



The Thermometer Times

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

VOL. 23 NO. 11 Out of darkness . . . December 2010

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 4, 11, 18**

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.

Come to Jo Ann's

CHRISTMAS DAY

See details on page 7
Address and Directions Below

Web Site for DBSA, Riverside:
<http://dbsatoday.com>

E-mail for DBSA, Riverside:
dbsaofriv1@aol.com

E-mail for DBSA, California:
dbsaofca1@aol.com

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

Bipolar Disorder: Handling the Holidays



With a little planning you can avoid holiday depression, anxiety, and mania — and enjoy the season.

By R. Morqan Griffin

Reviewed by Brunilda Nazarlo, MD
WebMD Feature

The holidays can be a tricky for anyone. But people with bipolar disorder may anticipate November and December holidays with real dread — and depression.

“The holidays can be very hard for people with bipolar disorder,” says Raymond L. Crowl, PsyD, vice president for mental health and substance abuse services at the National

Mental Health Association. You’ll probably face loads of possible triggers: relatives, stress, exhaustion, and the temptation to overindulge, to name a few. Slipping into a mood swing may be much easier than usual.

So what should someone with bipolar disorder do when the holidays roll around? Be a Scrooge and opt out? Hibernate?

You don’t have to do either. WebMD talked to experts about how people with bipolar disorder can weather the holidays — with tips on avoiding depression and mood swings, planning, enjoying the season, and more.

Bipolar Disorder: Why the Holidays Can Be Hard

Experts say many things come together to make the holidays tough for people with bipolar disorder, including:

Disrupted schedules. “The biggest single problem with the holidays for people with bipolar disorder is that they take them out of their routine, says Ellen Frank, PhD, director of the depression and manic depression prevention program at the University of Pittsburgh’s Western Psychiatric Institute and Clinic.

Studies show that people with bipolar disorder do best when they’re on a schedule — getting up, eating, exercising, and going to bed at roughly the same time each day. Even the loss of just one night of sleep can trigger a mood swing. But during the holidays — when you may be traveling across time zones, partying, or staying up until the wee hours — it’s all too easy to get off track.

Over-stimulation. Shopping, decorating, and preparing for the holidays can

Continued on page 3 (Holidays)

A Note From the Editor

As always I invite you to submit your stories, poetry and/or drawings for review and possible publication in the newsletter. Your articles allow us to get to know you in greater depth and to learn of your accomplishments and your many talents, interests and assets. They also contribute to our readers' well being and recovery.

Your work may be submitted to Jo Ann, 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

I look forward to your contribution. Share your wisdom and experience with your DBSA friends through *The Thermometer Times*.

Thank you.

Lynne Stewart, Sr. Ed.

Materials submitted may or may not be published, at the discretion of the editors, and may be edited.

The Thermometer Times 16280 Whispering Spur Riverside, CA 92504

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Doctors' ties to drug industry still strong

Fewer physicians say they've accepted gifts, but 84% still report some relationship

BY JUDITH GRAHAM

Fewer doctors report accepting drug samples, gifts, meals and all-expenses-paid trips from drug companies, according to a study published this week that comes amid mounting concerns over the potential for conflicts of interest in medical practice.

Still, arrangements between physicians and the pharmaceutical industry continue to be common; 84% of physicians reported some type of tie with drug companies in 2009, compared with 94% in 2004.

The report in the Archives of Internal Medicine is based on a survey filled out last year by 1,891 family physicians, internists, pediatricians, cardiologists, surgeons, psychiatrists and anesthesiologists. A similar survey was completed by 1,662 doctors in 2004.

Comparisons show especially sharp drops in the number of physicians that reported being paid by drug companies for continuing medical education or attending meetings in expensive or exotic locations; 18% of doctors reported receiving those reimbursements in 2009, down from 35% in 2004. Also, fewer doctors report speaking on behalf of drug companies (8.6% in 2009 versus 16% in 2004), consulting for

pharmaceutical firms (6.7% versus 18%) and participating in drug company advisory boards (4.6% versus 9%).

