



The Thermometer Times

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

VOL. 21 NO. 12 *Out of darkness . . . December 2009*

Dates to Remember

CARE & SHARE GROUPS

Clients, guests and professionals are invited to come and participate. Riverside County Mental Health Administration Building (see page 9 for address & map)

Saturday 10:00 am - 12 noon
December 5, 12, 19 & 26



Web Site for DBSA, Riverside:
<http://californiadbsa.org>
E-mail for DBSA, Riverside:
dbsaofriv1@aol.com
E-mail for DBSA, California:
dbsaofca1@aol.com



Meetings start promptly at 10 am. Do yourself a good turn: Be on time...visit with friends before the meeting. If you come late, please enter quietly.

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

Dealing with Depression at Work

By Deborah Gray

Sometimes a job is just a job, but for most people it's more. It's our second home and often provides our second family. It can be either the provider or the destroyer of our self-worth. We define ourselves to a great extent by our work - after all, what is one of the first questions we are asked when we meet someone new? "What do you do?"

Despite the large part that our work plays in our lives, there is a surprisingly small amount written about how to cope with depression at work. Many more articles and books focus on how depression affects our personal lives. Out of all the books on depression, only one, *Working in the Dark: Keeping Your Job While Dealing with Depression*, by Fawn Fitter and Beth Gulas, deals exclusively with depression at work.



When I was going through bout after bout of major depression, there was one thing I was thankful for. For some reason, I was able to keep myself

together at work and not collapse until I got home. I'm not sure why - maybe because work generally invigorates me and it gave me something to focus on.

But for many people with depression, working while depressed is a Sisyphean task. They can barely drag themselves to work every day, let alone perform well. If you work in an office, you might often just sit and just stare at your computer. If you're in the service industry, you may find that you're snapping at customers. Maybe you're having trouble concentrating, which in certain jobs, like construction or operating machinery, can be disastrous. You know that if you go on like this you will very possibly lose your job.

That's something you want to avoid at all costs. Even if you are for some reason financially able to weather losing your job, that gap in employment will haunt you for years. I lost my job due to my multiple sclerosis, and found it very difficult to explain why I left that job without disclosing my MS or outright lying.

There are two avenues you can follow in this situation: you either disclose your condition at work or you don't. In either circumstance, you should get treatment for depression, of course, if you aren't already.

Continued on Page 3 (Depression)

a note from the Editors

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 your personal experiences with depression and/or bipolar disorder; what it is to live and cope with 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: joanmartin1@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.
The Editors

MOVIE NIGHT AT JO ANNS*

2nd and 4th Tuesday of December

6:30 PM

Tuesday, December 8

Four Christmases

Reese Witherspoon and Vince Vaughn

When the airport shuts down, the couple is forced to have Christmas with relatives...hilarious!

Tuesday, December 22

It's a Wonderful Life

Jimmy Stewart

Originally a radio show, our family man weathers obstacles for a wonderful Christmas.

Enjoy pizza and friends!

*See page one, left lower corner for directions to Jo Ann's home.

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

Publisher & Editor in Chief

Jo Ann Martin

Senior Editor

Lynne Stewart

Proof Reading

Leroy Merrill

Karen Cameron

Associate Editors

Nelma Fennimore

Karen Cameron

Staff Writer

Judy Kaplan

Medical Advisor

Andrew J. Rooks, M.D.

Child, Adolescent & Adult Psychiatry

American Board of Psychiatry

and Neurology

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

DEPRESSION (Continued from page 1)

Reasons not to disclose

I've always been fairly open about my depression at work, which very possibly was not a bright thing to do. In many cases I've seen a distinct chilling in someone's attitude towards me after my disclosure. In some cases co-workers have taken it in stride, and in rare cases, someone has responded by disclosing their own depression or that of someone they know.

You are always running a risk when you disclose your depression to anyone at work. You may feel that if you've comfortably discussed details of your love life with a co-worker or co-workers, you should be able to discuss anything.

Don't count on it. Mental illness falls into a whole new category of true confessions. The subject is still taboo, and is still misunderstood by many people who haven't had a friend or family member who has a mental illness. There is no doubt that it could affect your potential for advancement.

