The Thermometer Times

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

VOL. 19 NO. 3 Out of darkness . . . March, 2007

Dates to Remember

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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 11 for address & map)

March 31, meeting. will be at Jo Ann Martin's Home, not at County Bldg. A belated St. Patricks luncheon will follow the meeting. Directions to the meeting are below .

Every Saturday
10 am–12 noon
March 3, 10, 17, 24 & 31

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

Can't temper your anger? Try these tips

BY DOUG WORGUL
KNIGHT RIDDER NEWSPAPERS

You can nurture a relationship for years and ruin it in a moment, if you can't control your temper.

Here are some tried and true tactics for keeping your cool when tempers get hot:

1. Hold your tongue. When you're angry, anything you say can and will be used against you. If not now, in some future argument. Better to just say nothing. Don't be goaded into saying something mean or hurtful. It won't help, and you'll regret it.

2. Ask for more information. Many arguments are a result of poor communication. Clarification is better than confrontation.

3. Avoid using inflammatory language. If you must speak, don't curse, don't insult, don't question motives or intelligence, and don't bring up past offenses.

4. Take the high road. Admit you were wrong even if you weren't. Say you're sorry. Promise to try harder.

5. Get a second opinion. Talk to someone else about the argument to get a more objective perspective on the disagreement.

6. Know thyself. Be aware of the issues and circumstances to which you respond with anger or frustration. If you can't avoid these, come up with a plan for responding calmly.

7. Take a deep breath and smile. This will help you stay in control and drain away ill will.

8. Consider what's at stake. Maybe it's your marriage, or your job, or your relationship with a child, sibling or friend. Ask yourself whether the expression of your temporary feelings of anger are worth the risk of permanently damaging a relationship you value.

9. Work it out. Go for a long walk or bike ride. Go play a game of racquetball. Go lift weights. Use exercise to exorcise those bad feelings.

10. Get a good night's sleep. You're more likely to get mad or feel attacked when you've not had enough rest. You're also less able to control your tongue. See item No. 1.

Sources: The American Psychological Association (www.apa.org), Mayo Clinic (.www.mayoclinic.com), Center for the Advancement of Health (www.cfah.org), AskMen.com

Continued on page 3 **(Temper Your Anger)**

a note from the Editor

California Network of Mental Health Clients Client Forum 2007

The California Network of Mental Health Clients (CNMHC) held its 23rd annual Client Forum in Culver City, CA, January 26 - 28, 2007. I spoke at a workshop called Accountability to the Grassroots: Real Change. As a member of the DBSA, CNMHC and as a person diagnosed with bipolar disorder, it is important to me that the California Network be responsive, informative, and accountable to its membership and to all clients in California.

The CNMHC is representing California consumers/clients, including DBSA members, in the legislature, to the governor, at state mental health boards and committee meetings, and other mental health policy meetings. In the case of the Mental Health Services Act (MHSA) the California Network was outstanding in securing client friendly language and programs. California Network representatives are now at the table wherever mental health policy is being set in California. Twenty years ago clients weren't even in the building.

It is a top-down organization. Fifteen board members make the policy decisions for the organization, along with the Executive Director and the California Department of Mental Health, who is the primary funding source. The grassroots or membership is not well informed of California Network activities, and less frequently, asked for their opinion of what actions should be taken on their behalf. While there seems to be a certain apathy among some consumers, I believe given an opportunity, all consumers have opinions and preferences and would like to be informed.

For example, at the CNMHC Forum 2007, a membership meeting Open Mike session was held for the purpose of allowing attendees to voice their opinion on what the Network's priorities should be for the coming five years. One by one, for over two hours, members came forward and expressed heartfelt needs they wished to see fulfilled and knotty problems they wanted to have solved by the state organization.

Continued on page 4 **(CNMHC Forum 2007)**

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.

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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.

