



The Thermometer Times

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

VOL. 19 NO. 8 Out of darkness . . . August, 2007

Dates to Remember

***** CARE & SHARE GROUP

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)

Every Saturday

10 am–12 noon

August 4, 11, 18 & 25

Movie Nights at Jo Ann's
See page 6

Guest Speaker - Sat., Sept. 22
Angela Holloway, (MFT)
Topic: "Overcoming Our Irratioanl Beliefs"



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



For Some Too Much Sunshine

May Bring On The Blues

Those hit by depression in warmer weather complain of insomnia, anxiety, appetite loss.

By Victoria Clayton
Special to the Times

Sunshine and warm weather aren't for everyone.

Take 20-year-old Saskia Smith, an illustrator who works part time in the billing department of a legal firm. She spent most of last summer's dog days prone in bed with the velvet drapes in her Mid-City apartment pulled tightly shut.

"Other times of the year, I'm basically an upbeat person," Smith says. "But when summer hits, it's like I'm operating on a low battery. Last summer, I had no desire to eat, I lost 15 pounds, I had anxiety attacks and I stopped seeing any of my friends. Even going to the grocery store felt like an impossible task."

Smith, who grew up in Seattle and has lived in New York City and Germany (all areas with notably moody skies), is convinced she has seasonal affective disorder, or SAD. The condition first surfaced after she and her husband moved to Los Angeles almost three years ago. "It's the unrelenting sun day after day after day," she says. "I feel like I'm trapped and there's no relief from it. At my lowest point [last summer] I just wanted to die."

Although most people consider seasonal affective disorder to be a winter ailment brought on by waning sunlight, Smith and others say there's a summer version — and it packs a wallop as well.

Researchers estimate that about 1% of the population suffer from summer depression, compared with 5% for the winter variety. Although summer depression has been mentioned in ancient writings, as well as in scientific journals sporadically for the last 20 years, the relatively low prevalence in the U.S. has meant it hasn't gotten much serious consideration, says Dr. Thomas Wehr, a Bethesda, Md., psychiatrist and former National Institutes of Mental Health researcher.

Continued on page 3 (Summertime Blues)

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. Your 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. You may write on any other mental health issue or problem that you are passionate about. You can tell us about yourself and how you spend your time and what's important to you. You may want to write a report on a mental health event you attended or a mental health book you have read. We would appreciate that, too.

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: *The Thermometer Times*
% Jo Ann 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

Audrey Hepburn when asked to share her "beauty tips" wrote the following:

- For attractive lips speak words of kindness.
- For lovely eyes, seek out the good in people.
- For a slim figure, share your food with the hungry.
- For beautiful hair, let a child run his/her fingers through it once a day.
- For poise, walk with the knowledge that you never walk alone.
- People, even more than things, have to be restored, renewed, revived, reclaimed, and redeemed; never throw out anyone.
- Remember, if you ever need a helping hand, you will find one at the end of each of your arms.
- As you grow older, you will discover that you have two hands, one for helping yourself, and the other for helping others.

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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

SUMMERTIME BLUES (Cont'd from pg. 1)

“The closer you get to the equator — countries like India, China and Brazil — it turns out the condition is quite common. But here a lot of people with summer depression feel isolated,” says Wehr, an expert on seasonal affective disorder.

Role of the thyroid

Wehr and NIMH colleagues first became aware of summer SAD when they were studying winter depression in the 1980s. “In the course of our research, we’d regularly get letters from people saying winter depression was interesting but they seemed to have the opposite problem. However, the symptoms were different.”

People with winter depression tend to sleep more, have less energy, gain weight and have carbohydrate cravings. Summer depressives tend to be plagued with decreased sleep, weight loss and anxiety.

Researchers say that some people may be especially sensitive to heat, which could influence their production of various hormones. “We know thyroid hormone is suppressed by heat and growth hormone and prolactin are stimulated by heat,” Wehr says.