On the other hand, your perception of your performance may not be accurate due to your depression. I went through a major bout of depression right before I was diagnosed and treated. When I had my next performance review, which was positive, I asked my boss, who was very exacting, if she had been aware that I was suffering from depression. She had no idea.

Some work cultures are more difficult, if not impossible, in which to disclose your mental illness. I have received several heartbreaking emails over the years from people in the U.S. military who were afraid to even seek treatment for their depression, even from a non-military doctor, for fear that they would be exposed somehow. I'm sure they were right to be concerned.

Reasons you should disclose

One guideline is to be open only when it would be worse to keep quiet. In other words, if it's clear that your performance has suffered and you are afraid that you are going to be fired, you need to disclose your condition. As I understand it, bringing your condition up when you are in the process of being fired won't protect you, because you didn't give your company the opportunity to accommodate your condition. The ADA requires employers to make accommodation to an employee with a "known condition."

Another reason you might want to disclose your depression is if you know of another employee who disclosed that they are mentally ill and were treated fairly. In this situation, it's better that your employer know rather than letting them think that you are simply a poor performer. As you can see, the decision of whether to disclose your depression or not is complicated, and each situation is different. I would definitely recommend getting *Working in the Dark: Keeping your Job While Dealing with Depression*, as it has some useful tools to help you make this decision. Also, I would strongly suggest your consulting an employment lawyer, if you can afford it.

Deborah Gray lived with undiagnosed clinical depression,

both major episodes and dysthymia, from childhood through young adulthood. She was finally diagnosed at age 27, and since that time, her depression has been successfully managed with medication and psychotherapy. Deborah believes that information and support are the two things that sustain and empower us in our battle with illness. In 1995, she created a popular and well-respected depression site, Wing of Madness, known for its personal approach to the illness. Articles from the site have been reprinted in pamphlets, newsletters and books around the world. In 1998, she created a forum with message boards and chats that has become a thriving community. Deborah holds a BA. in English literature from Simmons College. She lives in Northern California with her husband and young son.

Source: www.healthcentral.com

Sept. 29, 2008



Helpful Thoughts

What are 5 Simple Things
You're Grateful for Today?

Find a beautiful path to walk down

Try a new recipe each month

Visit a hobby store

Plant a flower

See a movie

Volunteer

Join a book group

Call someone you love

One climbs, one sees. One descends, one sees no longer but one has seen. There is an art to conducting oneself in the lower regions by the memory of what one saw higher up. When one can no longer see, one can at least still know.

RENE DAUMAL

Mount Analogue

Finding the Right Professional Help

Finding a doctor or counselor that is right for you is a personal process that can take time. Be sure to find someone you feel you can speak with openly and honestly and do not hesitate to get a second opinion.

As you search for a mental health care professional, keep in mind that you have a right to expect certain things, no matter who you are, what challenges you are facing or how much money you have. You have a right to:

- Privacy, confidentiality and respect
- Sensitivity to your needs and background
- An explanation of the treatment you are receiving and why
- Freedom to express yourself
- Freedom to find another professional if you are not satisfied with your treatment or do not think it is working as well as it should.

Your relationship with your mental health professional should be a partnership. The two of you will work together to find a treatment plan that works best for you. You should never feel intimidated or be afraid to ask questions. A good provider, despite time limitations, will make an effort to listen to you and understand you.

*Source: Excerpted from the National DBSA Website
www.DBSAlliance.org
As Seen in: Good News
July - September 2009*

You've Been Discharged... Now What?

By Jeri Brasch

The hospital is a safe place to be when you need it. Whether it was your first time there or not, getting discharged may feel: scary, overwhelming, exciting.. .or perhaps all of the above! I have been there many times, and I would like to share what has worked for me in the past. Remember, Rome wasn't built in a day, so take it slow!

As soon as I am discharged, I pick up my prescriptions and get home, where I do something relaxing. Sometimes I like to sit out in the sun, and reflect on what I have learned about myself and my illness while in the hospital. Maybe you need a cup of decaf tea and a nap. The point is to take it easy. The day after discharge is what I like to call "The First Day of the Rest of Your Life." What has always worked for me is to start a small to-do list in the morning. Sometimes our meds can make our thoughts scattered, so a list is nice to have. "Take meds, make bed, shower, eat something, call a friend..." Baby steps, yet you can feel good about accomplishing things. Each day or two after that, you may add some items to that list:

Come to a support group (and keep coming back!), clean off the coffee table, work in a packet or a workbook, take yourself out to lunch. Checking off each item gives me a feeling of control over my life, and at the end of the day I can look back and feel proud of what I have done.