Drug Appears To Blunt Post-Traumatic Stress Scientists Say It Can Defuse Memories

By Peter Gorner, *Chicago Tribune*
as seen in the *Tampa Tribune*, March 13, 2006

Armed with new information about how brain chemicals affect the storage and retrieval of memories, scientists are racing to help people tortured by searing recollections of traumatic events.

Military combat, rape, bombings, burns, beatings — these experiences can lead to post-traumatic stress disorder, in which the sufferer relives the event over and over to devasting effect, sometimes many years after the event.

There is no definitive treatment for post-traumatic stress, and no cure, and the number of cases is expected to grow as a result of U.S. military action overseas. Last week, published research found that 12 percent of soldiers returning from Iraq were diagnosed with post-traumatic stress disorder, depression or another serious mental illness.

Brain scientists think they have found a way to help by using a drug called **propranolol** to alter traumatic thoughts. It appears that the drug, a beta blocker used to treat blood pressure, interferes with stress hormones in the brain to defuse the effect of horrific memories.

Although use of the drug for this purpose has not been approved, some psychiatrists have begun to prescribe it off-label to patients with the disorder. (Other beta blockers do not seem to affect the brain the same way.)

Researchers emphasize that the drug can lower the intensity of a bad memory but not erase it. "It's not that people will no longer remember the trauma, but the memory will be less painful," said Alain Brunet, a psychologist at McGill University in Montreal, where experiments on human subjects are under way.

If the drug works on the disorder, experts say it also might help with drug addiction, stage fright, trembling, epilepsy and other conditions caused by changes in the brain's wiring.

The idea that a drug could affect memory flies in the face of a century of scientific belief. The thinking was that memories exist in an unstable state only for a short time; after roughly six hours, they get "consolidated" and stay that way forever.

But Karim Nader, a pioneering McGill psychologist, was able to show that long-term memories aren't nearly as hard-wired as scientists had thought. When we retrieve a memory, Nader found, it again enters a vulnerable state where it could be manipulated or even lost.

The brain's wiring changes each time something goes into long-term memory, but not all memories are equal, he said. "You remember the day of your wedding better than three Tuesdays ago when there was nothing important going on."

Emotional memories, Nader explained, activate a second process that ups their intensity. This is called a "gain switch" and can be thought of as the volume control on a radio.

Studies have shown that emotionally arousing events cause stress-related hormones such as adrenaline to be released by the brain's amygdala, which is involved in emotional learning and memory.

Post-traumatic stress may develop when the event is so emotionally powerful, releasing a flood of adrenaline, that the "gain switch" is set too high.

Then, each time the traumatic experience is recalled, the amygdala releases yet more hormones and intensifies the stressful memories even more.

Propranolol throws a wrench into that self-perpetuating system by interfering with the amygdala's receptors and ultimately allowing victims to maintain a level of memory similar to that of a bystander.

Source: DBSA Tampa Bay NEWSLETTER
December 2006

Fortunately psycho]analysis is not the only way to resolve inner conflicts. Life itself still remains a very effective therapist.

Karen Horney
in *Neurosis and Human Growth*

TEMPER YOUR ANGER *(Cont'd from pg. 1)*

LONG-TERM STRATEGIES

External factors — other people and things — don't make us angry. Anger is our internal response to those external circumstances. Successful long-term strategies for managing anger should focus on development of a healthy, mature inner life. Some possible steps:

- Counseling
- A deeper, more meaningful, spiritual life
- Meditation and prayer
- Yoga
- Becoming more compassionate —doing more to help others

Source: The Press-Enterprise Riverside
June 21, 2006

CNMHC FORUM 2007 *(Cont'd from pg. 2)*

I wonder if there are things some of you would like to see the California Network grapple with over the next five years? Would you like to see them deal with stigma at the state level? Or perhaps more work in the area of advocacy; i.e. benefits, patient rights, housing, rehabilitation services., healthcare, etc.? Or maybe work with youth or with seniors or other special populations? Access to treatment issues? Trauma issues? What are your issues? What areas are important to you?