Lack of thyroid hormone can cause energy drain, and too much growth hormone and prolactin can lead to lethargy and lack of libido. In addition, prolactin is known to repress the effects of dopamine, a brain chemical linked to feelings of enjoyment and pleasure. Light on the skin can also influence the production of hormones, but preliminary NIMH research points to heat more than light as the culprit in summer depression.

Typical to depression in general, researchers say, more women than men appear to suffer from summer SAD. The condition generally crops up in childbearing years and studies point to a genetic link; more than two-thirds of SAD patients have a first-degree relative with a mood disorder.

“The problem is that right now we just don’t know enough about summer depression to say it gives us prognosis and treatment,” says Dr. Daniel F. Kripke, professor of psychiatry at UC San Diego. “Until we do, it’s not very useful.”

Winter blues responds well to light therapy, and because researchers think the summer version is a condition of heat, reducing heat should work as a treatment for summer depressives.

That doesn’t seem to be the case. A pilot study by Wehr and colleagues at NIMH found that manipulating temperature for a period of time was salutary but didn’t have lasting effects on summer SAD patients.

“In our study, people would improve [with cooling] and then very quickly the symptoms would come back,” Wehr says.

Antidepressants help

Some researchers take issue with associating winter depression with summer depression or labeling it “reverse SAD.”

“Calling it ‘reverse SAD’ only confuses the issue,” says Michael Terman, director of the Center for Light Treatment and Biological Rhythms at New York-Presbyterian Hospital. “It is not a light-related phenomenon and should not be considered the flip side of winter depression.” Standard antidepressants are the only medical intervention that’s been

shown to be effective, he says.

Wehr agrees medication tends to work, but says the drugs may vary. “Some respond to Prozac-like drugs, some people respond to Wellbutrin. I’ve even had people respond to lithium and only lithium. They only take it during the summer,” Wehr says.

Some people respond well to lifestyle changes, he says. Some of his patients take daily swims in cold lakes; one built a refrigerated room and several avoid summer daylight and heat. “One patient,” he says, “was known to his friends and co-workers as ‘the mole’ because he literally never went outside in the summer daylight.”

Smith doesn’t want anti-depressants, so she’s working harder on the temporary fixes.

“Last year I ordered a Cape Cod rain-sounds CD,” she says. “Whenever there was a heat wave, I would crank up my humidifier and air conditioner, close the blinds and meditate listening to the rain sounds. It really did the trick to put me, momentarily, in a different space.”

This year she plans to paint the bedroom walls pale blue with faint undertones of gray and purple, a color called rainy day, and she’s launched a website (www.seasonalsad.com) to reach out to others suffering from summer SAD.

In this perpetually sunny city, she says she hopes to form a support group for people who thrive in June gloom. If none of this works, she’ll work on persuading her husband to move.

For now, however, she still has a sense of humor about it all.

“I realize this all has a slightly psychotic tone, but I’m not crazy, I’m not into goth and I don’t want to be a vampire,” she says. “I would actually like L.A. if it just didn’t have so much sun.”

Source: Los Angeles Times

May 28, 2007



"I'm going to recommend a Thorazine-Ritalin cocktail, just to see what the heck happens."

Bipolar Disorder Guide

Talking to Your Friends And Family About Bipolar Disorder

Bipolar disorder can put an enormous strain on relationships with your family and friends. When you're depressed, you may isolate yourself from the people who care about you. When you're manic or hypomanic, you might frighten or alienate them.

But your relationships with your friends and family are crucial to staying healthy. You need to keep the lines of communication open. Here are some suggestions.

Educate your family and peers. Your friends and family may not know much about bipolar disorder, or they may have a lot of wrong impressions. Explain what it is and how it affects you. Talk about your bipolar treatment. Unfortunately, some people may be skeptical or unsympathetic. Back yourself up with brochures or printouts that you can give them. Tell them you need their help to stay well.

Create a support team. Obviously, you don't need to tell everyone you know about your condition. But you also shouldn't rely on only one person. It's much better to have a number of people you can turn to in a crisis. Placing all the responsibility on one person is simply too much.

