The Thermometer Times

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

VOL. 21 NO. 6 Out of darkness . . . June 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
June 6, 13, 20, 27

Antonius Brandon, PhD
Saturday, June 20th

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

A Perspective of Bipolar Disorder

One of the Steps to Feeling Better that the DBSA promotes is understanding the disorder. With that in mind we offer this overview.

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide. But there is good news: bipolar disorder can be treated, and people with this illness can lead full and productive lives.

Bipolar disorder, or manic-depressive illness (MDI), is one of the most common, severe, and persistent mental illnesses. It is characterized by periods of deep, prolonged, and profound depression that alternate with periods of an excessively elevated and/or irritable mood known as mania. The symptoms of mania include a decreased need for sleep, pressured speech, increased libido, reckless behavior without regard for consequences, grandiosity, and severe thought disturbances, which may or may not include psychosis. Between these highs and lows, patients usually experience periods of higher functionality and can lead a productive life. The disorder can quite often be a serious lifelong struggle and challenge.

About 5.7 million American adults or about 2.6 percent of the population age 18 and older in any given year are estimated to suffer from it. Bipolar disorder typically develops in late adolescence or early adulthood. However, some people have their first symptoms during childhood, and some develop them late in life. It is often not recognized as an illness, and people may suffer for years before it is properly diagnosed and treated. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life.

Bipolar disorder, or manic-depressive illness, has been recognized since at least the time of Hippocrates, who described such patients as "manic" and "melancholic." In 1899, Emil Kraepelin defined manic-depressive illness and noted that

*Continued on Page 3 (**Perspective**)*

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: 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.

The Editors

Movie Night At Jo Anns*

2nd and 4th Tuesday of June

6:30 PM

Tuesday, June 14
Marley & Me

Jennifer Aniston and Owen Wilson star in a delightful story of their adventures with Marley, a Labrador puppy

Tuesday, June 28
Cats & Dogs

The pet-ticularly funny comedy destined to take over the world.

Come and laugh with us

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

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.

PERSPECTIVE *(Cont'd from pg. 1)*

persons with manic-depressive illness lacked deterioration and dementia, which he associated with schizophrenia.

Bipolar disorder constitutes one pole of a spectrum of mood disorders including bipolar I (BPI), bipolar II (BPII), cyclothymia (oscillating high and low moods), and major depression. Bipolar I disorder is also referred to as classic manic-depression, characterized by distinct episodes of major depression contrasting vividly with episodes of mania, which lead to severe impairment of function. In comparison, bipolar II disorder is a milder disorder consisting of depression alternating with periods of hypomania. Hypomania may be thought of as a less severe form of mania that does not include psychotic symptoms or lead to major impairment of social or occupational function.

The age of onset of bipolar disorder varies greatly. The age range for both bipolar I and bipolar II is from childhood to 50 years, with a mean age of approximately 21 years. Most cases commence when individuals are aged 15-19 years. The second most frequent age range of onset is 20-24 years. Some patients diagnosed with recurrent major depression may indeed have bipolar disorder and go on to develop their first manic episode when older than 50 years. They may have a family history of bipolar disorder. However, for most patients, the onset of mania in people older than 50 years should lead to an investigation for medical or neurologic disorders such as cerebrovascular disease.

History

The diagnosis of bipolar I disorder requires the presence of a manic episode of at least 1 week's duration that leads to hospitalization or other significant impairment in occupational or social functioning. The episode of mania cannot be caused by another medical illness or by substance abuse. These criteria are based on the specifications of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR).

Manic episodes are characterized by the following symptoms:

- At least 1 week of profound mood disturbance is present, characterized by elation, iritability, or expansiveness.
- Three or more of the following symptoms are present:
  - *Grandiosity
  - *Diminished need for sleep
  - *Excessive talking or pressured speech

  - *Racing thoughts or flight of ideas
  - * Clear evidence of distractibility
  - *Increased level of goal-focused activity at home, at work, or sexually
  - *Excessive pleasurable activities, often with painful consequences
- The mood disturbance is sufficient to cause impairment at work or danger to the patient or others.
- The mood is not the result of substance abuse or a medical condition.