The clients of California need to find a way to communicate more fully with the leaders of the CNMHC. And the leaders of the CNMHC need to find a way to communicate more fully with the consumers of California. My experience is that 8 out of 10 clients I meet never heard of the Network, and even fewer are aware of the activities of the organization.

Two things you can do are 1.) Join the Network and 2.) Encourage others to become a member. To do this contact the Sacramento office at ***1-800-626-7447*** *(or visit the website at:* ***www.californiaclients.org****)* and ask them to send you several applications. When you receive them, fill out yours and mail it back. Distribute the others to your friends. You need not enclose any money if it is a hardship to contribute. By joining you and they will receive whatever information the Network mails out regarding their activities and decisions. You will also be informed of Regional events that you can help plan and participate in.

Also, you can become a member of the CNMHC Online E-mail List at: **http://groups.yahoo.com/group/cnmhc/**. It is an outreach, support, and information resource for the client community. By going to the above website you will learn about the E-mail List and how to join. Once you are signed onto it you will be kept informed of activities around the state in which clients are involved.

There are two part-time job openings in the CNMHC Far South Region (Riverside, Orange, San Bernardino, San Diego, and Imperial Counties): 1) **Far South Regional Coordinator,** 6-8 hrs/wk 2.) **Far South M HSA Coordinator**, 20 hrs/wk. To get job descriptions and applications contact the Sacramento CNMHC office at ***1-800-626-7447*** *or visit the website at:* ***www.californiaclients.org***.

The website is also a source of information on the activities, job openings, upcoming events, and the principles and policies of the California Network.

You can contact your members of the CNMHC Board of Directors who represent you in the Far South Region and ask them what the organization is involved in right now. Ask them how you can get involved? Are there any programs that affect you? What is our Region's Project for 2007? What is the budget being spent on? What is the budget? Tell them what you think the California Network's priorities should be for the next five years.

Far South Regional Directors:

Georgia DeGroat	(951) 352-1634	Riverside
Michael McPherson	(800) 776-5746	San Diego
Kathi Stringer	(951) 515-6214	Riverside

Would you like to know more about the CNMHC? Write to me at the address below, and I will write more about the California Network in these pages.

Lynne Stewart, Senior Editor
% JoAnn Martin
16230 Whispering Spur
Riverside, CA 92504

Vagus Nerve Stimulation For Treating Depression

Vagus Nerve Stimulation may be the possible successor to ECT (Electroconvulsive Therapy). In July 2005, the VNS Therapy System was approved by the FDA for depression patients who have run out of treatment options despite controversy on whether it even works.

In July 2003, Cyberonics, which manufactures the VNS device, announced that the Vagus Nerve Stimulator is effective in treating severe, treatment-resistant depression. That followed completion of a 235-patient clinical study of the safety and efficacy of vagus nerve stimulation (VNS Therapy) in patients with chronic or recurrent depression in the United States and Canada. In the study, subjects had a pacemaker-like pulse generator, called the VNS Therapy System, implanted under the skin in the upper left chest. A stimulation electrode connected to the generator is tunneled from the chest to the neck where it is attached to the left vagus nerve.

Previously, Cyberonics conducted a 60-patient pilot study of the safety and efficacy of the vagus nerve stimulation (VNS Therapy) in patients with chronic or recurrent depression. Results of the acute phase of the study indicated substantial improvement. In an abstract from the study, researchers say "positive open trial results in a severe, treatment-resistant depression patient group suggest that VNS is a safe and effective treatment for a significant proportion of these patients."

One Happy Customer

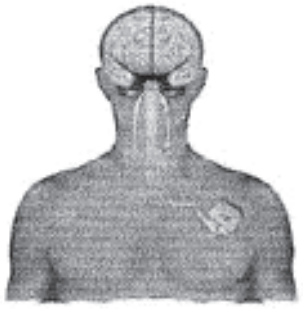
One news report cites Lauri Sandoval, 42, a participant in the pilot study, who has tried almost every antidepressant available and was set to start electroconvulsive therapy: "I was so desperate and depressed that I wasn't even scared of it, even though it hadn't been studied before."