Make a plan. You need to accept that during a mood swing, your judgment might be impaired. You could really benefit from people looking out for you. But your loved ones also need to be careful not to push too hard. You don't want to feel like every move you make is being scrutinized.

So work out distinct boundaries. Decide how often your friends and family should check in and what to do if things are getting out of control. If you become manic, you might agree that your loved ones should take away your car keys or credit cards so you don't do anything reckless. If you become suicidal, they certainly need to get emergency help. Coming up with an explicit plan will make everyone feel better.

Listen. After all that you've been through, you may not want to hear the concerns of your family and friends. But the fact is that your condition does affect the people around you. During a manic or depressive phase, you may have upset people whom you care about. So try to hear them out and see things from their point of view. If you've hurt people, apologize. Reassure them that you didn't mean to act the way you did, and emphasize that you're getting treatment.

Talk to your children. If you have kids, you should find a way to tell them what's happening. They're likely to sense that something is wrong anyway; keeping them in the dark might just make it scarier. Explain your condition in a way that's appropriate for their age. Say that it's a disease that affects your mood, but that you're getting treatment for it.

Reach out. Bipolar disorder can make relationships hard. When you're depressed, you may want to retreat from the world. If you've just come out of a manic phase, you may not want to

face people whom you treated badly. Either way, it's easy to let some friendships slip away. Don't let it happen. Force yourself to get together with other people, even if it may be hard at first. Isolating yourself is the worst thing you can do.

Reviewed by the doctors at The Cleveland Clinic Department of Psychiatry and Psychology.

WebMD Medical Reference provided in collaboration with The Cleveland Clinic

SOURCES: Diagnostic and Statistical Manual of Mental Disorders, Fourth edition, Text Revision. Washington, D. C.: American Psychiatric Association, 2000. The Nations Voice on Mental Illness. Depression and Bipolar Support Alliance (DBSA). American Psychiatric Association. National Institute of Mental Health. Practice Guideline for the Treatment of Patients with Bipolar Disorder, 2002. WebMD Medical Reference in collaboration with The Cleveland Clinic: Bipolar Disorder. Muller-Oerlinghausen, B. The Lancet, Jan. 19, 2002; vol 359: pp 241-247. Kaufman, K. Annals of Clinical Psychiatry. June, 2003; vol 15: pp 81-83. Compton, M. Depression and Bipolar Disorder, ACP Medicine.

Edited by Charlotte E. Orsyson Mathis, MD on March 25, 2005

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What Are the Symptoms of Depression?

These are some of the signs and symptoms of depression that you should be aware of:

Sadness

Loss of enjoyment from things that were once pleasurable

Loss of energy

Feelings of hopelessness or worthlessness

Difficulty concentrating

Difficulty making decisions

Insomnia or excessive sleep

Stomach ache and digestive problems

Sexual problems (for example, decreased sex drive)

Aches and pains (such as recurrent headaches)

A change in appetite causing weight loss or gain

Thoughts of death, suicide, or self-mutilation

Self-mutilation or attempting suicide

How Do Get Help for Depression?

If you or someone you know is experiencing symptoms of depression, seek your health care provider's advice for treatment or referral to a mental health professional.

Source: Excerpted from WebMD Medical Reference provided in collaboration with the Cleveland Clinic Edited by David H. Fram, MD on December 01, 2006

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Mental patients find understanding in therapy led by peers

By Carey Goldberg, Globe Staff June 8, 2007



TAUNTON — Years ago, Jess Zaller came to the Pathways mental health program as a day patient. In and out of institutions, he had fought mental illness since childhood. His life felt like a nightmare of chaos and despair.

Zaller, 45, was back in a Pathways therapy group last week, but this time as a leader, listening carefully as members laid bare the pain of their fears and compulsions. When he delicately pointed the way, it was often in the first person, using his own hard lessons learned:

“Our lives are at stake,” he told members. “It takes a lot of courage to walk a path of recovery, and each one of us develops our own path.”

Massachusetts is beginning to develop a corps of people like Zaller who have been through the depths of schizophrenia, bipolar disorder, or depression, and recovered enough that they can help others with mental illness.