My to-do list grows little by little the longer I am out of the hospital, but the point is to keep it manageable. There is no need to overwhelm yourself. You are doing great! Knowing you are not alone is a great feeling when you come to a group. There are always others here to offer what has worked for them, so come on in to the DBSA and make some new friends. I promise you are not alone. We've been there and we can help! Oh, and in case I forgot to mention (ha!), just take it day by day. Take care, and I hope to see you soon.

*Source: The Initiative
Fall 2009*

The Use of Psychiatric Service Dogs with Soldiers Who Have PTSD

Principal Investigators: Craig Love, Ph.D., Westat, Inc., and Joan Esnayra, Psychiatric Service Dog Society

Psychiatric service dogs are trained to meet the disability-related needs of people living with a variety of psychological conditions, including PTSD. A preliminary survey of people using psychiatric service dogs indicates that 82 percent of those with a PTSD diagnosis reported a reduction in symptoms after being partnered with a trained dog. Another 40 percent report that their use of medication decreased subsequent to a human-canine partnership. Many reported in hindsight that their dogs could sense oncoming episodes of mental illness, such as manic episodes and panic attacks, even before the patients themselves could perceive the change.

A partnership of the Psychiatric Service Dog Society, Westat, the National Institutes of Health, and Walter Reed Army Medical Center is testing the effectiveness of the psychiatric service dog intervention for soldiers and veterans who are disabled by PTSD as well as the feasibility of implementing a psychiatric service dog training program at a military medical facility.

Study participants, soldiers disabled by PTSD, will be randomly assigned to one of two groups over a 12-month period. One group of 10 soldiers will receive a dog and professional training, while another group of 10 will receive neither. Both groups will undergo the usual treatment protocol for soldiers with PTSD at Walter Reed Army Medical Center.

"Dogs can be trained to know their companions' needs and respond to them in unique ways," said Craig Love, of Westat, Inc. a private research organization. "We hope to show that this human-canine partnership is effective from both a clinical and cost standpoint."

Continued on Page 5 (Dogs with Soldiers)

DOGS WITH SOLDIERS (Cont'd from page 4)

For more information, log on to:

American Dog Trainers Network: <http://www.inch.com/~dogs/service.html>

Freedom Service Dogs: <http://freedom servicedogs.org/>

Paws for Purple Hearts: http://www.webvet.com/main/article?id~21_21

Psychiatric Service Dog Society: <http://www.psychdog.org/>

Saint Francis Service Dogs: <http://www.saintfrancisdogs.orci/>

Source: http://www.eurekalert.org/pub_releases/2009-09/oditf0901_09.php

As Seen in The Initiative
Fall 2009



Thyroid hormone effective for treatment-resistant bp depression

The thyroid hormone triiodothyronine (T3) appears helpful as an add-on treatment for people with bipolar II disorder who experience treatment-resistant depression, or for people with what's known as bipolar disorder not otherwise specified (NOS) who also have treatment-resistant depression.

Researchers with the Depression and Bipolar Clinic of Colorado studied patient records and found that people with bipolar II or bipolar NOS had on average been unsuccessfully treated with 14 other medications before starting T3 treatment.

Among them, 84 percent experienced improved symptoms and a third experienced full remission. None of the patients experienced a switch into hypomania.

Researchers concluded that add-on treatment with triiodothyronine should be considered in cases of treatment-resistant bipolar depression. Their study, which appeared online in the *Journal of Affective Disorders* ahead of print, is titled "The use of triiodothyronine as an augmentation agent in treatment-resistant bipolar II and bipolar disorder NOS."

Source: *Bp Magazine*,
Spring 2009

Dear Dr: Donohue: Will you tell me about the drug Lamictal and its side effects. I take it for bipolar disease, and it works well. I have taken it for the last 31/2 years. I am clumsy and drop many things. I sometimes turn into walls because I am not steady on my feet. My mind does not seem to process well. I realize I am 56 and those changes do happen. Do you think they could be related to Lamictal? — H.S.

