



The Thermometer Times

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

VOL. 19 NO. 1 Out of darkness . . . January, 2007

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**

January 6, 13, 20 & 27



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.



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

2nd
driveway
on the right

Bipolar



Mixed State

People with Bipolar Disorder can experience a mixed state that is probably the most painful and potentially lethal bipolar condition as well as the most difficult to treat.

Kathi Stringer - Judgment Day

March 15, 2001

Judgment Day

The picture on the left above, and one right below, were taken on March 15, 2001 - Judgment Day. It was a day that I set aside for judging whether to stay on this planet because I was becoming more and more despondent over depressive ruminations from abuse by Riverside County Mental Health & Richard Dorsey, AKA: RGH.

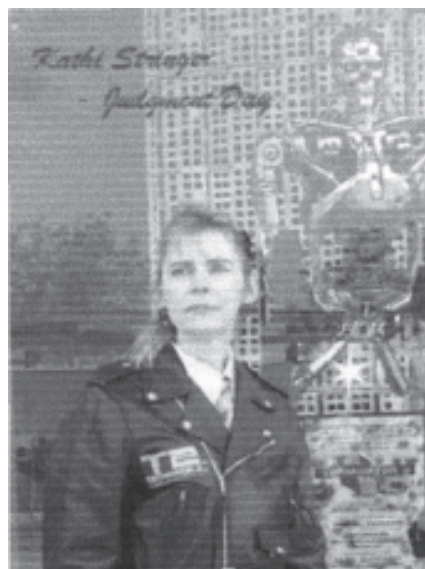
Variations -

The Harvard Mental Health Letter

Mixed State - April 2001

Mixed State

Many people also suffer residual symptoms between episodes of depressions and mania, moods that cycle rapidly in bursts, or - in many ways, worst of all - a mixed state in which they are energetic, hyperactive, and sleepless, and at the same time angry, irritable, and despondent. Their racing thoughts are filled with depressive ruminations, and their decreased need for sleep (typical of mania) becomes insomnia (typical of depression). This mixed state is probably the most painful and potentially lethal bipolar condition as well as the most difficult to treat. It is the mood in which a person with bipolar disorder is most likely to commit suicide.



Continued on page 3 (Judgment Day)

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. Articles from you 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 what it is to live and cope with depression and/or bipolar disorder; how you learned of it; what helps, what doesn't.
- * 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

START

Written on March 17,

2001

Judgment Day - A day I set aside to determine if the pain of life was worth its rewards. It's no wonder that I went for a personal visit to the site of the Terminator. I was filled with anger, and depression, and to terminate the situation seemed the likely choice.



1996

I was hospitalized by RGH (Riverside General Hospital) and during this admit, I was laughed at and made the butt-end of cruel jokes. This admit and those that followed awakened symptoms of Post Traumatic Stress Disorder (PTSD), and Bipolar Disorder. Once these symptoms were awakened, a reverberation of these two disorders would feed off each other, then geometrically crystallize into a new model, shifting its shape to elude doctors. The dynamics were hidden behind a maze of flashbacks fueled with anger and frustration that gave way to more severe methods of self-attack.

1998

It has been 2 years now and the abuse by RGH still continued. It was an endless cycle similar to the Bipolar Disorder itself with its extreme poles of emotion and thought, provoked by mistreatment. It was like the electronic sine wave with anger peaks and depression valleys. Once I would be released from RGH, I would reflect on the abusive treatment and sink into a depression which led to behaviors for rehospitalization. Once rehospitalized, I could not work on my own issues because I was caught up into senseless power struggles, and hatred toward a system that testified to a Judge that my periods of regression were repulsive to staff.



I filed a lawsuit against the Medical Director and RGH. The hospitalizations still continued. The Riverside County Board of Supervisors hired attorneys to block the suit and defend the ubiquitous abuse.