Hypomanic episodes are characterized by the following:

- The patient has an elevated, expansive, or irritable mood of at least 4 days' duration.
- Three or more of the following symptoms are present:
  - *Grandiosity or inflated self-esteem
  - *Diminished need for sleep
  - *Pressured speech
  - *Racing thoughts or flight of ideas
  - *Clear evidence of distractibility
  - *Psychomotor agitation at home, at work, or sexually
  - *Engaging in activities with a high potential for painful consequences
- The mood disturbance is observable to others.
- The mood is not the result of substance abuse or a medical condition.

Major depressive episodes are characterized by the following:

- For the same 2 weeks, the person experiences 5 or more of the following symptoms, with at least 1 of them being either a depressed mood or characterized by a loss of pleasure or interest:
  - *Depressed mood
  - *Markedly diminished pleasure or interest in nearly all activities
  - *Significant weight loss or gain or significant loss or increase in appetite
  - *Hypersomnia or insomnia
  - *Psychomotor retardation or agitation
  - *Loss of energy or fatigue
  - *Decreased concentration ability or marked indecisiveness
  - *Preoccupation with death or suicide; patient has a plan or has attempted suicide
- The symptoms cause significant impairment and distress.
- The mood is not the result of substance abuse or a medical condition.

Mixed episodes **are characterized by the following:**

- Persons must meet both the criteria for mania and major depression; the depressive event is required to be present for 1 week only.
- The mood disturbance results in marked disruption in social or vocational function.
- The mood is not the result of substance abuse or a medical condition.
- The mixed symptomology is quite common in patients presenting with bipolar symptomology. This often causes a diagnostic dilemma.

It may be helpful to think of the various mood states in bipolar disorder

*Continued on Page 4 (**Perspective**)*

Perspective *(Cont'd from pg. 3)*

as a spectrum or continuous range. At one end is severe depression, above which is moderate depression and then mild low mood, which many people call "the blues" when it is short-lived but is termed "dysthymia" when it is chronic. Then there is normal or balanced mood, above which comes hypomania (mild to moderate mania), and then severe mania.

Medications

Medications for bipolar disorder are prescribed by psychiatrists--medical doctors (M.D.) with expertise in the diagnosis and treatment of mental disorders. While primary care physicians who do not specialize in psychiatry also may prescribe these medications, it is recommended that people with bipolar disorder see a psychiatrist for treatment.

Psychosocial Treatments

As an addition to medication, psychosocial treatments, including certain forms of psychotherapy (or "talk" therapy) with a psychatrist or licensed therapist are extremely helpful. The peer support found at support groups provides support, education, and guidance to people with bipolar disorder and their families, including the benefits of being able to talk about their condition and the disorder. Studies have shown that psychosocial interventions can lead to increased mood stabiliity, fewer hospitalizations, and improved functioning in several areas.

Information and statistics used to prepare this article were reproduced from the National Institute of Mental Health NIMH.com and emedicine.medscape.com.

Source: DBSA Tampa Bay Newsletter

Good life may offset bad genes

UGA substance use study

By Lee Shearer / Lee.shearer@onlineathens.com

Even people with a gene that predisposes them to alcoholism or drug abuse are more likely to say "no' if they were raised by good parents, University of Georgia researchers have found.

Working with more than 253 black families in rural Georgia, the researchers followed youngsters over four years - from 11 to 14 years old.

About 40 percent had a gene that made them at risk for substance abuse, a gene connected to risk-taking.

But when researchers took parenting into account, the genetic effect vanished.

The study shows that both environment - parenting, in this case - and genetics play a role in health problems, said Steven Beach, a psychology professor and director of UGA's Institute for Behavioral Research.

Beach worked with UGA family and consumer sciences professor Gene Brody and Robert Philibert, a professor of psychiatry at the University of Iowa. Their findings were published this month in the Joumal of Consulting and Clinical Psychology.

