



The Thermometer Times

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

VOL. 22 NO. 7 *Out of darkness . . . July 2010*

Dates to Remember

Saturday 10:00 am - 12 noon
July 3, 10, 17, 24, & 31

Saturday, August 7
Angela Devlen, LMFT
Assertiveness

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)

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

Deadly consequences: why we need to integrate health and mental health



Visit Dr. Sederer's website at www.askdrloyd.com — for questions you want answered, reviews and stories.

Roger Craig was 38 when he died. His age and his weight doubled from the time he had his first psychotic break when still in high school. His illness was later diagnosed as bipolar disorder and he struggled with it until he died of a sudden cardiac attack one evening in 2007 in his parents' home. But it was not his bipolar illness or suicide — which we often consider the cause of death in people with a serious mental illness (SMI) — that killed him. It was heart disease, the greatest killer of all (in the USA). Except it took his life a good 30 or more years earlier than someone who does not have SMI.

At 6'4" Roger could almost carry the additional 150 pounds he gained. That is, carry it on his large and formerly athletic frame. But his arteries, heart and lungs (which had trouble breathing at night, a condition called sleep apnea that is highly related to weight) could not stand the strain. His loss is like too many others who suffer SMI and die too young of the chronic diseases that afflict us all.

Alarming evidence has emerged in recent years, from studies of people treated in the public mental health care system, that adults with serious mental illness die on average 25 years earlier than the general population. For a decade or two before their demise they suffer from early onset diabetes, high blood pressure, heart and lung disease and cancer. Why? Their habits place them at great risk for these conditions. They eat poorly, are sedentary and don't have a primary care doctor — or if they do they don't go and get preventive and ongoing physical healthcare. They smoke heavily, with more than three out of four being nicotine dependent (see my previous blog on this issue here).

The psychiatric medications many receive for their mental illnesses increase the likelihood of weight gain, diabetes and cardiovascular disease. Mental health professionals have discovered what the Craig family painfully learned: physical disability and early death add to the burden of mental illness for those affected *and*

Continued on page 2 (Deadly Consequences)

Personal Journeys & Quests Continues to be Featured

We are continuing our feature called "Personal Journeys & Quests" We are offering two poems this month, one titled "Preface" by Sharon Schureman and the other is "Looking Up" by Judy Lindmeier. They are on pages 5 and 6.

This is your part of The Thermometer Times. It is your story of your life journey, quest for healing, personal development and fulfillment that we want to publish. My wish is that these stories will strike a cord of recognition, inspiration and hope.

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 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

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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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.

DEADLY CONSEQUENCES (Continued from page 1)

their families. The burden does not stop there since our health care system, already groaning from the weight of the consequences of American habit disorders, shoulders the extraordinary health costs of this high need population.

What can be done? A lot.

We have to start early. Mental illness itself starts early, with half of all mental disorders appearing by age 14 and three-quarters by 24 (these are the ages when the illnesses begin, though it is typically many years before the problem behaviors are understood, diagnosed and treated).

We have to diagnose before we can treat. In 2006, the American Academy of Pediatrics (AAP) released a practice toolkit for doctors called *Feelings Need Check Ups Too*. Last year, AAP released a report defining what pediatric primary care physicians need to know about mental health care since most children with mental illness are seen in pediatric primary care, not in specialty mental health settings. Once diagnosed these children require early intervention with treatment programs that stress education and work as the goals of care,

and skill-building to achieve those ends and prevent disability. This is the mental health side of the equation.

From the health side for youth, it is easier to prevent weight gain and nicotine dependence than it is to rid ourselves of these conditions after they have already damaged the body's metabolism and polluted the lungs with carcinogens. Activity, nutrition and smoking prevention, thus, need to become essential elements of integrated medical and mental health care. Finally, we now know that in as few as 12 weeks that second generation antipsychotic medications (olanzapine in particular) can produce unhealthy changes in lipid levels and the functioning of insulin in young bodies putting them at risk for the chronic diseases that can erode the quality of their lives and kill them prematurely. All medications have benefits and risks; this is not a call for not using medications but a call for using them judiciously: psychiatric medication prescribing must follow principles of no more than one drug (if possible), at the minimally effective dose and only for as long as needed.