The results "may be signaling the slow death of the primary marketing model for drug companies, which is paying doctors to influence their behavior," said study leader Eric Campbell, director of research at the Mongan Institute for Health Policy at Massachusetts General Hospital.

The physicians most likely to have relationships with drug companies practiced in independent groups; those least likely were employed by hospitals or medical schools, many of which have adopted policies cracking down on gift-giving by pharmaceutical representatives.

"As more physicians move out of mom-and-pop shops and into larger institutional settings, expect to see this trend continue," said Dr. John Santa, director of the health ratings center for Consumer Reports.

Among specialties, cardiologists were most likely to have some kind of relationship with drug companies (92.8%) and psychiatrists the least likely (79.8%).

Jeff Francer, assistant general counsel for Pharmaceutical Research and Manufacturers of America, said many activities tracked— such as giving drug samples to physicians — were

Continued on page 5 (Doctors' ties)

HOLIDAYS (Cont'd from page 1)

leave you excited and anxious. Some family reunions aren't always happy. Any excess stimulation can trigger a swing toward holiday depression or mania.

Shorter days and longer nights. Some people with bipolar disorder find their mood swings are related to the seasons. Depression is more common in the fall and winter in the northern hemisphere, says Michael E. Thase, MD, professor of psychiatry at the University of Pittsburgh Medical Center.

Holiday "cheer." The holidays are a time when excessive drinking is often tolerated, even encouraged. Though unwinding with alcohol can be tempting it can be bad for people with bipolar disorder. Not only can it interfere with medicine, it may also ruin sleep and make you more prone to mood swings.

Excessive spending. It's the season when it seems everyone is running up their credit cards. If you have a history of excessive spending and grandiose gift-giving during hypomanic or manic episodes, you are clearly at risk.

Missing your medication. When you're busy, it's easy to forget about your medication. You may even feel tempted to skip a few doses on purpose: it might make it easier to tolerate alcohol, or being a little hypomanic may give you the energy to get errands done. But when you have bipolar disorder, skipping your medication is always risky, since it makes your mood less stable.

Believing the hype. We all know how we're supposed to feel at the holidays: brimming with joy, good will, and love. But a lot of us don't really feel that way. Being depressed during the holidays can really make you feel out of step, which adds to feelings of isolation.

Planning for Holiday Success When You Have Bipolar Disorder

It's very easy to let the holidays dictate your life. You *have* to go shopping. You *have* to go to your office party. You *have* to bake four batches of Christmas cookies. It can make you feel completely powerless. Your own needs become irrelevant.

The key is to take control before that happens. "Where is it written that you *must* do all these things?" says Frank. The key to a successful holiday is to plan for it well in advance, she says. Here are a few tips that may help ease your holidays:

Scale back your expectations. Be easy on yourself. "The gifts don't have to be perfect," Crowel tells WebMD. Neither do the decorations. Or the turkey. Or *anything*.

Think twice before playing host. The preparations for a holiday dinner — shopping, cooking, cleaning — can be overwhelming for a person with bipolar disorder. So make sure you are really up to it. If you do host, simplify. Pare down the guest list. Cook something you can prepare in advance. Ask for help from friends or family.

Be open and direct with your family. Tell them what you need this year. If the usual family gathering of dozens seems like too much, see if your family might cut down the guest list. Obviously, this could cause conflict with the rest

of the family. But if the extended family members really care about the person with bipolar disorder they should understand, Frank says.

Make this year different. If holidays have not gone well in the past, make changes. Instead of doing the usual dinner at home, go to a restaurant. If staying with your in-laws hasn't been good for you, check into a nearby hotel instead. Or simply get away from all the holiday hubbub and go on vacation.

Spread out the visiting. Frank suggests shifting some of your visits into October and January, instead of trying to fit in everyone in November and December.

Increase the number of check-ins. You might want to step up the schedule of appointments with your therapist or check-ins with your family and friends. It's a good way of staying grounded.