Many studies have followed children over time to see how identified genetic risk factors influence their health and behavior. But the UGA scientists say theirs is the first study to follow youngsters over time to see how their environment influences a genetic risk factor.

Overall, 21 percent of the children in the UGA study had smoked cigarettes and 42 percent had tried alcohol by age 14. Five percent had drunk heavily, and 5 percent had used marijuana - and drug and alcohol use was much higher for kids with the gene than for kids without it.

In families without much good parenting, kids with the negative gene were three times as likely to use alcohol or drugs than those who did not have the gene, the researchers found.

But children with the gene - who also had engaged, supportive parents - were no more likely than kids who didn't have the gene to drink or use drugs, the researchers found.

The researchers judged parenting based on factors such as how much time parents spent with children, communicating with them and helping them with homework.

People often use phrases like "the gene for alcoholism," or the gene for this or that kind of cancer. But reality is much more complex, Beach said.

All health problems likely are the result of both complex genetic and environmental influences, he said.

'There are a lot of genes that have a little effect, and we all have some of them," Beach said. "The bigger story is finding the things that help us deal with the risk that we have."

People can't switch out their genes, but people can change environmental factors such as parenting, Beach said.

"We're interested in the part of it that we can do something about," he said. "In some ways it's a confirmation of what people have been thinking for a long time - the parenting connection is really important."

Athens Banner-Herald
February 23, 2009

Study Examines The Role Of Gender In The Stigma Of Mental Illness

The mentally ill don't get a fair shake in this country. Many employers don't want to hire them, and health insurers don't want to treat their illnesses. Even within their own communities and families, the mentally ill are often treated with contempt and outright anger. There have been many efforts to combat the stigma of mentaL illness, but with limited success at best. That's in part because the stereotypes are so powerful: mental patients are either violently dangerous or docile and incompetent. We fear the first and disdain the latter,

These are not equal opportunity stereotypes, however. The image of dangerous mental illness, including violent alcoholism, is much more often directed at men. Similarly, women are much more likely to be caricatured as pathologically dependent and depressed. Psychologists James Wirth of Purdue and Gaten Bodenhausen of Northwestern wanted to know if these gender biases contribute to the harmful stigma of mental illness. Specifically, they suspected that when the mentally ill act "out of character," violating the stereotype, they might arouse more of our sympathy and leniency; if it's more uncommon, it's probably more authentic. By contrast, we might be more apt to blame and stigmatize the mentally ill when they conform to stereotype.

The psychologists decided to explore this provocative idea with a national survey. They had a group of volunteers from around the country, varying widely in age, education, and socioeconomic status, read a case history of a person with mental illness. Some read about Brian, who was a stereotypical alcoholic, while others read about Karen, who showed all the classical symptoms of major depression. Still others read switched-around versions of these cases, so that Karen was the one abusing alcohol and Brian was depressed. The idea was to see if the typicality of Brian and Karen's symptoms (or lack of it) shaped the volunteers' reactions and judgments.

And it did, without question. As reported in *Psychological Science,* a journal of the Association for Psychological Science, the volunteers expressed more anger and disgust - and less sympathy - toward Brian the alcoholic than toward Karen the alcoholic, and vice versa for depression. They were also more willing to help Brian and Karen when they suffered from an atypical disorder. Most striking of all, the volunteers were much more likely to view Brian's depression and Karen's alcoholism as genuine biological disorders - rather than character defects or matters of personal irresponsibility. What this suggests is that stigma-busting campaigns need to closely consider the potentially powerful role of intersecting stereotypes in shaping when and how mental illness stigma is expressed.

Source:Barbara Isanski,
Association for Psychological Science
www.medicalnewstoday.com
As seen in Life In Balance, April 2009

The Philosophy of Charles Schulz, the Creator of the Peanuts' Comic Strip

1. Name the five wealthiest people in the world.
2. Name the last five Heisman trophy winners.
3. Name the last five winners of the Miss America Pageant.
4. Name ten people who have won the Nobel or Pulitzer Prize.
5. Name the last six Academy Award winners for the best actor and actress.
6. Name the last decade's worth of World Series winners.