Such comradely aid has long been exchanged informally, or scattershot at mental health venues. But now the state has launched a new job category — certified peer specialist — meant to formalize these relationships and gradually, they hope, get peer counseling reimbursed routinely by insurers and Medicaid.

“There’s something about receiving support from someone who’s gone through exactly what you’re going through now that people find invaluable,” said Michael O’Neill, the state’s assistant commissioner for mental health services.

A few handfuls of Massachusetts residents, including Zaller, have completed the eight-day training session and exams to be certified as peer specialists. On Monday, they are to be recognized at a State House ceremony.

The new field must work through many possible problems, from the potential for relapse among specialists to the potential for resistance from more traditional mental health

staffers. But O’Neill expects the state’s corps to grow to hundreds.

Massachusetts is redesigning its mental health system to be more user-friendly, he said, and “peer support is a fundamental element of that redesigned system.” In the coming months, Massachusetts will be setting up six regional centers where peer specialists will work with clients and support each other in their fledgling vocation, O’Neill said.

The concept has taken off in 30 states. In half a dozen, Medicaid, the public insurance program for the poor and chronically ill, pays for the services, said Paolo del Vecchio, associate director for consumer affairs at the federal government’s Center for Mental Health Services.

“Over the past five years, we’ve really seen the development of a new mental health profession emerging,” he said.

The growth of the peer specialist profession comes against the backdrop of a sweeping national shift toward greater optimism that those in dire condition may improve or recover, and toward giving people with mental illness more control over the help they get. People with mental illness are not passive patients, the thinking goes; they can help themselves and as they get better, they can help others.

In their work, peer specialists are expected to share their stories of recovery when relevant to their clients. They may have learned skills worth sharing, or simply inspire hope by being much better than they once were.

The work goes beyond a typical speaker at a 12-step meeting.

It can include helping a patient in a psychiatric hospital make the shift back to living at home, or supporting an emergency room patient in crisis. A specialist might remind a

Continued on page 6 (Led by Peers)

LED BY PEERS (Cont'd from pg. 5)

team of clinicians that their patient is in a kind of hell, or take a lonely client out for pizza.

Early research, which is just beginning to accumulate, suggests that peer specialists may be particularly useful with patients who would normally resist help from the mental health system, said Larry Davidson, a Yale professor who conducts studies on peer specialists.

People with mental illness sometimes feel disliked by the professional staff who treat them, he said; it appears that with peers, "they feel less disliked and more understood."

Studies show that "people in recovery can provide services at least as well as people who don't have that experience," Davidson said. Hard data are being collected now on whether they offer "value added," he said.

Anecdotal reports of successful work by peer specialists abound. In Georgia, which has 340, they have proven particularly useful in helping discharged state hospital patients build new lives at home, said Gwen Skinner, the state's top mental health official.

Though the new field is growing, resistance remains, Davidson and others said.

They worry that staff and clinicians without mental illness could feel threatened by the influx of newcomers whose experience with illness is considered an asset. Traditional staff could also worry about being replaced by peer specialists. Certified peer specialists are supposed to earn a typical mental health staff salary of \$12 an hour to \$15 an hour on an entry level, said Deborah Delman executive director of M-Power, the Massachusetts mental health advocacy group that runs the peer training courses. But some peer workers who are not certified may earn less, she said.

After they are certified, Massachusetts peer specialists will continue to be overseen by The Transformation Center, a statewide training organization that is supposed to ensure they maintain ethical standards and continue their education.

The peer specialists also pose staffing issues. What if, for example, a peer specialist works with patients at a state hospital, then has a relapse and is rehospitalized there, then resumes the job? Boundaries and definitions may get fuzzy; confidentiality may become a concern.

Also, Davidson said, if supervisors view their patients as problems, then adding peer specialists to their staff is asking for more problems. The challenge, he said, is for them to shift to thinking about all people with mental illness as "having assets and strengths to help solve problems."