Lauri had suffered from depression for 30 years and was having trouble holding down a job. It took her three months after receiving the implant to feel the change, and 18 months later, she reported feeling dramatically better:

"I used to be a hermit and I tried to pretend that I wasn't depressed. I would stay in bed as long as I could. I would get up to go to work, or to walk my dogs, but after a while that would even be difficult".

It is important to remember, though, that these studies in depression are investigational (experimental) and the safety and efficacy of VNS treatment of depression has not been established.

Another potential drawback may be the cost involved. The VNS device costs $12,000 and the cost of surgery to implant the device can run as high as $15,000. One day, insurance companies may find this is more cost-effective than antidepressant medication over the long term, but some say they won't be quick to pick up the tab.



Background

Vagal nerve stimulation was initially developed and approved by the FDA for the treatment of refractory partial onset epilepsy. Recently, it has been reported that VNS in patients with epilepsy is associated with an improvement in mood. As a consequence, VNS has also been investigated as treatment for refractory depression (treatment resistant depression). The potential antidepressant effect of VNS has been reported to be most effective in patients with low-to-moderate, but not extreme, treatment-resistant depression. The most common adverse effect associated with VNS is voice alteration or hoarseness. Vagal nerve stimulation has not been reported to cause cognitive impairment

Regarding the use of VNS for the treatment of refractory depression, Rush, et al. (2000) reported on an uncontrolled case series involving 30 adults with treatment-resistant major depressive disorders who underwent a 10-week trial of VNS. A positive response, defined as at least a 50% decrease in baseline score of the Hamilton Depression Rating Scale, was noted in 40% of patients. Currently, the manufacturer of the Neurocybemetic vagal nerve stimulator device has sponsored a clinical study of the safety and effectiveness of VNS in patients with depression.

Because of the lack of well-designed controlled clinical trials, VNS for refractory depression is considered experimental and investigational. Long-term data regarding tolerability as well as symptomatic and functional outcomes of depressed patients receiving VNS are needed to ascertain the effectiveness of this procedure for treating refractory depression.

Source: http://www.healthyplace.com/Communities/Depression/treatment/vns/index.asp

Panel Questions Magnet Therapy Results

(January 26, 2007) - WASHINGTON - A novel machine designed to treat depression by zapping the brain with magnetic pulses shows no clear evidence of working, federal health advisers concluded Friday.

The device is called the Neurostar TMS, or transcranial magnetic stimulation, system. It uses magnetic energy to induce electrical currents in the region of the brain associated with mood.

Neuronetics Inc. believes those currents stimulate neurons in the region and relieve the symptoms of depression. The Malvern, Pa., company seeks clearance from the Food and Drug Administration to market the machine - something the panel's lukewarm reception may make less likely. The FDA isn't required to follow the advice of its outside experts, but it usually does.

A clinical trial of the device provided results that, in one analysis, suggested it's no better than sham treatment, according to FDA documents. Still, the FDA asked its neurological devices panel to review the overall safety and efficacy of the device.

Panelists said there was some suggestion the Neurostar works, but they called the effect marginal, borderline and questionable, an FDA spokeswoman said.

The company intends the device to be used by psychiatrists on an outpatient basis as an alternative to e!ectroconvulsive therapy, or shock treatment, for the treatment of major depression. It would be used on depressed patients for whom therapy and antidepressants have not worked.

To gain federal approval, the FDA told Neuronetics that its device doesn't necessarily have to be as effective as shock treatment if it can be shown to be a safer treatment option. Shock therapy can cause memory and cognitive changes, as well as headaches and burns.

Panelists said there were no important safety issues with the Neurostar. But none of the experts said the device works as substantially well as does shock therapy.

Company spokesman Peter Anastasiou said the company was confident in its efficacy data.

"In our view, we showed efficacy in a very tough to treat patient population," Anastasiou said.

*Source: http://healthyplace.com/Communities/Depression/news_2007/treatment_alternative_*

Every day is a leap of faith.