Lamictal (lamotrigine) is prescribed for two quite different conditions — seizures and bipolar disorder. Its most serious side effect is rashes, which sometimes require hospitalization. It can cause dizziness, headache, trouble with muscle coordination (including walking) and blurred vision. A few report memory difficulty and confusion.



You must have a heart-to-heart talk with your doctor. This drug has regulated your bipolar condition very well. If you and the doctor want to try a period without it, the drug must not be discontinued suddenly. Furthermore, stopping it could bring about a relapse of bipolar disorder. If your symptoms are severe enough to interfere with your functioning, then a trial of not using it might be worth the risk of experiencing a relapse. It's your decision and your doctor's. —

Source: *Press-Enterprise*
October 9, 2009

How to Get the Most from Your Walk



- Walk with your chin up and your shoulders held slightly back.

- Walk with your toes pointed forward; make sure the heel of your foot touches the ground first.

- Swing your arms as you walk.

- Wear shoes with good arch support, a firm heel, and thick, flexible

soles to cushion your feet and absorb shock.

- Warm up by walking slowly for five minutes; increase your speed for the duration of your walk; cool down by walking slowly for five minutes.

- Do light stretching after your warm-up and cool-down.

Source: *Food and Fitness Advisor*
As seen in *Women's Health Reporter*
May 2009

Is Depression An Evolutionary Adaptation?

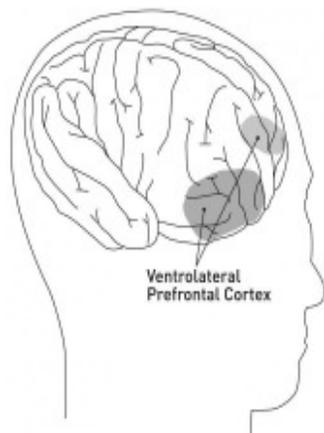
Paul W. Andrews & J. Anderson Thomson, Jr.

So what could be so useful about depression? Depressed people often think intensely about their problems. These thoughts are called ruminations; they are persistent and depressive people have difficulty thinking about anything else. Numerous studies have also shown that this thinking style is often highly analytical. They dwell on a complex problem, breaking it down into smaller components, which are considered one at a time.

This analytical style of thought, of course, can be very productive. Each component is not as difficult, so the problem becomes more tractable. Indeed, when you are faced with a difficult problem, such as a math problem, feeling depressed is often a useful response that may help you analyze and solve it. For instance, in some of our research, we have found evidence that people who get more depressed while they are working on complex problems in an intelligence test tend to score higher on the test.

Analysis requires a lot of uninterrupted thought, and depression coordinates many changes in the body to help people analyze their problems without getting distracted. In a region of the brain known as the ventrolateral prefrontal cortex (VLPFC), neurons must fire continuously for people to avoid being distracted. But this is very energetically demanding for VLPFC neurons, just as a car's engine eats up fuel when going up a mountain road. Moreover, continuous firing can cause neurons to break down, just as the car's engine is more likely to break down when stressed. Studies of depression in rats show that the 5HTIA receptor is involved in supplying neurons with the fuel they need to fire, as well as preventing them from breaking down. These important processes allow depressive rumination to continue uninterrupted with minimal neuronal damage, which may explain why the 5HTIA receptor is so evolutionarily important.

Many other symptoms of depression make sense in light of the idea that analysis must be uninterrupted. The desire for social isolation, for instance, helps the depressed person avoid situations that would require thinking about other things. Similarly, the inability to derive pleasure from sex or other activities prevents the depressed person from engaging in activities that could distract him or her from the problem. Even the loss of appetite often seen in depression could be viewed



as promoting analysis because chewing and other oral activity interferes with the brain's ability to process information.

But is there any evidence that depression is useful in analyzing complex problems? For one thing, if depressive rumination were harmful, as most clinicians and researchers assume, then bouts of depression should be slower to resolve when people are given interventions that encourage rumination, such as having them write about their strongest thoughts and feelings.