Adults with SMI typically lack what our health care system now aspires to achieve: a medical home. Their primary site for

Continued on page 3 (Deadly Consequences)

DEADLY CONSEQUENCES *(Continued from page 2)*

treatment of their principal medical condition, namely a mental illness, is a mental health clinic, where medical care, even medical attention to basics like smoking, blood pressure and weight, has traditionally been someone else's business. Primary care settings that welcome people with SMI, and effectively engage them in smoking cessation, diet and exercise as well as proper care of any physical health condition are *really* hard to find. The answer, easy to say but *very* difficult to achieve, is the integration of health and mental health. What is needed are integrated health and mental health medical homes.

The critical principles of a medical home include: ready access to care, an ongoing relationship with a personal (primary care) physician, attention to the whole person, a team approach to care, a commitment to measuring and improving quality, and coordinated and/or integrated care. In an effective medical home, the primary care physician coordinates the work of a team of clinicians. For most adults, and almost all youth, with mental illnesses like depression, ADHD, and anxiety disorders, their "point of care" is the primary care, or family, practitioner. But people with a SMI (illnesses like bipolar disorder, schizophrenia, and severe forms of anxiety disorders like PTSD and OCD) will need something different. Their primary attachment is a mental health clinic which, through its psychiatrists and other clinicians, will need to take on basic tasks of measuring health indicators, providing wellness and prevention services, coordinating care and working closely with primary care practitioners to ensure that patients get what they need.

The New York State Office of Mental Health (of which I am medical director) early last year implemented health monitoring in all its 66 statewide outpatient clinics. Adults are monitored every three months for blood pressure, BMI and smoking — and youth for BMI, smoking, activity and alcohol and drug use. We have developed weHness programs

to offer solutions to individuals who make health a part of their recovery.

Innovators exist who are integrating health and mental health. Some are doing so with the primary site being medical and some where the primary site is mental health: we need both. Maimonides Hospital in Brooklyn has co-located a primary care clinic with a state mental health outpatient clinic and has a Federal grant to develop a model and standards for mental health medical homes. Group Health of Puget Sound has been a leader in integrating primary care with mental health, especially in the diagnosis and treatment of depression. Intermountain Healthcare in Salt Lake City has what it calls *Mental Health Integration* where both health and mental health are provided in the same site, to the satisfaction of patients and providers. Six chronic disease demonstration projects are underway in New York State where partnerships between mental health and health providers (led by the former!) will work with individuals with serious mental illness and chronic physical disorders towards stabilizing their conditions, improving their health and diminishing their taxpayer burden since these recipients all are on Medicaid.

But we are just getting started. Health reform will open paths for integration, and we would do well to search for and travel them. Imagine if Roger Craig had been treated differently from the time he was an adolescent. He might be alive today. While it is sadly too late for the Craig family, I know they would have some solace in knowing that integrating health and mental health will allow others to not suffer the same fate that he did.

The opinions expressed herein are solely my own as a psychiatrist and public health advocate.

Lloyd I Sederer, MD
www.askdrilloyd.com

Source: Lloyd I. Sederer, MD
www.AskDrLloyd.com

Posted: May 11, 2010, 01:29 PM

Battle Looms over Mental Health Parity

By Jason Beahm on May 12, 2010 9:15 AM

Legislation designed to require equal insurance coverage for those with mental and physical illnesses has caused controversy in Washington. The Obama Administration has issued rules regarding a 2008 law that insurance companies and employer groups say goes too far. They argue that the mental health costs of employers and patients both would skyrocket.

The 2008 law was designed to put an end to the insurance practice of charging higher co-payments and deductibles as well as limiting benefits for those with mental health problems and substance abuse issues. Such practices were common for mental health issues but curiously, not so for illnesses such as cancer. Reuters reported that the new law would apply to all health insurance plans provided by an employer of 50 or more workers.

At the heart of the Issue is whether the government can step in to regulate insurance and mental health costs in an attempt to eliminate discrimination against certain types of illnesses. As it stands, the Insurance companies tend to be more receptive to physical illnesses as opposed to mental.