1999-2000

In conjunction with the shape-shifting constellation of PTSD and Bipolar Disorder, I now had to face the anxiety from depositions and discovery. Think of this anxiety as the accelerator to boost levels of the present agitated symptoms. The 3 of them in the mixing pot, PTSD, Bipolar and fueled by anxiety produced a Bipolar Mixed State that is probably the most painful and potentially lethal bipolar condition as well as the most difficult to treat.

A Superior Court Judge remarked in court that in his view the law gave immunity to RGH and my patient's rights meant nothing. The Judge said, yes, my rights were violated but immunity, there are immunities. This shocking revelation sent me into a downward spiral of anger. How dare they? I was abused as a child and now even as an adult - after handling the situation appropriately through the court channels, the abuse received immunity. How dare they?!

2001

January 2, 2001 - The last months my life thus far had been an array of frustrated and angry, depressed thoughts. A jury would not hear my testimony. My present symptoms are still not diagnosed. (Worst of all - a mixed state in which they are energetic, hyperactive, and sleepless, and at the same time angry, irritable, and despondent. My racing thoughts were filled with depressive ruminations.) I remembered the austere imprint of being in a brighter mood to suddenly without warning turn to tears and feeling as though I would sink into the earth. I remembered falling down to my knees in a crushing motion, now in a frustrated upright fetal position and then jerk my head straight up and scream, "God, what's wrong with me????!! I can't do this anymore, I HATE THIS!" I have been complaining now for some months to most of my friends how "painful" my life is in regards to sleep deprivation, mind numbing and tingling.

Then the eluding mixed state cornered me and I was seemingly without an advocate. At this point I didn't know anything about a Bipolar Mixed State and believed my thoughts that centered around abuse (PTSD) would prevent me from ever living a normal life again; that is the ruminations of the abuse from RGH. How I hated those flashbacks, those thoughts. In the late hours of the night I would try and lie down, hoping for sleep; and what a joke that was! My brain was tingling, yes, tingling, numbed and zombied out, and yet I STILL could not sleep! I was like the living UNDEAD! I might as well be dead!

It was getting late into the evening. I'd had it. I had made a decision to cut. Cutting myself meant getting this blood out of me that I no longer considered my own. RGH turned me into something else besides myself. This blood-letting would be a symbolic cleansing; and also serve to make the UNDEAD, DEAD. I began cutting...

Police Report - "I noticed that Ms. Stringer had a lot of dried blood on the right side of her neck and throat I told Ms. Stringer to put down the razor blade. She continued to cut

Continued on page 4 (Judgment Day)

JUDGMENT DAY (Cont'd from pg. 3)

at her wrist...Just shoot me, why don't you... just go ahead and shoot me."

The police were trying to save me and I was angry. I did not see this as help but to only prolong the situation. I was out of it.

FEB 2001

In the weeks that followed, I was still not diagnosed as this mixed-state. If you can believe this, I went to court from the hospital and fought hard for the 'right-to-die'. With the judge's final words, he echoed that his decision could be seen as cruel but he could not allow me to end my life, thereby committing me for a hospitalization term of up to 180 days. I was there less than 2 weeks because of my personal written commitments, and that got me off the hook. I was freed again.

Judgment Day Set

Days later I offset my date to March 15, 2001 - Judgment Day, to decide if I wanted to stay on this same piece of dirt as all those who got immunity for abusing me. I was going to weigh it all out. This may sound silly to you, but to me it was serious. Most of the people at RGH, all 3 shifts, had their 'fun way', and evil comments. And to be a part of that cultural base, to experience what society offered toward recovery, meant to endorse the abuse I went through as a child. I thought humans were better than that, trained better, and cared more, yet it was repeated all over again, the childhood abuse - the there-and-then into the here-and-now.