Lizz Wright
Musician

Medical ID Theft Poses Health Threat

Keeping tabs on health records

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

To guard against identity theft, patients should:

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

If medical records have been compromised:

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

Source: Los Angeles Times September 25, 2006

Anxiety is the gap between the now and the later.

Fritz Perls (1893-1970)
Psychoanalyst

Obesity and Depression

Obese people are more likely than average to be clinically depressed and anxious, according to a national survey, but only when they are also white and college educated.

In the National Comorbidity Survey Replication, nearly 10,000 Americans were asked to state their height and weight. Obesity was defined as a BMI (body mass index) greater than 30—the equivalent of 186 pounds in a person 5 feet 6 inches tall.

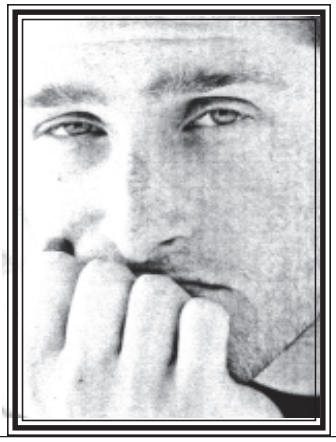
In both sexes and all ethnic groups, and at all levels of education, obesity was correlated with a low risk of alcohol and drug abuse and addiction. Obese people of both sexes had a 20%—50% higher than average rate of various mood and anxiety disorders—but only because three-quarters of the people in the sample were white and about half had some college education. Obesity was unrelated to anxiety and depression in African Americans, Hispanics, and non-Hispanic whites who did not attend college.

A correlation does not necessarily indicate a cause. Other studies suggest that depression can lead to obesity or obesity to depression; losing weight may help relieve depression, and depression can make losing weight more difficult; or depression and obesity could have some underlying common cause.

One reason this correlation is limited to college-educated, non-Hispanic whites may be that compared to people with different ethnicity or less education, they have a low rate of obesity . Other research has shown that the association between depression and smoking is similar: College-educated whites are less likely to be smokers and more likely to be depressed if they do smoke. When the rate of a condition like nicotine addiction or obesity is lower in a given group, the remaining smokers or obese persons are more likely to be stigmatized or psychiatrically vulnerable, and so they are more likely to be depressed and anxious.

Simon GE, et a!. "Association between Obesity and Psychiatric Disorders in the US Adult Population:" *Archives of General Psychiatry* (July 2006): Vol. 63, No. 7, pp. 824—30.

Source: Harvard Mental Health Letter
February 2007



Anxiety Disorders Increase Risk of Suicide Attempts

October 18, 2006, BOSTON. MA—People with bipolar disorder who also have an anxiety disorder may be at higher risk of suicide attempts, new research suggests.

Researchers from the Center for Anxiety and Traumatic Stress Disorders in the Massachusetts General Hospital Department of Psychiatry as well as Harvard Medical School, say people with bipolar disorders are at increased risk for suicide attempts, but until now comorbid anxiety disorder has not been highlighted as critical in identifying high-risk people. Therefore, anxiety disorder has not been integrated into suicide risk strategies, they say.

The researchers completed detailed suicidal thought and behavior assessments of 120 outpatients with bipolar disorder, and found that lifetime anxiety disorders were associated with more than twice the odds of a past suicide attempt.

The study, published in an online issue of the *Journal of Psychiatric Research* in October, was entitled "The association of comorbid anxiety disorders with suicide attempts and suicidal ideation in outpatients with bipolar disorder."

Source: bp Magazine
Winter 2007

Questionnaire Helps Distinguish Bipolar Types, Unipolar Depression

November 1, 2006, SYDNEY, Australia — Australian researchers say they have advanced understanding of the differences between bipolar disorder and unipolar disorder, and between bipolar I and bipolar II disorders, through a complex questionnaire.

