness.

“Revenues supporting existing programs have been in a downturn,” said Rusty Selix, a Sacramento lobbyist for the Mental Health Association in California and one of the architects of Prop. 63. “But over the long term, the growth in this program will more than make up for these cuts.”

But not this year.

Contra Costa County is shaving \$3 million from its \$108 million mental health budget, with much of the cuts falling on child services.

“We’re having to make reductions in one area while, yes, adding in another area,” said Kimberly Mayer, Contra Health Services Act project manager. Los Angeles anticipates a \$40 million cut. Sonoma and Napa counties are also cutting back, according to an informal survey by the California Mental Health Directors Association.

For the current fiscal year, which began July 1, the state will parcel out to counties less than half of the revenue generated by Prop. 63 this year. The reason is that the state’s mental health care network has neither the facilities nor the personnel to deliver \$1

billion worth of new services, the amount of money expected to be collected annually over the next few years.

Several counties said an immediate benefit of Prop. 63 was better coordination among the various local agencies that interact with the mentally ill — the sheriffs department, social services, Medi-Cal hospitals, Child Protective Services — because all had to participate in creating the proposed spending plan.

Among the most far-reaching of the new programs is a commitment by the state to spend \$75 million each year to create housing — an essential ingredient for successful treatment — where mentally ill people can get the services they need to cope.

“Literally, housing is the foundation to help people with mental illness live with independence and dignity,” said Darrell Steinberg, a former assemblyman from Sacramento who carried the legislation placing Prop. 63 on the ballot.

The new money has also allowed counties to broaden their services to cultures that traditionally haven’t availed themselves of mental health programs.

“Latinos and Asians tend to not view mental illness as a medical condition. Without new funds, there was no reason to do outreach to encourage them to use the services, because there wasn’t enough money to serve the people who already got the services,” Selix said. “That is going to change.”

Tulare County, for example, used some one-time money to buy three recreational vehicles that will become rolling clinics the county will use to bring more mental health services to its Latino residents.

In Contra Costa, Mayer said, a new program will serve children in the eastern part of the county. Another in the west county will focus on adults and teenagers transitioning out of foster care. Next year, the county hopes to create three senior health clinics that provide both health care and mental health services to the elderly.

San Mateo County is attempting to reach out to its Asian, Pacific Islander and Latino residents and plans to create a mental health court, akin to a drug court, to divert those cases from the criminal justice system.

More complicated is treating the homeless, who often have bigger worries than treatment for mental illness.

change.”

“It starts with making a connection, sometimes bringing socks and a bottle of water. These persons may have immediate health or dental needs,” Mayberg said. “People on the streets usually have more pressing needs than talking about their demons.”

Like other counties, San Mateo and Contra Costa will contract with community groups to provide many of these new services.

Richmond-based Rubicon Programs Inc. aids the homeless, employing some at its East Bay bakery and others

Continued on page 5 (Counties)

COUNTIES *(Continued from page 4)*

at its landscape service, which includes among its contracts the maintenance of Treasure Island.

Rick Aubry, Rubicon's director, sees Prop. 63's insistence on creating new programs as a benefit.

"This is the first new funding for these kinds of folks in 20-plus years," Aubry said. "When you introduce new money, you just don't want to give everyone 5 or 10 percent to catch up. It's an opportunity to force counties to not just automatically assume what is in place is the right thing to do and instead create new programs based on what's succeeded."

E-mail Greg Lucas at glucas~sfchronicle.com.

Recent Communication with the Governor's Office AB 71

The Depressive and Bipolar Support Alliance of California congratulates your decision to offer a discount prescription drug plan for the uninsured in California. Access to medically necessary medicines for uninsured people with depression, bipolar disorders, and other mental illnesses is critical to the health of California communities. Access to affordable and valuable prescription drugs will provide much benefit to many uninsured Californians. While we all support providing affordable prescription drugs to the uninsured, it is critical that people who rely on Medi-Cal not be used as leverage to obtain the goal for cost-effective options for the uninsured. Any Medi-Cal hammer to force research companies to comply with the plan may have unintended negative consequences for Medi-Cal beneficiaries, as well as future new use as the bargaining chip.