Toward Judgment Day I received altruistic endeavors from nurses, doctors, friends and family. Pat (a friend), came to visit me every single day while I was in the hospital, with Trish in tow most of the time. I remembered Brad, an RN, from a wonderful hospital that began the collection with, "Kathi, you are a beautiful Child of God." I took this single phrase along with Dr. Witkowski's helpful remarks that - "It is okay to be who I am and so what if I am different?" Yet, even though I had all this, it wasn't enough as I still had too many days & nights as the UNDEAD - the dreaded mixed bipolar state. My thoughts had me caught up in a chemical imbalance that reverberated between my brain tingling and a sea of brooding emotions. At this time I was lost. I had no way to understand any of this. Why am I the living UNDEAD?

Dr. Witkowski (Kaiser) begins to recognize bipolar symptoms and a possible mixed state. She gave me information to digest but only skimmed through it at this point I was burned out on learning any new in-depth mental health junk. So, I did what any good sister would do I faxed it to my baby brother and asked him to read through all of it and explain it to me. And he did exactly that! Family support! It takes a lot for a family member to sit down, take the time and read this stuff, but he did and that meant a lot to me. My brother spoke with me after researching this stuff and we hashed it out as team players. That was an important concept - team players.

My friends supported me in the same way. Patty, web owner of Mental Health Today, who also has this bipolar disorder, swung into action and painfully wrote and rewrote a letter to me, basically telling me "to get the hell out of my own way." Patty's letter

affected me so much that I dreamt about it that night.



bipolar state. Then it happened, the ballpark floodlights came on when a Harvard Mental Health Letter that I subscribed to came across my desk. That month's volume and issues dealt with Bipolar Disorder - Part 1. It was there that I read the paragraph above describing the bipolar mixed state. Bingo, that was it; that was me!

Knowledge is power. I now have hope that perhaps my brain may one day work correctly together with its neurotransmitters and dissolve this horrible bipolar mixed state.

So whatever happened to Judgment Day? I don't know. My friends didn't give me a chance to reflect and make that judgment. They surrounded me that day and we stayed busy. I feel like I got gypped out of something and didn't get the chance to follow through. It has only been 2 days now, so let's see how it goes from here.

Thank you for hanging with me during this long, painful journey that has yet to be concluded. Be sure to read the summary below.

1. The correct diagnosis is very important toward recovery. My brother said I should "kiss my doctor" for figuring this one out.
2. The establishment of a positive therapeutic team alliance with your doctor, nurse and therapist will promote wellness.
3. Getting more than an "ahhhh, poor baby" and real family support with research and reading is very helpful.
4. True friends are cool. They didn't run but rather got into the meat of the matter. They put up with my abusing irritations and watched me abuse myself, and they still stuck with me. Friends look toward solutions, not pity. Friends, period.
5. Put this all together and I have a good chance toward recovery. I take one day at a time, one hour, and one minute at a time and you should too.

Kathi Stringer

References:

<http://www.toddler.com/dx/bipo!ar/kathi-story.htm>
www.mentalhealthtoday.com

Sunlight

BY JUDY KAPLAN

Jane really didn't want to go. She didn't want to do anything in the cold.

"Listen, they're your dogs too. You wanted to bring them east with us. I think you should walk them too. You know I don't push you to go out during the cold months. But this is different. It's your responsibility too," Bob said.

"Okay. Okay. Let's go," said Jane.

They walked to the dog park to let the dogs run. Jane became more and more upset. By the time they reached the park, she had no patience left.

"Great, just great. We live fifteen minutes from the kids, but look at this." Jane's expression showed the disdain she had for her husband's promise that their move back to the Northeast would be fine. "Snow and ice. The wind pushes the cold right through me, and extra layers of clothes don't help. I crave sunlight, and we haven't seen anything but clouds for two weeks. How is this fine?"

Jane's curls seemed to be standing on end, and her anger made her slim face look skinny. She didn't look pretty. Usually pale, her skin had turned a deep red. She'd known, but never admitted, that she might find herself feeling as she did. How could she blame Bob? Bob's love for his son, daughter-in-law, and two grandchildren clouded his thinking, and Jane knew that.