The division between bipolar and unipolar mood disorder (in which people experience only depressive symptoms without the manic highs associated with bipolar) is often dificult to clearly determine, say Gordon Parker, with the University of New South Wales School of Psychiatry and the Black Dog Institute, and collegues. The researchers developed a self reporting questionnaire of mood highs that they say will help distinguish true bipolar disorder from any elevated mood states in unipolar depression, and will sharpen the distinction between bipolar I and II conditions accurately.

They note that the questionnaire scores were similar for bipolar I and II subjects, raising the possibility of distinguishing between the two conditions by a model looking only at psychotic features.

The study, published in the November issue of the *Journal of Affective Disorders*, was entitled "Distinguishing bipolar and unipolar disorders: An isomer model."

Source: bp Magazine
Winter 2007

• Ask the Doctors •

Question: What is the difference between bipolar depression and unipolar depression?

Answer: Bipolar depression is the depressive phase of bipolar disorder. It may alternate with mania or hypomania. It can also occur at the same time as mania in a mixed episode.

There is one set of symptoms for depressive episodes. These may occur in bipolar disorder or major depressive disorder (unipolar depression). Each person's experience is a little bit different. Researchers have studied possible differences in symptoms of bipolar and unipolar depression.

With bipolar depression, people are more likely to have symptoms like feelings of worthlessness and loss of interest. They may also have increased sleep and appetite, and feel slowed down. There might be psychotic symptoms such as delusions or hallucinations. Bipolar depression is thought to have a higher risk of suicidal thoughts and attempts. Unipolar depression is more likely to include anxiety, tearfulness, insomnia and loss of appetite. It is not always easy for the person who has depressive symptoms to identify and describe them.

More than half of people with bipolar disorder experience depression before they experience mania. Doctors often recommend starting treatment with a mood stabilizer instead of an antidepressant if a person might have bipolar disorder.

Researchers believe that with bipolar disorder, depressive symptoms are more likely than manic symptoms to continue at a low level and interfere with life. Symptoms must be carefully monitored and treated to complete recovery. People with bipolar I disorder (alternating depression and mania) often have depression three times as often as they have mania. With bipolar II disorder, (alternating depression and hypomania) people may not have recognizable or disabling mania at all.

Because of the difficulty in diagnosing bipolar II disorder, researchers believe bipolar illness is much more common that we once thought. Nearly seven out of ten people with bipolar disorder are misdiagnosed. The most common initial misdiagnosis is depression.

If you have symptoms of depression and are unsure whether you have unipolar or bipolar disorder, talk about it with your doctor. Examine your family history. Write down your symptoms so you don't forget them. Tell your doctor all of the symptoms you've had. Be sure to mention symptoms you don't have at the time of your appointment. These may include racing thoughts, high energy, less sleep, irritability, or risk-taking. Correct diagnosis is important to getting the right treatment and preventing future depression or mania.

Psychotherapy is also a helpful treatment for depression or bipolar disorder. Talk therapy can help you cope with symptoms and develop a healthy lifestyle. It can also help you avoid things that could trigger future depressive or manic episodes.

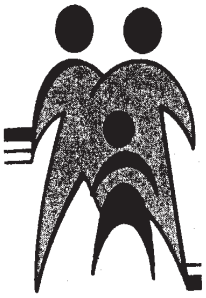
This answer was reviewed by DBSA Scientific Advisory Board members Paul E. Keck, Jr., M.D., Professor and Vice Chairman for Research in the Department of Psychiatry at Universi ty of Cincinnati College of Medicine, and Robert M. A. Hirschfeld, M.D., Professor and Titus Harris Chair in the Department of Psychiatry and Behavioral Sciences at the University of Texas.

Milder Cousin of Bipolar Disorder

The American Psychiatric Association estimates that 2.2 million adults in the U.S. have cyclothymia (r cyclothymic disorder). A milder "cousin" of bipolar disorder, cyclothymia also includes high and low phases, but neither are as extreme. Cyclothymia's mania is less severe than Bipolar I and its depression less severe than Bipolar II. To be diagnosed with cyclothymia, which usually begins in the teens or twenties, periods of hypomania and mild depressive symptoms must alternate for at least two years. Risk factors include a family history of bipolaar or depressive disorders. Up to 50% of patients with cyclothymia develop bipolar disorder.