Facing Holiday Parties

For a lot of people with bipolar disorder, it's the holiday get-togethers — family dinners, office parties, neighborhood caroling expeditions — that cause the most anxiety. Here are some tips for getting through them unscathed.

Say "no" sometimes. "Don't overbook yourself," says Crowel. Most of us have more holiday obligations than we can handle. Decide which ones are most important and which aren't. Some events may simply be overwhelming. It's okay to say "no".

Have an ally. If going to a party is making you anxious, go with a friend, relative, or co-worker. Arrive and depart together. And your partner could watch your back, helping you avoid alcohol and other temptations.

Leave early. Going to a party doesn't mean you have to stay all night. Decide beforehand when you'd like to leave and stick to it. Even stopping in for just a few minutes is okay. Having a getaway plan may relieve a lot of anxiety.

Stick to your schedule. If you're having fun, of course you don't want to leave a party to make your bedtime. But you need to follow your regular non-holiday schedule as closely as possible. And make sure to keep up your normal exercise routine too — or at least get out for quick walks.

Try not to overindulge. It's hard, but you really must stay away from alcohol, especially if you've had problems with it in the past. And despite the allure of all those sweets, try to stick to your normal diet.

Weigh the pros and cons. Even if it makes you anxious, it's generally a good idea to try going to your family's holiday dinner. But there are exceptions.

"If you have a really stormy family history, and seeing your family tends to trigger problems, then staying away could be the right move, says Thase.

But make this decision carefully. Weigh the benefits and the risks. Can you handle the guilt of not going? Most importantly, make sure you have something else planned. Don't just say no and then spend the holidays alone.

Bipolar Disorder & Shopping Sensibly

It's very easy to get caught up in the frenzy of the season

Continued on page 5 (Holidays)

Personal Journeys and Quests

HAIR TODAY ... GONE TOMORROW

BY JUDY KAPLAN, Staff Writer

I looked in the mirror that morning and saw my scalp. Large areas of my head showed through my black, wavy hair, so much that I could no longer hide it. I tried combing another, thicker area of hair over it and exposed a new balding area. I could no longer fool myself.

What to do? I'll wear turbans, I thought; look like Elizabeth Taylor. Alas, my face without hair looked not a bit like hers. I looked old, old, old. Well, how about a kerchief, I mused. I tried on all of my lovely, colorful scarves, but I had lost so much hair that if I covered the front, my head showed in the back. If I covered the back, patches of scalp showed in the front. And if I covered it all, well, I might as well put the turban right back on. Trapped, I was trapped.

This was not supposed to be. I was assured that my hair, just like Grandma Rose's in its color, curl, and wild, thick growth, would be with me for life. Grandma died in her nineties with a lion's mane of hair on her head. How could this happen?

I always knew my looks were very important to me. I didn't know they were critical. Life without hair, without my curly, black hair was unacceptable. Or almost, I decided after almost thirty years of advocating for medication to treat bipolar disorder to stop taking my own, at least stop the meds that caused hair loss.

So I twisted shut the bottle caps on my mood stabilizers, Depakote and Lamictal, and put them away. *Judy, do you really want to do this? Yes, I'd rather be crazy than bald. At least I'll die with a full head of hair on my head.* I took a huge risk. I put my meds in a closet. I didn't throw them out. If it got to the point that I needed to be hospitalized, I'd take them and get a wig. But not yet

I'd heard hair lost to drug consumption could be counted on to come back, but there are those sad cases where little hair returns. So I decided to wait. What else could I do?

I was so angry that the fear of going off of important medications for the first in thirty years was replaced by curiosity. While I waited, I went a bit mad. I experienced altered states of consciousness, which fascinated me. I felt as though I was in another world. Sounds were different; the air was different I went cold turkey, no weaning myself off meds one week at a time. I remember telling the doctor that I felt as if I were experiencing what must have impelled the great writers to set pen to paper.