"My wish for you to see the effect that light brings to my life just never came true. Why should it have? Wishes are just that. Wishes. It took physicians thirty years to accept the role of light in severe sadness," Jane said.

"We've always done what you wanted. I'm sixty-four, and I want to be near my grandchildren. But I don't want to live without you, Jane."

"It took me fifty years to get to southern California. I feel better there, and I reminded you every time you mentioned living near Josh."

"But the kids bring us such happiness, and they're so cute. You just have to stop obsessing over the sun. You don't seem any sadder here than you were in California."

"You and Josh just don't get it. Most people can't get over thinking of sunlight as if it were a placebo, the response all in one's mind, in one's attitude. People think of it, but they don't feel it. That's where the disconnect must be."

The wind gained speed, and Jane shivered. She hugged her long winter coat closer to her body. The snow had begun once more. She had to get away, back to the daily doses of brilliant light she had gotten used to. As the skies gradually darkened, they realized it was almost 5 P.M., time to go in. All of what they had wanted to say had been said.

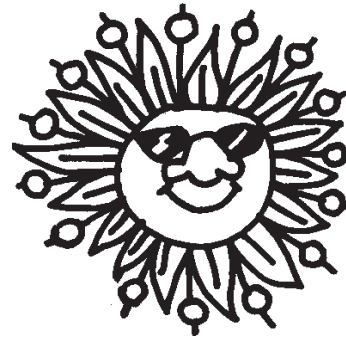
So Bob was surprised when Jane said, "I'm leaving in the morning to find an apartment or house to rent. I can't live

here. I'm sorry. I hope you'll join me as soon as you can."

"How can you possibly make your decision so quickly? You know I won't be happy without you? Don't I even get a say in this?"

"Sure. I just feel so awful that I can't think about being here for more than packing time. I know I should have been more honest before we moved. I didn't want to deal with your hurt. Now look at how upset I'm going to make everyone. This will not endear me to them, or you. I'm so sorry."

"Can you wait a week? If you're going, I'm not staying here. I love you." Hand in hand the couple, now in their sixties, walked home.



Five Predictors of Bipolar Disorder

Scientists have identified five risk factors for bipolar disorder in people who have already been diagnosed with depression. These people, who have been unsuccessfully treated with antidepressants, should talk with their doctors if they recognize any of the following:

- anxiety
- feelings of people being unfriendly
- family history of bipolar disorder
- a recent diagnosis of depression
- legal problems

The good news about the survey, which was released at the 2006 American Psychiatric Association meeting in Toronto, Canada, is that it can help reduce the misdiagnosis that is often seen with bipolar disorder. Because many people who are diagnosed with depression spend years living with an incorrect diagnosis, identifying these predictors and sharing the information with your doctor can help you get the correct diagnosis and effective treatment.

The sooner a correct diagnosis is reached, the sooner an individual can begin his/her journey on the road to recovery.