Judging by responses in Zaller's small therapy group in Taunton, some people with mental illness immediately see the benefits of being helped by a peer.

"He's not looking at us through a book," said one group member, Diane Silvia. "He can relate to us, and we can relate to him."

Source: Carey Goldberg can be reached at: goldberg@globe.com.

How To Be Perfectly Miserable

1. Think about yourself
2. Talk about yourself
3. Use "I" as often as possible.
4. Mirror yourself continually in the opinion of others.
5. Listen greedily to what people say about you.
6. Expect to be appreciated.
7. Be suspicious.
8. Be jealous and envious.
9. Be sensitive to slights.
10. Never forgive a criticism.
11. Trust nobody but yourself.
12. Insist on consideration and respect.
13. Demand agreement with your own views on everything.
14. Sulk if people are not grateful to you for favors shown.
15. Never forget a service you may have rendered.
16. Be on the lookout for a good time for yourself
17. Shirk your duties if you can.
18. Do as little as possible for others,
19. Love yourself supremely.
20. Be selfish.

This recipe is guaranteed to be infallible.

--No Protest

Source: From p. 142, *Lines to Live By*,
the inspiration anthology, better than gold.
Compiled and edited by Clinton T. Howell.
© 1968 Grosset & Dunlap.

Announcement!

Movie Night At Jo Ann's

5:30 PM

Tuesday, August 14

"Out of the Shadow" a film by Susan Smiley

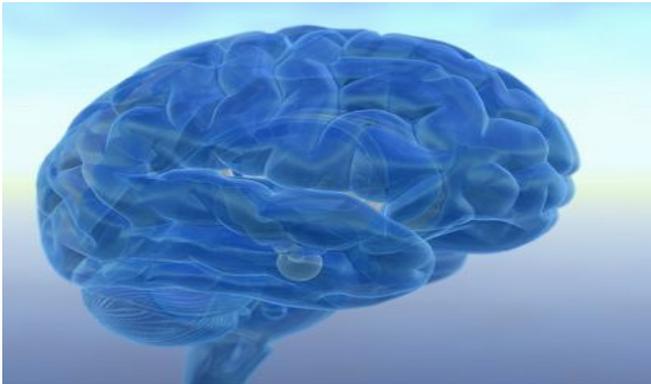
Reality is a state of mind

5:30 PM

Tuesday, August 28

"Mr. Jones" with Richard Gere

Can 'Genius Pills' Boost Your Brain Power?



By Pallab Ghosh
Source: BBC News

The government is assessing the impact of a new generation of drugs that are claimed to make people more intelligent.

The Department of Health has asked the Academy of Medical Sciences to assess these so-called "cognition enhancing" drugs, some of which are already being widely used in the U.S..

In the 1960s the self styled guru, Dr. Timothy Leary, urged American youth to "tune in, turn on and drop out".

Now a new generation of so-called designer drugs are becoming available.

But instead of fueling a new drop-out culture, they are being used by people who think they will help them do better at school and work.

One of these drugs, Modafinil, was developed to treat people who involuntarily fall asleep.

Dramatic effect

Dr. Danielle Turner, of the Department of Clinical Neurosciences at Cambridge University, tested the drug out on 60 healthy volunteers.

It did not just keep them awake. She found that the effects on their brains were much more dramatic.

"We tested them two hours after they had taken a single dose of Modafinil and found quite strong improvements in performance, particularly when things got difficult," she said.

"That was interesting - as problems got harder, their performance seemed to improve. With Modafinil they seemed to think a bit longer and they were more accurate."

Bjorn Stenger was one of the volunteers in Dr. Turner's study. He told us how the drug affected him.

"During the test I felt very alert and I could focus very well on the problems at hand.

"I had no problems memorising rows of numbers. I felt pretty much that I was on top of my game."

Student use

Modafinil is in common use in the US, officially for treating sleeping disorders.

But according to internet chat rooms, it is also widely used by students and busy professionals to give their brains a boost.

The drug is among a new class of cognition enhancing drugs. Professor Gary Lynch, from the University of California, Irvine, helped invent another class called Ampakines.

