



# The Thermometer Times

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

**VOL. 22 NO. 8**     *Out of darkness . . . August 2010*

### Dates to Remember

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**Saturday 10:00 am - 12 noon**  
**August 7, 14, 21 & 28**

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)

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**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

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Riverside, CA 92504  
951 / 780-3366

## Comics Kill Stigma, Audiences Die Laughing

*Stand Up for Mental Health delivers a "lethal and cost-effective" cure for mental illness*  
by Lindsay Barba

It's been said that laughter is the best medicine. And with the therapeutic benefits of laughter ranging from enhanced immune system function to lower stress hormones and the release of natural pain-relieving endorphins, it's hard to argue otherwise.

But can laughter lead to recovery from mental illness? David Granirer, founder and artistic director of Stand Up for Mental Health (SMH), would say "yes." After all, he's seen it firsthand.

In 2004, Granirer—a registered counselor, mental health consumer, and professional stand-up comic—was teaching a regular comedy clinic at Langara College in Vancouver. When his students pointed out how therapeutic his classes were, a lightbulb went off in his head: Comedy would be great therapy for his patients, too. From that, the SMH program was born.

"It's a simple premise," says Pat Bayes, executive director of SMH. "What starts out as rehabilitation and recovery becomes empowerment and enables students to go out and de-stigmatize, entertain, and educate audiences."

SMH classes consist of 10 or so "students," who gather once a week with Granirer to learn how to write and deliver jokes based upon their own mental health journeys. After studying the fundamentals of comedy and performance—including delivery, timing, and stage presence—for three months, students make their comedic debut—performing for the community.

Throughout the year-long program, students nurture, encourage, and challenge each other through the creative process. The graduation showcase marks the end of the program, but also a new beginning for the alumni comics, now armed with a



SMH's Vancouver 2010 Comedy Debut Benefit, featuring the Class of 2010 (pictured here with David Granirer, center), took place May 31 at the Stanley Industrial Alliance Stage.

*Continued on page 3 (Comics)*

## 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 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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## Of Medical Specialties, Demand for Psychiatrists Growing Fastest

By Stephanie Steinberg, USA TODAY

A national physician recruiting firm says the demand for psychiatrists is climbing faster than for any other medical specialty.

From April 2009 to March 2010, the company Merritt Hawkins received 179 requests for psychiatrists — a 47% increase from the previous year and 121% increase from the 2006-2007 survey.

The firm, which tracked more than 2,800 physician requests, found that psychiatrists were the third-most-requested physician. Family practice doctors were the most requested, followed by internists, but the number of requests for both those specialties decreased from the previous year.

Though demand is growing, fewer medical students are entering careers in psychiatry. Health officials say the field garners little interest because psychiatrists earn less than other specialties, even though they spend the same amount of time

in medical training.

Shankar Yalamanchili, a psychiatrist with River Region Psychiatry in Montgomery, Ala., says doctors who perform medical procedures make more money than psychiatrists who converse with patients.

"I get paid more for treating a zit than I get for sitting down for half an hour talking to a patient, he says.

The number of students who have gone into psychiatry in the past five years has actually increased slightly, but more students are entering medical fields such as dermatology and radiology, says Steven Schlozman, co-director of Medical Student Education in Psychiatry at Harvard Medical School.

"The number of students who have shown interest in psychiatry and matriculated in the field has gone up, but overall, it doesn't hold a candle to other fields that are really taking students right now," Schlozman says.

*Continued on page 3 (Demand for Psychiatrists)*

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## COMICS (Continued from page 1)

fresh outlook on life. “It’s enabled them to go back into the world with a sense of purpose and an alternate way to deal with tough issues,” Bayes says. “A lot of our students have gone back to school, started new careers, or begun new relationships.”

Graduates may also stay on with the SMH program to mentor incoming comics, perform with new classes, and work on new material.

SMH has trained graduates across Canada and, because of its success, maintains a long waiting list of interested consumers. But the national attention hasn’t just attracted students to Granirer’s classes; it’s also attracted members of the community to SMH’s showcases.

“Most people would never want to come out and listen to a talk about mental illness by a doctor or a head of a mental health agency,” says Bayes. “But our branding—Are you crazy about comedy?”—gets the general public interested. They come out for a great evening of comedy, but we also slip in the anti-stigma message.”

Because SMH’s comics come from every walk of life, ranging in age from 12 to 78, the program is constantly seeking out new and diverse populations in need of its anti-stigma message. Programs tailored to college students and members of the Canadian military, two groups gravely affected by stigma, are now underway. SMH is also working to develop programs geared toward those in prisons, as well as toward native peoples like the Inuit, whose suicide rate among youth is 10 times higher than the national average.

CBC’s Passionate Eye documentary “Cracking Up” focuses on SMH.

The stories and comedy that they share help break down stigma,” Bayes says. “We say that we’re ‘changing hearts and minds, one laugh at a time.’ Audience members see it’s OK to talk about mental illness and seek out help.”