Both employers and insurance companies argue that the 2008 law and rules issued by the Obama Administration go too far. They believe that they should retain the ability to manage the specifics of their coverage. As Robert Pear of The New York Times reports, Blue Cross/Blue Shield has spoken out against the measure. The purpose of the 2008 law was to ensure parity in benefits for patients, not "parity in provider reimbursement," said Justine Handelman, executive director of the Blue Cross and Blue Shield Association.

Advocates for mental health patients disagree. They argue that under the current law, mental health patients do not get the care they need because the insurance companies will not foot the bill.

The regulations could go into effect July 1.

Source: Law and Daily Life
May 12, 2010

Psychiatrist Calls Many Docs ‘Pill Pushers’

Doctors Get Incentives to Prescribe, Not Talk

BOSTON — In a new book, a local psychiatrist calls doctors in his own field “pill pushers” and says not enough is being done to treat patients with more than a prescription.

“The meds don’t go far enough and people need more than just a pill,” said Newburyport psychiatrist Dan Carlat.

“You automatically felt limited to 10 to 15 minutes. So you get your medication and you run out,” said Claudia, who went through nearly a half dozen psychiatrists in five years.

“They would push it on me and I wouldn’t want to be on it,” she said. Claudia said she wanted more from her doctor, and found it in Carlat.

In his new book “Unhinged”, Carlat argues most doctors in his profession have given up talk therapy in favor of the more lucrative drug therapy.

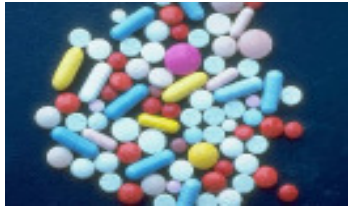
“We’re pill pushers,” Carlat said. “Insurance companies reimburse us more for psychopharmacology visits than for therapy visits. So if I can fit 3 or 4 patients in an hour for psychopharm or med visits, I’m going to make twice as much as I would make if I were seeing them for therapy.”

In his controversial blog, Carlat has long criticized the influence big drug companies have over what psychiatrists prescribe.

“Drug reps will come in and give you your favorite latte. They’ll give staff sandwiches. It’s not like they’re bribing us to give that medication. It just causes that particular brand to be uppermost in our mind,” said Carlat.

Carlat said most psychiatrists don’t know nearly enough about the medications they prescribe.

“We don’t really know what the medications do,” said Carlat. “We often talk about neurotransmitters like serotonin



and noroepharin. But that really ends up being neurobabble. It sounds impressive to patients and it makes them think we know what we’re doing when we’re prescribing the medications. But we don’t really know how these meds work”

Side effects, said Carlat, can be serious or in some cases, unknown.

“We don’t know enough about the side effects to know how many people we’re putting at risk”

Carlat said he’s also concerned about over-diagnosis, particularly with children. He pointed to the case of Rebecca Riley, the Southshore girl who was diagnosed with bipolar disorder before the age of 4.

“Ten years ago versus now, the rates of bipolar disorder diagnosis in children hasn’t just doubled or tripled. It’s gone up 40 fold, 8,000 percent.”

But many in the psychiatry field take issue with Carlat’s claims.

“Many people go without meds who could benefit from them,” said Dr. Don Condie, of the Massachusetts Psychiatric Society.

“I think that’s a bigger problem than people getting too many medications,” he said.

Carlat said patients need well-trained psychiatrists who offer a range of support, and need to get to know their patients more.

“I hope we’re getting away from the idea that we can solve complex life problems purely with medications because obviously we can’t. Patients need more than that,” Carlat said.

Source: *TheBostonChannel.com*
POSTED: 2:54 pm EDT May 14, 2010
UPDATED :8:42 am EDT May 15, 2010

It is Easier to Explain Bipolar Disorder and How It Affects Your Moods, If You Plan Ahead On What You Will Say

“When I talk about bipolar to people unfamiliar with the illness, I always stress that it’s a brain illness and doesn’t define us as individuals. Rather, it’s an illness the way diabetes is an illness. I find this leads to a lot of intelligent questions. Without fail, many people go on to tell me they have a family member who has depression or bipolar.”

Insights To Share

I am not like the other people in your life. I can’t get over it, mellow out, learn to live with it, take a chill pill, calm down, deal with it, or change the way you want me to change. It takes a huge amount of will just to survive this illness. Mania takes away my reasoning., Depression makes life pointless.