Professor Lynch designed them specifically to increase memory and cognition.

And he claims that animal experiments suggest that the drug enables the brain to rewire itself or make neural connections between different regions that normally people cannot make.

This rewiring, he claims, may enable people to "build thoughts that are a little bit beyond the normal brain".

So what thoughts are these?

"One would hope that what we are seeing with the Einsteins and Leonardos is that perhaps they are able to get into a space that we think of as genius," he said.

But is the public ready for "genius pills"?

Potential impact

The UK Government is sufficiently concerned about them to have asked an expert group to assess their impact on medicine and their

The Academy of Medical Sciences expert group has held workshops across Britain to find out the public's views.

It found some real concerns - quite apart from the long-term adverse health impact - these drugs could have.

One woman commented: "If, in the future, there are cognition tablets for exams and I wasn't happy for my children to take them, would I be disadvantaging them against those children that actually take them?"

Another comment was: "Who knows where we are going?" In the future do you want one of those dictatorial type states where we have to take drugs to get better and faster to work longer hours?

The Academy's report is due out later this year.

It is to help government assess whether or not these new drugs could - or even should - be used to enhance people's abilities.

Or do they pose a new and dangerous hazard to our society?

Source: www.mindpowermews.com/GeniusPills.htm
6/23/07

SAD MOOD MAY TRIGGER DEPRESSION RELAPSE

According to a study reported in the July issue of the Archives of General Psychiatry, mild emotional stress or sadness can reactivate depressive thinking in patients with a history of depression and thereby increase the risk of relapse.

“Episode remission in major depression, while distinguished by minimal symptom burden, can also be a period of marked sensitivity to emotional stress as well as an increased risk of relapse,” Dr. Zindel Segal of the University of Toronto said.

The study involved 301 adults recovering from a major depressive disorder. Researchers determined whether mood-linked changes leading to dysfunctional thinking could predict relapse. In the first phase, patients were placed on either an antidepressant medication or in a cognitive behavior therapy group.

For the next 18 months, the patients who were in relapse were regularly assessed and given a sad mood provocation. The findings suggest that “even a mild negative mood can reinstate some of the features observed in depression itself,” the researchers conclude.

*Source: THE ROLLERCOASTER TIMES
Summer 2007*

Dear Annie: I read this in my choir’s local publication and thought you’d enjoy it. — Roxann, North Shore Choral Society, Evanston, Hill.

Dear Roxann: We love it. Thanks.

Quotations from grade-school essays on classical music:

- “A virtuoso is a musician with real high morals.”
- “Probably the most marvelous fugue was between the Hatfields and the McCoys.”
 - “Music sung by two people at the same time is called a duel.”
 - “Henry Purcell is a well-known composer few people have ever heard of.”
 - “Most authorities agree that music of antiquity was written long ago.”

Annie’s Mailbox is written by Kathy Mitchell and Marcy Sugar, longtime editors of the Ann Landers column. Please e-mail your questions to annie’smailbox@PE.com or write to Annie’s Mailbox % The Press-Enterprise, Box 792, Riverside, CA 92502–0792.

CREATORS SYNDICATE

*Source: Riverside Press-Enterprise
February 11, 2007*

TINNITUS MAY BE CAUSED FROM ANTI-DEPRESSANTS

By Steven Williamson



Tinnitus refers to the unique experience of hearing a sound that cannot be heard by anyone else. It is thus an entirely “personal sound.” For most people with tinnitus, their tinnitus sounds resemble sounds that are heard in the environment. For others, tinnitus is completely different from any environmental sound. In most cases, audiologists can duplicate a person’s tinnitus sound by using testing instruments that present tones or different types of noise through earphones. Just about every conceivable sound has been referred to when patients have been asked to describe the sound of their tinnitus, from buzzing, to ringing, to hissing.

Many things can bring it on, such as medication changes and adjustments. Any medication has the potential to cause tinnitus. Many anti-depressants can lead to tinnitus. Talk to your doctor about which medicine and dose works for you. Other factors are stress, getting older, high blood pressure and loud noises.