However, the opposite appears to be true. Several studies have found that expressive writing promotes quicker resolution of depression, and they suggest that this is because depressed people gain insight into their problems.

There is another suggestive line of evidence. Various studies have found that people in depressed mood states are better at solving social dilemmas. Yet these would seem to have been precisely the kind of problems difficult enough to require analysis and important enough to drive the evolution of such a costly emotion. Consider a woman with young children who discovers her husband is having an affair. Is the wife's best strategy to ignore it, or force him to choose between her and the other woman, and risk abandonment? Laboratory experiments indicate that depressed people are better at solving social dilemmas by better analysis of the costs and benefits of the different options that they might take.

Sometimes people are reluctant to disclose the reason for their depression because it is embarrassing or sensitive, they find it painful, they believe they must soldier on and ignore them, or they have difficulty putting their complex internal struggles into words.

But depression is nature's way of telling you that you've got complex social problems that the mind is intent on solving. Therapies should try to encourage depressive rumination rather than try to stop it, and they should focus on trying to help people solve the problems that trigger their bouts of depression. (There are several effective therapies that focus on just this.) It is also essential, in instances where there is resistance to discussing ruminations, that the therapist try to identify and dismantle those barriers.



When one considers all the evidence, depression seems less like a disorder where the brain is operating in a haphazard way, or malfunctioning. Instead, depression seems more like the vertebrate eye—an

intricate, highly organized piece of machinery that performs a specific function.

Source: *Scientific American*
August 25, 2009

Early life stress 'changes' genes

By Victoria Gill

A study in mice has hinted at the impact that early life trauma and stress can have on genes, and how they can result in behavioural problems.

Scientists described the long-term effects of stress on baby mice in the journal *Nature Neuroscience*.

Stressed mice produced hormones that "changed" their genes, affecting their behaviour throughout their lives.

This work could provide clues to how stress and trauma in early life can lead to later problems.

The study was led by Christopher Murgatroyd, a scientist from the Max Planck Institute of Psychiatry in Munich, Germany.

He told BBC News that this study went into "molecular detail" - showing exactly how stressful experiences in early life could "programme" long-term behaviour.

To do this, the researchers had to cause stress to newborn mouse pups and monitor how their experiences affected them throughout their lives.

"We separated the pups from their mothers for three hours each day for ten days," Dr Murgatroyd explained.

"It was a very mild stress and the animals were not affected at a nutritional level, but they would [have felt] abandoned."

The team found that mice that had been "abandoned" during their early lives were then less able to cope with stressful situations throughout their lives.

The stressed mice also had poorer memories.

Programming genes

Dr Murgatroyd explained that these effects were caused by "epigenetic changes", where the early stressful experience actually changed the DNA of some of the animals' genes.

"This is a two-step mechanism," Dr Murgatroyd explained.

When the baby mice were stressed, they produced high levels of stress hormones.

These hormones "tweak" the DNA of a gene that codes for a specific stress hormone - vasopressin.

"This leaves a permanent mark at the vasopressin gene," said Dr Murgatroyd. "It is then programmed to produce high levels [of the hormone] later on in life."

The researchers were able to show that vasopressin was behind the behavioural and memory problems. When the adult



mice were given a drug that blocked the effects of the hormone, their behaviour returned to normal.

This work was carried out in mice, but scientists are also investigating how childhood trauma in humans can lead to problems such as depression.

Professor Hans Reul, a neuroscientist from the University of Bristol, UK, said that this was "a very valuable addition to the body of work on the long-term effects of early-life stress".