Depression and Bipolar Disorders are chronic and often disabling disorders that can be well managed, and can lead us to productive lives. Low-income individuals with depressive and bipolar disorders are some of the state's most vulnerable citizens and many have no way to pay for their treatment other than Medi-Cal. Removal of these drugs from the Medi-Cal formulary and prior authorization hurdles pose barriers to care and can greatly affect the ability of people, particularly those with chronic conditions that do not have any alternative drugs, to access medically needed drugs. This could have a significant impact on their health.

We support a discount prescription drug program that offers relief for families and individuals of limited income who are burdened with medical costs and lost wages. We have major concerns that the use of Medi-Cal patient as leverage for a better deal for the uninsured, when the Medi-Cal program itself brings in considerable rebate dollars, and the negative impact to the health of the Medi-Cal beneficiary not warranted.

This is clearly not the solution, Medi-Cal beneficiaries deserve better.

DRUGS *(Continued from page 3)*

will be effective. Once started, change to a generic is difficult and infrequently done. Sadly, the sample closet does not contain generics. Consciously or unconsciously, we tend to prescribe the newer, more expensive and less proven medications. Sometimes, as in the case of Vioxx (the pain pill that increases the risk of heart attacks), the results can be disastrous.

No matter the disease, initial therapy should be to use the proven, tried and true generic medications. Whether the diagnosis is high blood pressure, high cholesterol, depression, indigestion or minor joint pain, initial treatment should be a generic or on occasion, an over-the-counter medication. Not only will the cost savings be high, but risks of unexpected side effects will decrease, and quality of care will improve.

Dr. David Lipschitz is the author of the book "Breaking the Rules of Aging." To find out more about Dr. David Lipschitz, and read features by other Creators Syndicate writers and cartoonists, visit the Creators Syndicate Web page at www.creators.com. Dr. David Lipschitz' e-mail address is askdrdavid@msn.com. More information is available at www.drdauidhealth.com.

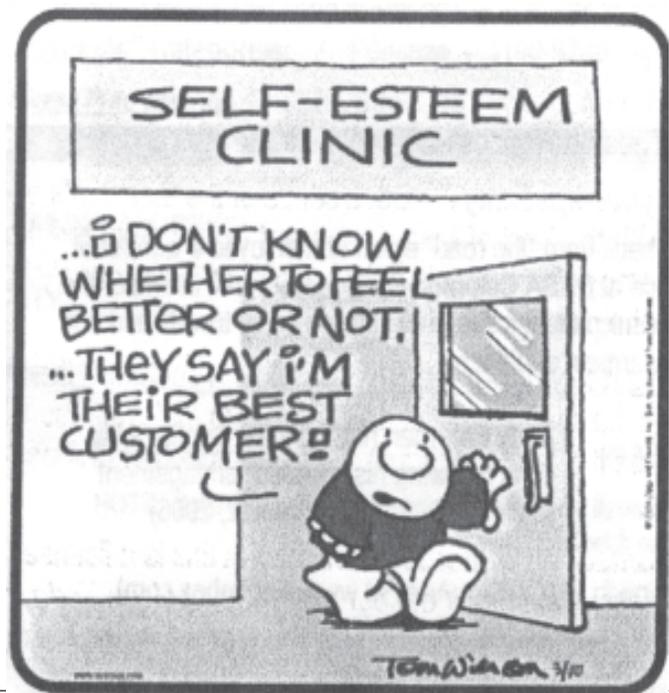
*Source: Arca Max Publishing
July 26, 2006*

Courage doesn't always roar. Sometimes courage is the quiet voice at the end of the day saying, "I'll try again tomorrow."

MARYANNE RADMACHER
Writer and artist

Confidence is courage at ease.

DANIEL MAHER
Psychologist



Coalition Calls for Passage of Mental Health Parity Bill

On May 25, 2006, the Coalition for Fairness in Mental Illness Coverage, an advocacy coalition of The Mental Health Liaison Group, called on Congress to pass legislation providing parity in mental health coverage. The Coalition consists of national non-profit organizations that represent consumers, providers of services, families, advocates, and professional organizations that share the goal of improving mental health services and research in the United States. The group supports the Paul Wellstone Mental Health Equitable Treatment Act (H.R. 1402), which would prohibit larger group health plans that provide both medical and mental health benefits from imposing greater treatment limits or financial requirements on mental health benefits. The bill has been cosponsored by 222 other House members. A similar bill is expected to be introduced by Senators Pete Domenici (R-NM) and Edward Kennedy (D-MA) in the Senate.