How did you do?

The point is, none of us remember the headliners of yesterday. There are no second-rate achievers. They are the best in their fields. But the applause dies. Awards tarnish. Achievements are forgotten. Accolades and certificates are buried with their owners.

Here's another quiz:

1. List a few teachers who aided your journey through school.
2. Name three friends who have helped you through a difficult time.
3. Name five people who have taught you something worthwhile.
4. Think of a few people who have made you feel appreciated and special.
5. Think of five people you enjoy spending time with.

Easier?

The lesson: the people who make a difference in your life are not the ones with the most credentials, the most money or the most awards. They simply are the ones who care the most.

Source: Life in Balance
April 2009

Snoopy
By Charles Schulz

Study Finds Heart Risk in Anti-Psychotic Drugs

By Malcolm Ritter, The Associated Press, January 14, 2009

Newer anti-psychotic drugs are no safer than older ones for the risk of suddenly dying from a heart problem, says a study that fmds they roughly double that hazard. The older drugs had already been linked to an increased chance of sudden cardiac death, in which the heart loses its normal rhythm and can't pump blood normally.

The older and newer anti-psychotics had also been shown to boost the risk of death when used to treat agitation, aggression and delusions in elderly dementia patients. The new study was conducted among a much broader group of adults, with an average age of 46 and various psychiatric problems.

Anti-psychotic drugs are approved for treating schizophrenia and bipolar disorder, which is also called manic-depression, but doctors can legally prescribe them for any other use.

The new, federally-funded study appears in the January 15, 2009 issue of the New England Journal of Medicine.

Researchers examined Tennessee Medicaid records covering the 15 years ending in 2005. They focused on about 44,000 users of older anti-psychotic drugs like haloperidol and about 46,000 users of newer drugs like Zyprexa, made by Indianapolis-based Eli Lilly & Co., and Risperdal, made by New Brunswick, N.J.-based Johnson & Johnson Inc.

The newer drugs have largely replaced the older medications in patient care.

The study also included 186,000 people who weren't taking anti-psychotics but resembled the users in age, heart risk status and other characteristics. Some 1,900 participants died of sudden cardiac death over the 15 years. Analysis found that taking either the older or the newer drugs roughly doubled the risk of sudden cardiac death. The overall rate in drug users was about three deaths per year for every 1,000 patients.

"To me, three per thousand is frequent enough (that) I would take it into account for a family member or friend," said Wayne Ray of Vanderbilt University in Nashville, Tennessee, a study author. Ray stressed that patients should not simply stop taking the drugs, but should speak to their doctors. He noted that people with schizophrenia or a related psychosis have no real alternative to anti-psychotic drugs. Perhaps they should get heart examinations before going on the drugs, and take steps to reduce their risk of sudden cardiac death, he said.

There are alternatives for treating bipolar disorder, he said. And for other uses, anti-psychotics should be considered "a very last resort, to be used sparingly," he recommended.

In a journal editorial, Drs. Sebastian Schneeweiss and Jerry Avorn of Harvard Medical School said the study "makes a clear case" for increased risk of the heart problem for all anti-psychotics.

Source: Life in Balance
April 2009

High Court Rules on Consumer's Right to Sue

The Supreme Court today upheld the right of patients who are hurt by a prescription or over-the-counter drug to sue the drug maker for damages. The 6-3 decision rejected a strong move by the Bush administration and the pharmaceutical industry to shield drug makers from lawsuits if their products were approved by the Food and Drug Administration. At issue were suits involving the more than 11,000 drugs on the market in United States. The outgoing Bush administration told the court last fall that federal approval of a drug "preempts," or bars, juries from deciding whether it is unduly dangerous. But the high court, led by Justice Paul Stevens, disagreed and said Congress had not taken away the consumer' s right to sue. He said the view of the Bush administration "does not merit deference," particularly considering that the FDA prior to the Bush era had favored lawsuits as a means of protecting consumers from dangerous drugs.