Source: *DBSA Outreach*
Summer/Fall 2006

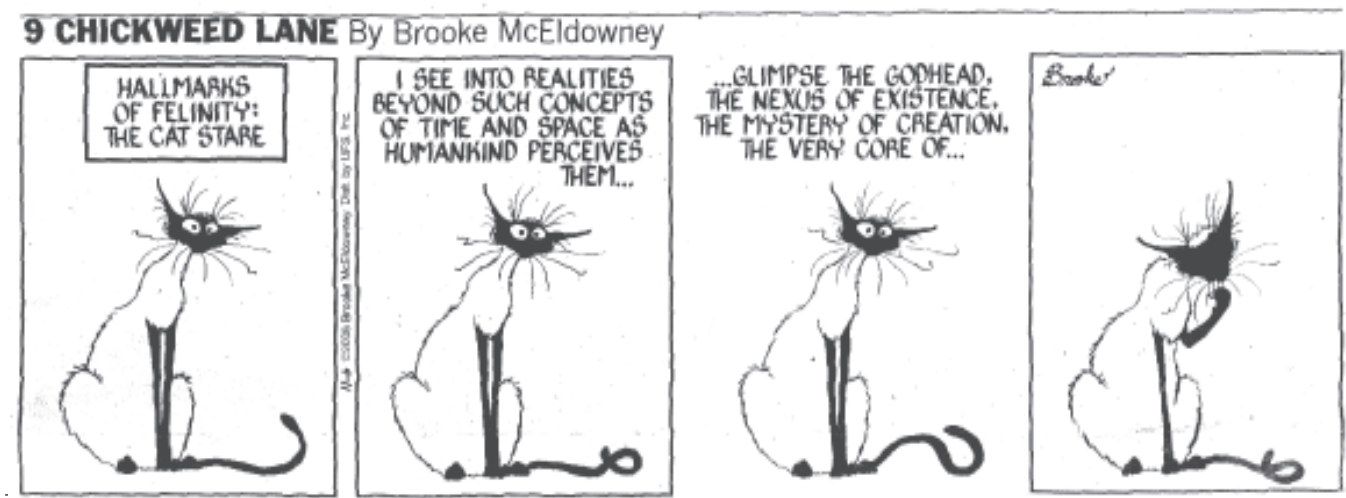
Ten Hints for Self-Advocacy That Help Make Recovery Real

Everyone is capable of some form of self-advocacy—even if you find the idea of speaking up for yourself intimidating. Here are a few hints to get started:

1. **Believe in yourself.** Remember that you are someone who is worth advocating for. You can accomplish a great deal, even if you are used to people telling you what you can't do.
2. **Define your needs.** Before you start contacting people, make sure you can explain exactly what you need. Sometimes it's a specific service but, other times, you could just be looking for an apology. Be as specific as possible in what you ask for, because it is much easier for someone to agree to your request than it is for that person to find something that will meet your needs.
3. **Seek out problem-solvers.** Target people who have the ability to make decisions or influence people who do. If someone tells you that he or she has no control over a situation, find out who does and talk to them. People who did not cause a problem might be able to solve it for you, so take a positive approach.
4. **Do a reality check.** Sometimes we are so convinced that we are right about something that we can't see the other side. Bouncing ideas off a trusted friend can help you see where your case is strong and where it's weak.
5. **Practice beforehand.** Practicing with a friend can help you plan what you are going to say and how to respond to questions. Even practicing in front of a mirror can be helpful because watching oneself act assertively can build self-esteem.
6. **Find an outlet for your anger.** While it is important for people to understand your anger, it is always helpful to let them see it in action. Successful self-advocates have found ways to let off steam such as having a friend nearby when making an unpleasant phone call and making faces together.
7. **Promise yourself a reward for unpleasant tasks.** Picking up the phone, writing a letter, or bringing up a difficult topic can be less daunting if there's a reward waiting—even something as simple as a candy bar.
8. **Practice active listening.** Let people talk, but don't remain completely silent. Ask questions when someone uses a term or an abbreviation that you don't know. To avoid confusion on important points, restate the person's position, "So what you're saying is..."
9. **Stick to the facts.** People are more likely to be swayed by hard facts than they are by your opinion. For example, pointing out that a therapist has canceled three appointments on short notice make more of an impact than saying, "My therapist is unreliable."
10. **Follow up and send thank-you notes.** Self-advocacy is about building relationships, and it's important to let people know that you appreciate their help. It's also important to make sure people follow through with what they've promised. Follow up a telephone call or meeting with a thank you note, and summarize what you've agreed upon.