I was sixty-two years old, post-menopausal, and hadn't been in a hospital for over forty years. I told my husband, my son and his wife, and my very close friends that I was going off my mood stabilizers and why, assuring them that I would not give up my panic blockers. I asked them to let me know if I started to act strangely. My husband has always allowed me to be myself, and although he wasn't thrilled with this decision,

he could live with it, while my son asked if my doctor knew what I was doing. I said yes.

Since my doctor did not know me as a young woman, he had never seen me unstable, although I was always honest with him about my past struggles. He listened to what I was doing and waited. He expected, he said later, that I would let him know if I felt that I needed to change my decision.

After three months, I could see new baby hair growing back onto my forehead, so I bravely asked my beautician if she saw any more on other parts of my head. She looked. She's from Romania and tells it like it is. She was blunt: No, just in the front. I was not happy to hear that, but I'd waited three months for the front hairs. I could wait a while more for baby sprouts on the rest of my head.

At about this time, I lost most of my healthcare coverage. I would be without it until I could sign up for Medicare: ten and a half months hence. We had missed a line in my healthcare policy, one line that left three pages of explanation questionable.

That's another story, but while I waited for healthcare, I waited for hair.

My state of mind stabilized. While my feelings had been wild, I was not depressed. I did nothing strange, nothing destructive. I was okay on the medications I used: my panic-blocking desipramine, a cousin of Tofranil; a smidgen of alprazolam, thyroid replacement, and a decongestant. I also used Ritalin as needed for depression. My pharmacy bills dropped from nearly \$700 a month to about \$200.

And slowly, my hair grew back. I learned patience and that I could get through tough situations. I even thought I looked pretty on some days. At least my hair was attractive, and I thought that episode was behind me.

It's always something, as Gilda Radner, said. Three weeks ago, it started again. First, it was sporadic, and I thought I was over-focusing, because I am now openly a hair-loss-phobic. I had to see an endocrinologist, because my labs showed a low thyroid level and a very overactive gland trying to stimulate its production. The doc raised my thyroid replacement dosage significantly, and yesterday, I stopped losing hair. For a day. Today, there they were in the sink.

I've had hair for some months now. I don't know about tomorrow. But no matter what, I've learned I can get through almost anything, maybe not easily, but I can get through. I know that pain lessens with time, with love, and with support. And I'm sure that the people who love me will continue to love me whether my head is covered with hair or a turban.



HOLIDAYS (Cont'd from page 3)

and become fixated on finding everyone the perfect gift. But again, you need to stay in control — especially if you're prone to unhealthy buying sprees. Here are some suggestions:

Keep perspective. Don't get too caught up in finding the best gift for everyone. It's not worth the anxiety — and besides, your nephew would probably be happy with a check anyway.

Stick to a budget. If you have a problem with overspending, come up with an explicit budget well before the holidays arrive. You may want the aid of a friend or family member to help you stick to it.

Spread out the shopping. Try to shop ahead. Frank suggests Halloween (or earlier, if you can manage it) as a great time to start looking.

Shop online. If you have access to the Internet, online shopping is a low-stress way to avoid the mall's hassles. For a little extra, some sites may even gift wrap.

Go for gift certificates. Just about everyone loves a gift certificate. And they don't have to be impersonal. Choose one that fits the person: get your sister one from her favorite boutique and your uncle one from a restaurant he likes.

Caring for Yourself

The holidays are a time when we're encouraged to think about other people instead of ourselves. That's fine, to a point.

But if you focus so much on other people that you neglect yourself, you're at higher risk of descending into mania or depression. That's not good for anyone.

"Your first order of business during the holidays has to be taking care of yourself," says Thase. "If you don't, all sorts of bad things can happen."

Thase compares living with bipolar disorder to diabetes. "Just as diabetics can't eat all of the sweets during the holidays, people with bipolar disorder have to take extra precautions," he tells WebMD. "But if you take those precautions, the holidays really can go well."