If you tell me to change when I’m in a mood swing. I won’t believe that I can, or even hear you. My brain is

telling me something different than you’re telling me. People with bipolar disorder have a civil war going on in their brains—this war is between the real person and the ill person. And sometimes the ill person wins.

But I am here and I want to listen to you. Learn as much as you can about this illness and then ask me questions. Then we can communicate better.

Our relationship means so much. I promise to do all that I can to manage this illness

Julie A. Fast, along with John Preston, PsyD, is co-author of several best-selling books on bipolar including Take Charge of Bipolar Disorder. She is also a family coach and is at juliefast.com

Source: *Bp Magazine,*
Spring 2010

Personal Journeys and Quests

I felt I never fit in anywhere, was always different. This is a poem I wrote when I was in Oregon at Sage View Mental Hospital. It has to do with my view of each day. I learned and shared and opened. The others were there for the same or similar reasons.

Sharon Schureman

Preface

BY SHARON SCHUREMAN

February 2006

FROM THE FLASHING LIGHTS
AND SCREAMS AND SHOUTS
GETTING BETTER IS WHAT IT'S ABOUT
FROM REBELLION TO TEARS

AND LOVES LISTENING EARS
THE THOUGHTS AND DOUBTS
OF WHAT IT'S ABOUT...

IN TINY ROOMS FROM WHICH YOU SLEPT
AWAKENED BY YOUR GUIDING PEERS.
IN OTHER ROOMS WE GATHER TO LET IT OUT.
SOME CAN TALK AND SOME STAY LOW,

AS YOU LISTEN YOU BEGIN TO GROW
THE GRASS IS GREENER AS EACH DAY ARISES
SOMETHING NEW TO LEARN AND NEW TO TEACH
FROM THE DEPTHS OF WHICH NO ONE ELSE COULD

REACH
THE LEARNING DOES NOT COME EASY

FOR TO LEARN YOU MUST TRUST
OPEN YOUR HEART AND LET OUT THE DUST
FOR WHICH YOUR STRENGTHS ARE REACHING FOR THEIR WAY OUT
ONLY THROUGH OUR MEMORIES AND EXPERIENCE CAN WE SPEAK.

TAKE A LOOK INSIDE OUT.
FIND OUT WHAT ALL THE TALK IS ABOUT

IT MAY BE JOY, IT MAY BE SAD, BUT KEEPING THEM
LOCKED UP
AND NOT KNOWING HOW TO SHARE,
BRINGS STRESS, DEPRESSION AND SUICIDE THERE.

COME LEARN AND LOVE THE ONE YOU ARE.
BY THE TIME YOU LEAVE WITH CONFIDENCE AND TRUST
YOU ARE
READY TO FACE THE WORLD WITH MORE HOPE, MORE
LOVE, AND
MORE UNDERSTANDING
AND PEACE WITHIN YOURSELF.



Looking Up

By Judy Lindmeier
5/26/10

I lay ny head back,
My eyes are lifted toward heaven.
A breeze is softly wafting across my face
And, I sigh with pleasure.

I feel a drop of water sliding
Down my cheek
Is it my tear or is it God's?
Because he alone knows my tortured soul.

Day after day, week after week,
Month after month and year after year
Loneliness so deep it pierces my soul.,
Sadness and loss overwhelm.

I put on a "happy face"
I don't think that I fool anyone
Least of all myself.

Most days I can "carry on" and
I can fight the trials and war
Of everyday life.

The sun burst through the clouds
And is shining brighter now
It is as if God is saying, "my child, my
Friend, I love you. Now dry your tears
With my love, and get up and walk
Through each day of the rest of your life."

Here I am, up and walking
I still feel the breeze kiss my cheeks.
I go hand in hand with God.
To face my life, knowing I am not
Alone.



Bizarro

By Dan Piraro



Ziggy

By Tom Wilson



Bullies Cause Collateral Damage, Says APA Study

We have all heard about the traumatic effect of bullying upon the victim and even the bully himself, but what about bystanders who witness bullying incidents? Here's a summary of the full article:

Students who watch as their peers endure the verbal or physical abuses of another student could become as psychologically distressed, if not more so, by the events than the victims themselves, new research suggests.