With tinnitus some people report a hearing loss. The most common type of hearing loss is “high frequency” loss that typically results from exposure to loud noise or from simply growing older. Our high frequency hearing is more susceptible to damage than is our hearing at lower frequencies. Some people even report a heightened sense of hearing with perfect hearing.

So what can be done about tinnitus? Even though there is no cure, there are measures that one can take to help. One way is the “masking approach.” “Maskers,” worn in or behind the ears can be used to completely mask, or cover a person’s tinnitus, or they can be used to partially mask a person’s tinnitus and provide relief by reducing the contrast between the internal tinnitus sound and the quiet outside environment. Any form of sound can be used to aid in this process.

Another possible way to cope with tinnitus is supplements, which consist of various vitamins, minerals, and herbs which increase circulation. Always consult a doctor before starting such pills. Much information about tinnitus can also be found on the internet.

*Source: Life in Balance
June 2007*

The Seventeenth Annual Conference
Of the Depression and Bipolar Support Alliance
Of California
Presents:

“Solutions:

Living With Power and Discovering Life”

DO NOT USE

Friday, October 12 and Saturday, October 13, 2007
Ontario Airport Marriott Hotel
Ontario, California



Keynote Speakers



David and Diane Mariani
Authors of the Book
“Surviving Bipolar’s Fatal Grip:
The Journey To Well and Back”



Tom Wootton
Author of the Books
“The Bipolar Advantage“ and
“The Depression Advantage“
(New Book)



Brian Wetzel
Professional Comedian and
Conference Speaker

Conference Registration Rates:

Entire Conference = \$129
Early Bird Registration = \$99**
1 day only = \$70

DBSA Scholarships Cover Registration Costs Only.
Registrants are responsible for making hotel reservations.

Friday Gala Show with Buffet Reception
And Saturday Luncheon Included in Registration Fee

Scholarships will be available

** Early Bird Registration Deadline is 9/10/07

For more information contact DBSA California
(951) 708-3366, Email: dbsacal@aol.com
Website: <http://californiadbsa.org>

There will be workshops on various topics, a talent show and dance, art exhibit, etc.

**THIS PAGE
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MENT PAGE**

Special Hotel Room Rates:

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You must inform the hotel that you will be attending the
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Keynotes, Workshops & Presenters

Friday October 12, 2007

Keynote Speakers - David and Diane Mariant

9:00 AM to 10:00 AM

Author and Co-Author of the Book,
"Surviving Bipolar's Fatal Grip:
The Journey to Hell and Back"

WORKSHOPS 1, 2, 3 - 10:30 AM to 11:30 AM

1. Surviving Bipolar and Depression Made Simple
Presenters: David Mariant and his wife Diane Mariant
2. Moving Through Losses To Find Your Meaningful Purpose
Presenter: Rev. Jim Stout
3. Alternative and Complementary Medicine
Presenter: Anita Shumaker, C.A., C.M.T.

Lunch on your own (Leadership Luncheon)

11:45 AM to 12:45 PM

Ask the Doctor - 1:00 PM to 2:30 PM

Himasiri De Silva, M.D. & Kent Layton, Psy. D.

WORKSHOPS 4, 5, 6 - 2:45 PM to 3:45 PM

4. The Bipolar Advantage Workshop, Part 1
Presenter: Tom Wootton
5. Living with Post Traumatic Stress Disorder (PTSD)
Presenter: Patricia Caballero-Buffington
6. The Evolving History of Client Empowerment
Presenter: Michelle Curan, Director of California Network of Mental Health Clients (CNMHC) Office of Self-Help

WORKSHOPS 7, 8, 9 - 4:00 PM to 5:00 PM

7. Tell Your Story
Presenters: Kevin Nenstiel and Jo Ann Martin
8. Using and Understanding Wellness Recovery Action Plan (WRAP)
Presenter: Alandra Du La Pund
9. Depression vs. Bipolar Disorder
Presenter: H. De Silva, M.D., Assistant Clinical Professor, UCI