So this holiday season, plan ahead, keep to your schedule, and scale back your expectations. If you do, you can beat holiday depression, mania, anxiety, and hassles — and enjoy the season. That's good for you as a person living with bipolar disorder — and for your loved ones too.

SOURCES: Raymond I. Crowel, PsyD, vice president, mental health and substance abuse services, National Mental Health Association (NMHA), Alexandria, Va. Ellen Frank, PhD, director, depression and manic depression prevention program, Western Psychiatric Institute and Clinic, University of Pittsburgh, Pa. Michael E. Thase, MD, professor of psychiatry, University of Pittsburgh Medical Center, Pa.

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WebMO does not provide medical advice, diagnosis or treatment.

DOCTORS' TIES (Cont'd from page 2)

"appropriate and in the interest of patients."

Last year, the industry group adopted voluntary guidelines calling on companies to stop giving doctors free pens and mugs and reiterating restrictions on giving tickets to entertainment events. The American Medical Assn., Assn. of American Medical Colleges and American College of Physicians have recommended that physicians stop accepting gifts, meals and free travel to educational conferences.

Source: *Los Angeles Times*

November 13, 2010

The New Federal Parity Law: How Does Your Health Care Plan Measure Up?

By Andrew Sperling, J.D., NAMI Director of Legislative

For most employer-sponsored group health plans, the new federal law requiring equitable coverage for treatment of mental illness and substance abuse disorders went into effect earlier this year. The new law, known as the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, bars group health plans from imposing separate limits on covered inpatient days and outpatient visits or requiring higher cost sharing or separate deductibles that apply only to mental health coverage.

On July 1, 2010, strong regulations implementing the new law went into effect after a lawsuit brought by several major health plans was rejected in federal court. With regulations now in effect, most group health plans are now responsible for compliance. Individuals living with mental illness and their families should begin to notice differences in their coverage, but you need to inform yourself and make sure that your plan follows the law. Three red flags can alert you to the fact that your insurance provider is not following the new law:

Does your plan use a separate or higher deductible that applies to only mental health and substance abuse coverage?

Does your plan impose an arbitrary limit on the number of covered inpatient days or outpatient visits that applies only to mental illness treatment?

Does your plan manage mental health benefits through procedures such as prior authorization or utilization review, which they do NOT apply to similar benefits as part of medical-surgical coverage?

All of these are likely violations of the new parity law. NAMI has many web-based resources to help you ensure that your group health plan meets its obligations to comply with the new federal parity law, including procedures you can follow to file a complaint with the appropriate enforcement authority. Visit www.nami.org/parityhelp to make sure your health plan is on track!

Source: *NAMI Advocate*

Fall 2010

Seeking Forgiveness

The following tips for seeking forgiveness and making amends come from Daniel L. Buccino, a licensed clinical social worker and clinical supervisor at the Adult Outpatient Community Psychiatry Program at Johns Hopkins Bayview Medical Center and assistant professor at Johns Hopkins University.

Bipolar disorder is what you have, not who you are. You still must live with it stand up to it accommodate yourself to it, resist it, accept it, manage it. Separating yourself from the problem in this way will allow your true character to help you decide how you want to live with your illness and its consequences. Stability begets stability.

- Apologize—genuinely, sincerely, deeply, specifically, & directly.
- Make reparations as best you can. Try to accept responsibility.
- Redouble your efforts to do the right and virtuous things to show that whatever behaviors you exhibited were the exception, not the rule.
- Remain humble and well-connected to treatment and find the best treatment providers you can.
- Everyone makes mistakes, but avoid repeatedly making the same mistakes.
- Strive to demonstrate good character by being responsible, reliable, trustworthy, competent and focused.
- Recognize that rebuilding trust is a process, a staircase to climb at times, not an event.

Source: *bp Magazine*, Winter 2009
As Seen in: *The Roller Coaster Times*, Fall 2010

GEFT IDEA

If you are looking for a really meaningful gift to give someone for the Holidays or for any other special time, ...why not a subscription to Thermometer Times! This is one that will last all year.