Bullies and bystanders may also be more likely to take drugs and drink alcohol, according to the findings, which are reported in the December issue of *School Psychology Quarterly*, published by the American Psychological Association.

It's well documented that children and adolescents who are exposed to violence within their families or outside of school are at a greater risk for mental health problems than those children who are not exposed to any violence," said the study's lead author, Ian Rivers, PhD. "It should not be a surprise that violence at school will pose the same kind of risk."

Researchers surveyed 2,002 students ages 12 to 16 at 14 public schools in England. The students were presented with a list of numerous bullying behaviors, such as name-calling, kicking, hitting, spreading rumors and threatening violence. The students indicated whether they had committed, witnessed or been the victim of any of these behaviors during the previous nine-week school term and, if so, how often. The majority, 63 percent, said they witnessed peers being bullied. 34 percent of respondents said they had been victims and 20 percent said they had been perpetrators. Approximately 28 percent said they were completely uninvolved in any bullying episodes. Girls reported seeing bullying more than boys.

Source: American Psychological Association (APA) Web site, <http://www.apa.org/news/press/releases/2009/12/witness-bullyin-.aspx>
As Seen in: *The Initiative* Spring 2010



The newsletter staff of the Thermometer Times would like to thank the person who brought to our attention some errors in a recent issue. It would be helpful to us if you would contact us and give us your name so that hopefully you could become one of our proof readers. Incidentally, the names of the two people you contacted were misspelled.

Not a Life Sentence

Bipolar Symptoms Can Lessen With Age

Although treatable, bipolar disorder (BP) has been considered incurable--and the earlier the diagnosis, the worse the prognosis. But a new study from the University of Missouri reveals significant drop-off rates at around age 25.

The researchers propose a developmentally limited form of early-onset BP, likely brought on by the life changes of late adolescence, like leaving home for college, experimenting with drugs, or falling in love for the first time.

By one's mid-to late 20's, these factors tend to resolve. Home and work situations stabilize and self-regulating habits develop. The knowledge that bipolar disorder can go into a kind of remission benefits patients, who may feel "less fretful about the future," says study author Kenneth Sher.

The study's larger implication is that circumstances may play as large a role as genetics. "We need to think more about environments," Sher says. "especially during critical life stages."



~Sonya Sobieski
Source: *Psychology Today*
April 2010

friends of DBSA-Riverside

At Jo Ann Martin's*

for the

Holidays

Picnics or dinners

at noon

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, and 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



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

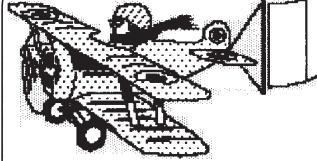
If you need someone to talk with:

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

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

TEMECULA DMDA
Mark Monroe
951 / 926 - 8393

UPLAND 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 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—

"It is n
a dise
has."

DBSA- Riverside

Map Legend

★ Meeting Location

TTTT = Parking

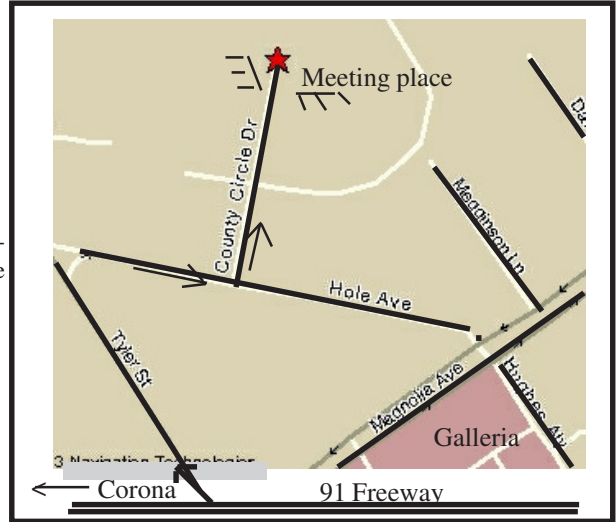
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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

HELP US KEEP COSTS DOWN

We're using a computer mailing list

Please help us keep costs down by

making sure your name and address
are correct. If there is an error or if

you are receiving more than one
newsletter, please let us know.

Print legibly so that mistakes can be
avoided.

Your help and patience are greatly
appreciated.