Source: Baltimore Sun
March 4, 2009

Clergy often quick to dismiss existence of mental illness

October 14, 2008, WACO, TX—Research consistently shows that clergy, not psychologists or other mental health experts, are the most common source of help sought out in times of psychological stress. But a Baylor University study found that clergy are often very quick to deny or dismiss the existence of mental illness.

About a third of Christians who approached their local church for help in response to a personal or family member's diagnosed mental illness were told by their church pastor that they or their loved one did not really have a mental illness.

The study found these church members were told the cause of their problem was solely spiritual in nature, such as a personal sin, lack of faith, or demonic involvement. Baylor researchers also found that women were more likely than men to have their mental disorders dismissed by the church. ~

Source: bp Magazine
Winter 2009

Strategies for De-Stressing: Social Support

Just as a ship is protected by the rubber bumpers that separate it from a hard wooden dock, people also benefit when social buffers soften the inevitable bumps and bruises of life. Studies show that social ties — at least those that represent positive relationships — significantly protect health and well-being.

In Sweden, researchers following more than 17,000 men and women for six years found that the group that reported the most isolation and loneliness had almost four times the risk of an early death as those with good social networks. California researchers who tracked roughly 7,000 Alameda County residents for nine years found that a lack of strong community and social bonds multiplied the likelihood of dying by nearly two to three times.

Confidants, friends, acquaintances, co-workers, relatives and spouses or companions weave a life-enhancing social net. Their support may involve outright assistance or may be largely emotional. Studies show that people who have greater social support fare better on measures of immune function when faced with stressors as diverse as caregiving, surgery, exams and job strain. Not surprisingly, the quality of relationships counts. Research suggests negative ones — an embattled marriage or a draining caretaking arrangement — can be more harmful than helpful.

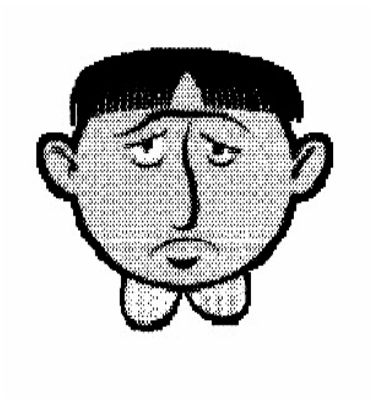
Given the pleasures and benefits of social ties, why not grasp opportunities to expand your social circle and deepen the ties you've already made? Some ways to do this include: 1.) reaching out to others — pick up the phone and propose a date, 2.) exploring volunteer opportunities, 3.) learning how to use a computer — libraries may offer free online time and may even help you set up a free email account to increase your social outreach, and 4.) finding like-minded people through interesting classes, organizations and your community newspaper.

Edited from www.everdayhealth.com

Source: Life in Balance
January 2009

How to Battle Low Self-Esteem

Do you focus on your flaws and failures, rather than your positive qualities and accomplishments? Low self-esteem can result in a distorted self-image that can feed depression.



Most people feel bad about themselves from time to time. Temporary feelings of low self-esteem may be triggered by being treated poorly by someone recently or in the past, or by a person's own harsh judgments of him or herself. Low self-esteem is a constant companion for too many people, especially those who experience depression. If you go through life feeling bad about yourself needlessly, low self-esteem keeps you from enjoying life, doing the things you want to do, and working toward your personal goals.