Courtesy: Mental Health Association of Southeastern Pennsylvania/NMHCSH Clearinghouse

Source: *Living Well: Making Recovery Real*
The DBSA 2006 Conference Program



RECENT RESEARCH

Behavioral therapy can prevent drug-related weight gain

A Spanish study published in the August issue of the *Journal of Clinical Psychiatry* reports that early behavioral therapy intervention can prevent a significant amount of the weight gain associated with antipsychotic drug therapy.

This is an important discovery since up to 80 percent of the patients taking antipsychotic medications gain a significant amount of weight. In this study, patients taking risperidone, haloperidol or olanzapine started early behavioral intervention at the same time they began their drug therapy.

The behavioral therapy focused on ways the patients could maximize their control over their weight through nutrition, exercise and behavioral strategies. Patients receiving this with their medication therapy gained weight, but not nearly as much as those who didn't. About 39 percent of the behavioral therapy patients experienced a weight gain of 7 percent or more compared to 79 percent of those who didn't.

Antidepressants linked to slightly more suicide attempts, but fewer completions

People who take antidepressants of any kind have only a modestly increased risk of suicidal behavior and a decreased risk of completed suicide, according to a team of Finnish investigators who presented their findings at the 19th congress of the European College of Neuropsychopharmacology.

To reach this conclusion, the team collected data on 15,390 persons who had been hospitalized for any reason from 3 large Finnish databases to study reasons for hospitalizations. Those involving attempted suicide received follow up.

They discovered that antidepressant use, after an initial adjustment period, reduced the risk of suicide for all groups. However, among patients aged 10 to 19, those taking an antidepressant were significantly more likely to attempt suicide, especially early in their medication treatment.

According to Dr. Jari Tiihonen, the findings suggest that all patients who have just started treatment should be monitored closely, especially younger patients.

SSRIs seem to decrease youth suicide

Research using large databases, published reports and cohort-matching techniques has found that overall antidepressants — particularly SSRIs — may reduce the risk for suicide in children and adolescents. However, youngsters who have been recently hospitalized for a suicide attempt may be at increased risk for suicide with antidepressant use and should be watched closely.

This research, led by Mark Olfson, MD, and clinical professor of psychiatry at Columbia University, was presented at the American Psychiatric Association's 58th Institute on Psychiatric Services.

Dr. Olfson noted that there has been a slow, steady decline in youth suicide since the 1980s and "a big increase" in rates of antidepressant use in children after the introduction of SSRIs. Taken as a whole, he said, these observations suggest that antidepressant medications are having a protective effect.

He also noted that youth suicide is very uncommon — fewer than 1,500 annually in the U.S. Consequently, there cannot be a randomized trial that is large enough to study the issue.

Anxiety, depressive disorders linked to more asthma symptoms

Young people with asthma who also have an anxiety or depressive disorder have a significantly increased asthma burden, according to a study published in *Pediatrics*.

Dr. Laura Richardson and colleagues examined the association between asthma symptoms and the presence of anxiety or depressive disorders in 767 adolescents. They concluded that high levels of symptoms that do not correlate with physical findings of asthma should prompt treatment professionals to assess for anxiety and depression. The next step is to see if treating the symptoms of anxiety or depression can reduce the physical symptoms of asthma.

Source: ADAMhs ADVANTAGE
November/December 2006

Ask Your Elders

Mary Jane Martin was in love with a man, but he wasn't exactly the most reliable guy on the planet. "I never knew when I was going to see or hear from him again" says Mary Jane, a 45-year-old divorced mother of two from St. Louis, Missouri.

She didn't want to ask family members for advice, so she

sent an e-mail to Elder Wisdom Circle, a Web site staffed by volunteers aged 60 to 103 who share insights gleaned the hard way—from life itself (go to elderwisdomcircle.org).

A few days later, she received a response. Bottom line: Accept the fact he's not a good romantic prospect. "They were brutally honest in the kindest way imaginable," says Mary Jane, who has since found happiness in another relationship.