Although milder than bipolar, the mood swings of cyclothymia can still disorient or even disable. Treatment is with mood stabilizers, but people rarely seek help. With mood stabilizers and therapy, people with cylothymia can spend more of their lives on an even keel.

Source: The Washington Post, 12/20/2005
As seen in: Moodpoints, DBSA Houston 2006
As seen in: Polar Star, DBSA Los Angeles Fall, 2006



Family/Friends Support Groups

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

The County also offers the
NAMI Family-to-Family Education Program
This program is a 12-week series of
educational meetings for
family members.
There is NO COST TO YOU.

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

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

The Starting Point **SUPPORT GROUP FOR DEPRESSIVES AND BIPOLARS**
Mesa Clinic, 850 Foothill Blvd., Rialto
Mondays from 10:30 to 12:10
For more info: *82 (909) 864-4404

ORIGINAL MATERIAL WANTED

Do you have a story to tell, or a poem or art work?
We welcome submissions
to our newsletter.
If you have something you think
we could use, please send it to:
EDITOR
DBSA P.O. Box 51597 Riverside, CA 92517-2597
FAX 951/780-5758

Join us, DBSA of Riverside, 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.
.
Holdays include: Memorial Day,
4th of July, Labor Day,
Thanksgiving and Christmas.

Special St. Patrick's Day luncheon
March 31st after the meeting
Corn beef and cabbage and all the "fixins"

See page 1, lower left column of this newsletter for directions to Jo Ann Martin's.

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
knenstiel@sbcglobal.net

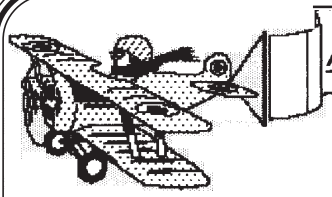
Gays In Search of Hope
Online Support Group

Gays In Search of Hope is a Depression and Bipolar peer support group (Yahoo Group) for the Lesbian, Gay, Bisexual, Transgender, Intersexual and Questioning Community (LGBT). Please Check our website for more info and resources.

Gays In Search of Hope Website:
http://geocities.com/gayhope1/index.html

Kevin, Founder and Moderator
E-mail Address: gays4hope@yahoo.com
Phone: (951) 359-0739

I am available by phone from 8am to 10pm. If I am unavailable, please leave a message and I will return your call as soon as possible.



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
19900Grove Community Drive
(off Trautwein) Riv. 92508
951/571-9090 - meets 1st & 3rd
Saturday, Room # D-4.
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 MentaI 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 a component for recovery*
- *They periodically present at 1 1/2–2 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—

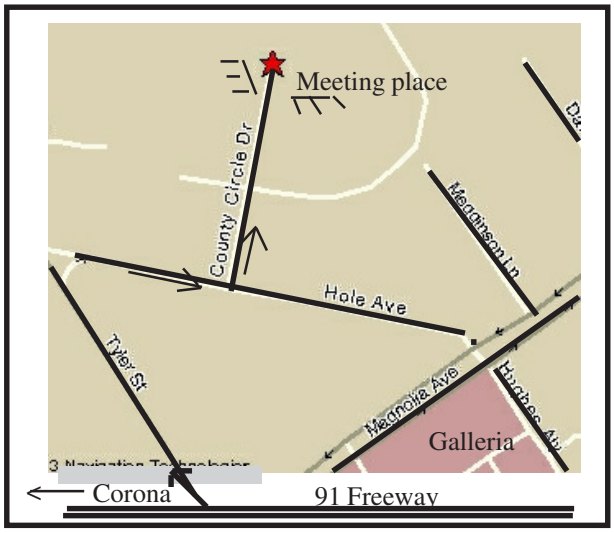
DBSA– Riverside

Map Legend

★ Meeting Location

/ / / / = 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. ❒