Support Groups

5:15 PM - 6:00 PM

Dinner on your own

6:00 PM - 7:00 PM

Talent Show and Dance

7:30 PM - 9:30 PM

Saturday October 13, 2007

Update from DBSA National

9:00 AM to 9:15 AM

Kinike Bermudez

Keynote Speaker - Tom Wootton

9:15 AM - 10:15 AM

"The Depression Advantage" and "The Bipolar Advantage"

WORKSHOPS 10,11,12 - 10:30 AM - 11:30 PM

10. Peer Support Specialists: We've Got The Power!
Presenters: Kevin Nenstiel & Georgia DeGroat
11. Nuts and Bolts
Presenter Kinike Bermudez, DBSA Texas
12. Education and Support Offer Empowering Solutions
Presenter: Donna Wallis, M.S.

Luncheon (included with registration)

11:45 AM - 1:00 PM

Keynote Speaker - Brian Wetzel

Workshops 13,14,15 - 1:15 PM to 2:15 PM

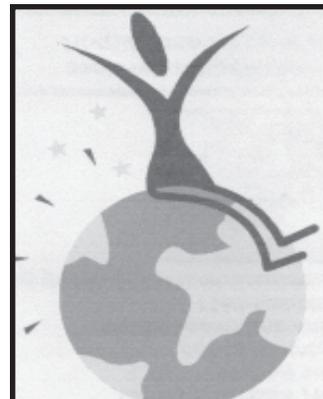
13. The Bipolar Advantage, Part 2
Presenter: Tom Wootton
14. How to Change Your Mind
Kent Layton, Psy. D.
15. MHSA Panel
Presenters: Georgia DeGroat, Karen Cameron, and Michelle Curan

General Meeting - Awards - Wrap-up

2:30 PM - 3:30 PM

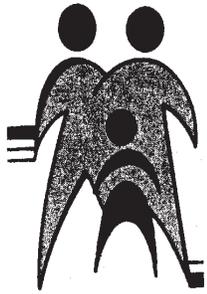
Planning Next Year's Conference

3:45 PM - 4:30 PM



The Seventeenth
Annual Conference
Of the
Depression and Bipolar
Support Alliance
Of California
Presents:

"Solutions:
Living With Power
and Discovering Life



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://californiadbbsa.org/dbsariv.html>

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

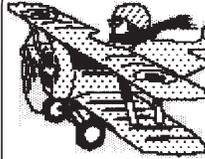
6 a.m. to 9 p.m.
951/352-1634

Yen

951/315-7315

Kevin

knenstiel@sbcglobal.net



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 - meets 1st & 3rd Saturday, Room # D-4. 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 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:

Lisa Partaker, IOOV Coordinator
(951)686-5484, ext. 102

A collaborative effort brought to you by:
—The Riverside County Mental Health Department—
—NAMI, Western Riverside County—
—Jefferson Transitional Programs—



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.

DBSA- Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

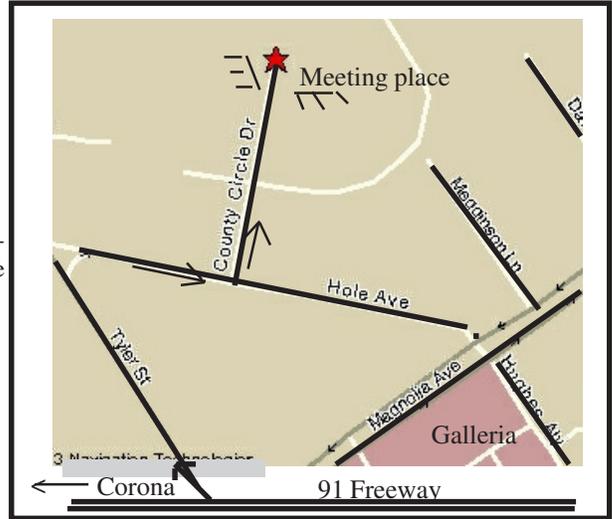
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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