Roughly 500 elders answer more than 3,000 letters each month either alone at their home computer or in groups at

Continued on page 8 (Elders)

Is It Time to Move On?

FOR MOST PEOPLE, therapy doesn't last forever. But how do you know when to call it quits? We asked the experts in *Psychology Today's* Therapy Directory (psychologytoday.com) for their advice.

1. THAT INNER VOICE

Deah Curry's own therapist once told her, "I'd know I was done when I could introject her voice"—when I could ask myself the questions she asked."

2. BEFORE AND AFTER

David deVidal suggests having the therapist read back relevant notes verbatim from the first session "as a way of remembering a baseline position." Then you can measure your progress.

3. HOW'S THE WEATHER?

"Look for an increase in small talk, or a feeling that the sessions are beginning to be repetitive and you're leaving them empty-handed," says Ken Newelt. "It may be time to take a break."

4. STILL GOT ISSUES?

"It isn't the same as cancer, where you want to remove all malignancy at once," Elyn Robinson says. "Sometimes, it is good to take a break to integrate the work you have done so far, before attacking new issues."

5. IT'S YOUR CALL

Don't stay just because your therapist says you should. Anne Koenig asserts that you are the expert on your own work.



Source: *Psychology Today*
December 2006

ELDERS (Cont'd from pg. 7)

nursing homes or assisted living facilities. "You can't shock us," says elder Renee Mazon, who answered Mary Jane and uses the online name Rinchu. Renee is a 77-year-old former New York City cab driver and department store personnel counselor who runs La Vida Liana Elder Wisdom Circle, in Albuquerque, New Mexico.

"It's an incredible resource," says Mary Jane. "The older I get, the smarter my elders become." KATHLEEN PARRISH

IN HONOR OF REVAY

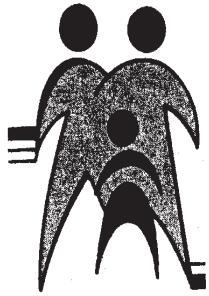
Doug Meckelson's grandmother, Revay, saw many of her friends enter nursing homes. "It bothered her to see people shut away," says Doug. "Revay said, 'One day, you can do something about that.'" So he did. In October 2001, Doug, a California-based financial services professional, started the Web site elderwisdomcircle.org in her memory.

Source: *Better Homes and Gardens*
October 2006

Bizarro

By Dan Piraro





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

Georgia

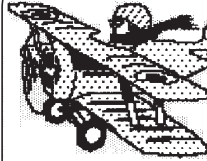
6 a.m. to 9 p.m.
951/352-1634

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 19900Grove Community Drive (off Trautwein) Riv. 92508 951/571-9090 - mts. 1st Sat. only
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 Saturday of the month, 1 pm to 2:30 pm



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

Flyer Updated 1/7/2006

Gays In Search of Hope will be meeting on January 13th.

DBSA- Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

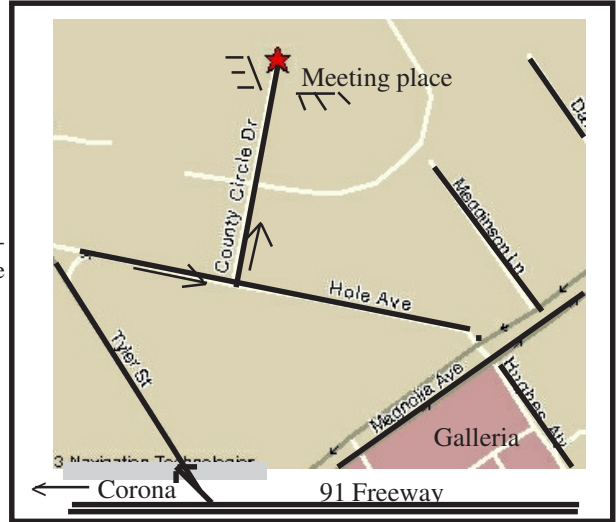
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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