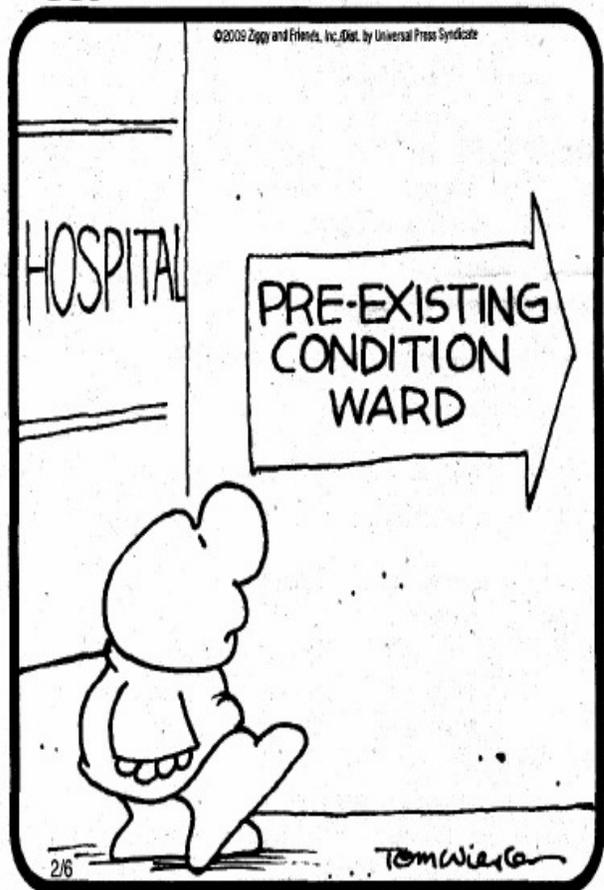
"There is strong evidence that adversities such as abuse and neglect during infancy contribute to the development of psychiatric diseases such as depression," he told BBC News.

"This underscores the importance of the study of epigenetic mechanisms in stress-related disorders."

Source: *Science reporter, BBC News*
11/8/09

Ziggy

By Tom Wilson



See "Ziggy" online at www.pe.com/entertainment/comics

DBSA would like to thank the following sponsors who have donated to our Saturday morning refreshments:

Ralph's
(Allesandro, Riverside)

Food For Less
(Van Buren Blvd, Riverside)

Stater Bros.
(Mary St., Riverside)

We also appreciate the efforts of Dawn Ferrone in obtaining these contributors and all the people who help with setting up our morning coffee and refreshments.

Phone Phriends

If you need someone to talk with:

Leroy 951 / 686-5047

6 a.m. to 9 p.m.

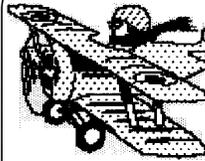
Roger and Lorraine
daytime 909 / 980 - 3692

Andie (Amanda) 909 / 824 - 5385

9:30 a.m. to 7:30 p.m.

Yen Cress (951) 315-7315

9 p.m. - 6 a.m. & Weekends



ANNOUNCEMENTS

HEMET SUPPORT GROUP

Hemet Support group meets at Trinity Lutheran Church Mondays, 7 to 9 pm. Fridays, 1:30 to 3:30 pm
Please call 951/658-0181 (Lyla)

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

DBSA - Rancho Cucamonga

Roger or Lorraine
909/980-3692

DBSA - Loma Linda

(909) 327-6178

THE UPLIFTERS

(Christian emphasis) meets at The Grove Community Church 19900 Grove Community Drive (off Trautwein) Riv. 92508 - meets 1st & 3rd Saturday, Room # D-4.
Contact Sheri 951/565-8131
s2_smatsumoto@charter.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:

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 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:

Angela Sandoval, IOOV Coordinator
(951)686-5484, ext. 120

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
- TTTT = Parking

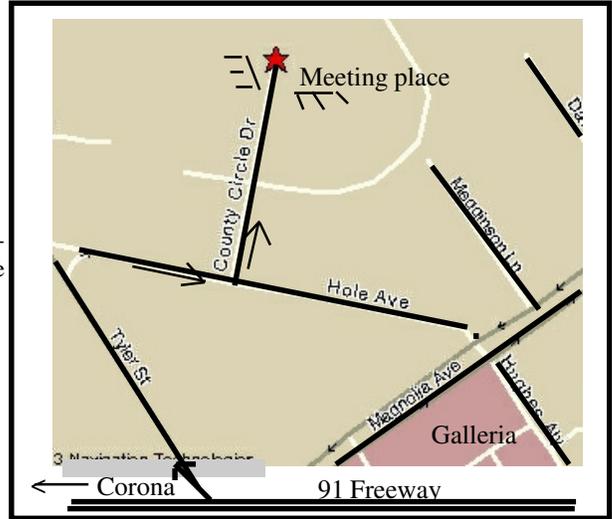
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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