The Coalition bases much of its argument on a major study of the Federal Employee Health Benefit Program (FEHBP) entitled, "Behavioral Health Insurance Parity for Federal Employees," that found that providing non-discriminatory coverage of mental health and substance abuse treatment services achieved improved insurance protection without increasing health care costs. The Coalition claims the national cost of untreated and mis-treated mental health and substance abuse disorders has grown to \$113 billion annually. The FEHBP is one of the nation's largest health insurance programs, providing over \$29 billion in benefits to 8.5 million Federal employees, retirees, and their dependents through 350 health plans across the country. Through most of its history, the FEHBP Program did not require that participating health plans provide mental health benefits at parity with the coverage provided for other health care services.

In January 2001, the FEHBP required that plans provide parity coverage for mental health and substance abuse care, with identical benefits in regard to traditional medical care deductibles, coinsurance, copayments, and day and visit limitations. Health plans participating in the FEHBP program were encouraged to use managed care techniques to ensure appropriate utilization of services. A study to track implementation of the policy showed spending increases resulting from the implementation of parity did not occur and that the parity policy reduced out-of-pocket spending by users of mental health and substance abuse services.

The Federal Employee Health Benefit Program study entitled, "Behavioral Health Insurance Parity for Federal Employees," commissioned by the U.S. Department of Health and Human Services and published in *The New England Journal of Medicine* on March 30, 2006, may be purchased on-line at <http://content.nejm.org/cgi/content/full/11354/13/1378>. ~

Source: OPEN MINDS, The Behavioral Health & Social Service Industry Analyst

SAVE THIS DATE

The California Network of Mental Health Clients Presents

CLIENT FORUM 2007

Friday January 26th, Saturday January 27th, and Sunday January 28th, 2007

To be held at the Radisson Hotel Los Angeles Westside

6161 West Centinela Avenue, Culver City, CA 90230

Telephone (310)-649-1776

For early hotel reservations, call: 1-800-333-3333

For More Information Call: 800-626-7447

Web Site: www.californiaclients.org E-Mail: main@californiaclients.org

SAVE THE DATE

September 18th 2006



California Memorial Project

Presents

Remembrance Day 2006

Events to be held at various sites around California to remember the people who died while in state institutions

Scheduled Participating Sites Include:

Napa State Hospital	Patton State Hospital
Stockton Developmental Center	Metro State Hospital
Ukiah Developmental Center	Sonoma Developmental Center
Agnews Developmental Center	

For more information

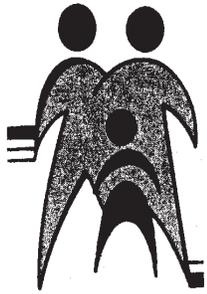
Call

Alicia Mendoza

Peer Self Advocacy Unit
Protection and Advocacy, Inc.

916-488-7787

Or the California Network of Mental Health Clients
at: 1-800-626-7447



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,
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

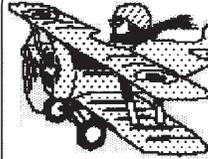
**6 a.m. to 9 p.m.
951/686-5047**

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: gdsbsa@aol.com

Flyer Updated 1/7/2006

Beginning August, 2006, *Gays In Search of Hope* will be meeting on the 2nd Saturday of the month ONLY, rather than the 2nd and 4th. Our meeting in September will be on the 9th.

DBSA-Riverside

Map Legend

★ Meeting Location

TTTT = Parking

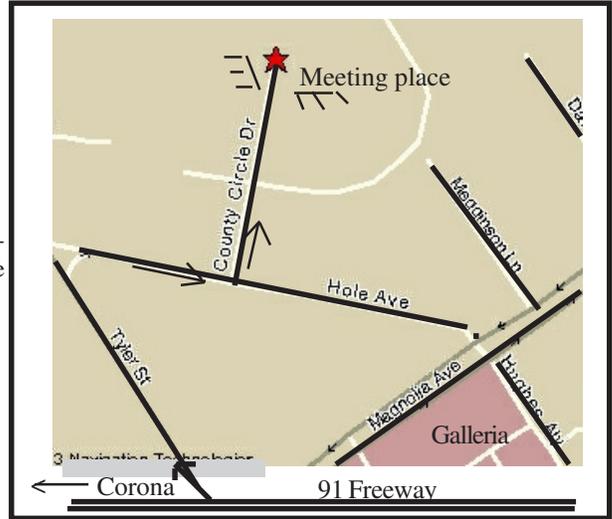
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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