HERMAN By Jim Unger



“You should see the pills I have to take.”

Superior academic scores linked to increased risk of bipolar

A large study of more than 713,000 Swedish youth between 1988 and 1997 has found that students who excel in school (particularly creative subjects) at the age of 16 are four times more likely to develop bipolar disorder during the next decade than teens with average grades.

Reported in the February issue of the *British Journal of Psychiatry*, the lead author James MacCabe, Ph.D., said the study is the first to find evidence of a linkage even though it had been long suspected.

Of the 713,000 youth who were part of the Swedish national school register, 280 young people developed bipolar disorder. The same study found that higher academic performance seemed to be associated with a decreased risk for schizophrenia.

Source: *ADAMhs ADVANTAGE*
Fall 2010

We sent our shirts from many of the past conferences to the Phillipines who were victims from the floods.

DBSA-Riverside and friends

*At Jo Ann Martin's**

for the

Holidays

Picnics or dinners

at noon (3 pm on Christmas)

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, Halloween,

Thanksgiving, & **Christmas**

**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

951 / 780-3366

Christmas Dinner

Tour the grounds!

**Come Join Your
Friends**

At Jo Ann Martin's
Franklin Park

Saturday,

December 25th



2:PM

Garden Cash Hunt

Lots and Lots of Hidden Presents with Cash

3:PM

Christmas Dinner

Bring a salad, main dish or dessert,
if you can't bring a dish, come anyway.

5:PM

White Elephant Gift Exchange

All gifts are provided by Franklin Park, you don't
need to bring a gift! Event on main lawn
surrounding the holiday fires.

Make it a family day!



Sit by Campfire at dusk

With the Outdoor Holiday Trimmings

*Directions

Jo Ann Martin's home

Exit 91 Freeway 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



**Have a toasty hot drink by the campfire while
hanging out with friends**

See You There!



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
(909) 358-4987/1-800-330-4522

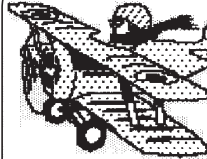
Phone Phriends

If you need someone to talk with:

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

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
Cathy Waechter (951) 529-8586
5 pm to 9 pm



ANNOUNCEMENTS

TEMECULA DMDA
Mark Monroe
951 / 926 - 8393

Rancho Cucamonga DMDA

Meets 1st and 3rd
Wednesdays evenings
Contact: David or
Samantha Johns
909 / 944 - 1964 OR
e-mail: dmjbf@aol.com

DBSA - Loma Linda

909 / 327 - 6178

HEMET SUPPORT GROUP

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

THE UPLIFTERS

(Christian emphasis) meets at
The Grove Community Church
19900 Grove Community Drive
(off Trautwein) Riv. 92508
meets Mondays 7 pm
Contact Ken Sharum
951 / 368 - 7713

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 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:

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

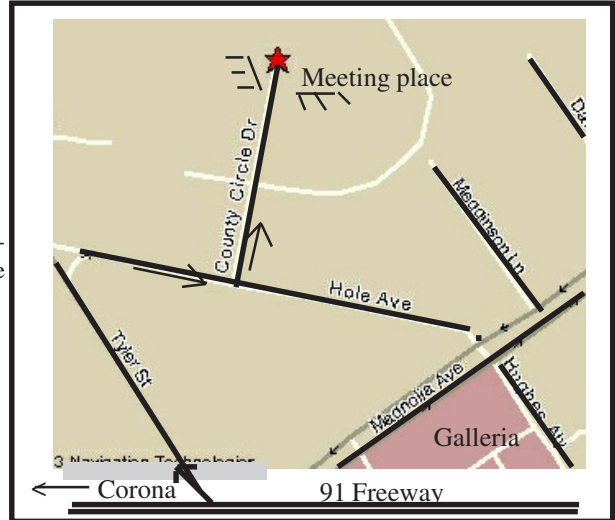
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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

DBSA OF RIVERSIDE
16280 Whispering Spur
Riverside, CA 92504

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