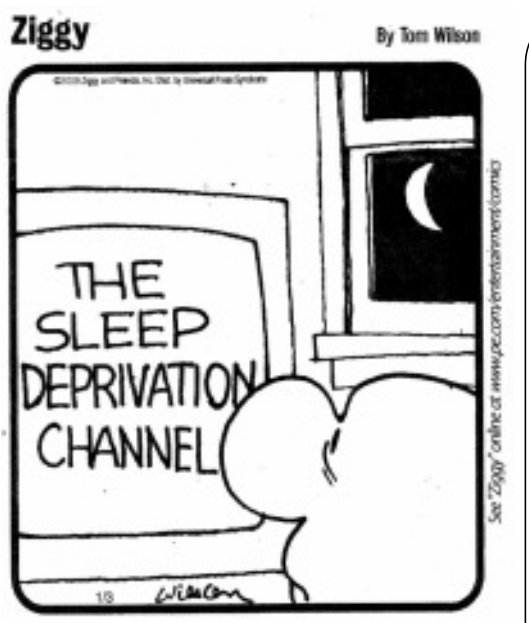
To improve your self-image, try making lists, re-reading them often, and re-writing them from time to time. The process will help you to feel better about yourself and remind you of your self-worth.

Make a list of:

1. At least 5 of your strengths, for example, persistence, courage, friendliness, creativity, loyalty.
2. At least 5 things you admire about yourself, for example, the way you have raised your children, your good relationship with someone in your family, your spirituality, your ability to be a good friend, your organizational and communication skills.
3. The 5 greatest achievements in your life so far, like being successful in recovery from an addiction, graduating from high school or college, learning how to use a computer, owning your own home, being successful at your job or getting a job.
4. List 20 other accomplishments — these can be simple or complex, such as caring for a pet or getting an advanced college degree.
5. 10 ways you can "treat" or reward yourself that don't include food and that don't cost anything, such as going for a walk in the woods, window shopping, taking time to listen to your favorite music or going to the library to get a book you've always wanted to read.
6. 10 things you can do to make yourself laugh.
7. 10 things you can do to help someone else.
8. Things you do that make you feel good about yourself.

By writing these things down and reading them often, you will see you have many good qualities, are talented and know what you need to do to make yourself and others happy.

Source: Life in Balance
January 2009



Join Your DBSA Friends
at Jo Ann Martin's home
for our annual

4th of July
Picnic
Saturday, July 4th, 2009
at 12:00 noon

Swimming, badminton, spa, food and more...
Bring a salad, main dish, or dessert.
If you can't bring a dish, come anyway.
Meat & beverage will be furnished.
See page 1, lower left column of this newsletter
for directions to Jo Ann's

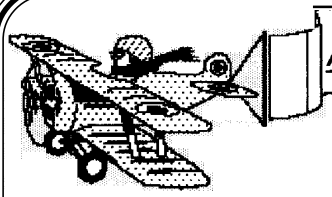
Phone Phriends

If you need someone to talk with:

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

Roger and Lorraine
daytime **909 / 399 - 5759**

Andie (Amanda)
9:30 a.m. to 7:30 p.m. **909 / 824 - 5385**



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

DBSA - Rancho Cucamonga
Roger or Lorraine
909/980-3692

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-2.
Contact Sheri 951/565-8131
sheri.matsumoto@gmail.com

DBSA - Loma Linda
909/534-2228

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:
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—

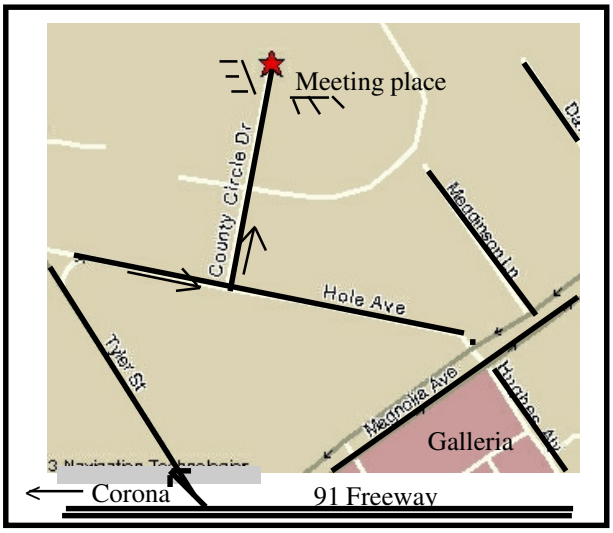
DBSA– Riverside

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. ❒