In the fall, SMH will expand to the U.S., bringing its comics to the Campus Day program at the University of Rochester’s School of Medicine. Other stops are being considered, including visits to Harvard, Yale, UCLA, and Dartmouth.

Source: **BEHAVIORAL HEALTHCARE**  
*Online Exclusive*

*Editor’s Note: David Granirer will be our Keynote Speaker at our DBSA - CA state Conference, October 15th -16th, 2010 at the Double Tree Hotel in Ontario, California. Please see insert in this issue for more details and how to register.*

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## CREATE

**Invent your world.  
Surround yourself with  
people, color, sounds, and  
work that nourish you.**

**SARK**

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## DEMAND FOR PSYCHIATRISTS (Continued from page 2)

Kurt Mosley, Merritt Hawkins’ vice president of strategic services, says its “the perfect storm right now” as more than half of all psychiatrists age 55 and older are nearing retirement, and there aren’t enough physicians to take their spots.

The lack of psychiatrists in Iowa has been so bad that several hospitals have had to close their inpatient psychiatric care units, says Scott Lindsley, operations director for Mercy Medical Center in Cedar Rapids, Iowa.

Yet demand for general psychiatry is expected to increase 19% from 1995 to 2020, according to the U.S. Bureau of Health Professions. The need for child psychiatric services is projected to increase 100% during that same time.

With medical students seeking alternate careers, the psychiatrist shortage is going to cause problems for the large number of patients in need of mental health services.

According to the National Institute of Mental Health, about 26% of Americans 18 and over — or one in four adults — suffer from a diagnosable mental disorder in a given year. Mental disorders are also the No. 1 cause of disabilities in the USA and Canada.

Many veterans and their families are seeking services because of the stresses of the Iraq and Afghanistan wars, and the recession has spurred a lot of people to reach out for help, says Laurence Miller, medical director for the Division of chair of the American Psychiatric Association’s Committee on Public and Community Psychiatry.

Unemployed people are “more stressed, more depressed and more anxious,” and they’re looking for treatment, Miller says. Mental health problems are also less stigmatized than in the past.

Source: *USA Today*  
6/23/2010

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## Prozac edges lithium for depression with bipolar II

Fluoxetine (Prozac) appears to be superior to lithium in preventing recurrence of major depressive episodes in patients with bipolar type II, according to new research published online in the April, 2010 issue of the American Journal of Psychiatry.

Patients taking lithium were at risk of suffering a relapse much sooner (156 days) compared to fluoxetine (250 days) and the placebo (187 days). Further, there were no significant differences in hypomanic symptoms between the two drugs. The estimated hazard of relapse with lithium was 2.5 times greater than with fluoxetine.

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## JOY

**Joy can be real only if people  
look upon their life as a service and have  
a definite object in life outside themselves  
and their personal happiness.**

**LEO TOLSTOY**

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## Medications can lead to dangerous summertime over-heating

With the warm summer months approaching, the Ohio Department of Mental Health warns people taking psychiatric medications, as well as some other medications, that the meds can affect the body's ability to cool itself in hot, humid weather.

Specifically, all psychiatric medications except benzodiazepines (anti-anxiety drugs and sedatives) as well as diuretics, anti-Parkinson drugs, amphetamines and beta-blockers can limit the body's response to heat.

If taking any of these medications, it is suggested that during high temperatures (85 and warmer), you should try to stay cool whether you stay in air conditioned areas or public places, move to cooler rooms of your home, keep windows shut and drapes drawn during the day or open in the evening when it is cooler.

Also: Avoid outside activity during the hottest times of the day, use sunscreen, wear loose-fitting, light colored clothing, wear a hat and sunglasses, drink plenty of fluids (especially water), and take a cool shower or bath.

Heat exhaustion and heat stroke are two heat-related illnesses. A doctor should be called for both, but with heat stroke call 9-1-1.

### *The warning signs of heat exhaustion include:*

Heavy sweating, paleness, muscle cramps, tiredness, weakness or dizziness, nausea and fainting.

If any of the warning signs are shown, the person should immediately move to a cooler place, drink water (not tea, coffee or alcohol), rest for a short time, take a cool shower or bath, and loosen or remove clothing.

### *The warning signs of heat stroke include:*

Confusion, unconsciousness, dizziness and nausea; body temperature over 103 degrees, rapid, strong pulse, throbbing headache, and red, hot and dry skin.

After calling 9-1-1, move the person to a cooler place, remove or loosen clothing, cool the person using cool water, give him/her water to drink only if they can talk, and call 9-1-1 for more instructions if no one arrives quickly.

*Source: ADAMhs Advantage  
Summer 2010*

## Bipolar illness, not lithium, impairs cognitive function

Lithium may not have harmful neuropsychological effects on patients with bipolar disorder, New research suggests.

## Tips for healthy sleep

The following appeared in the Fall 2009 Update from the University of Michigan Depression Center. For more information on sleep, please visit their web site at [www.Depressioncenter.org/sleeplab/](http://www.Depressioncenter.org/sleeplab/).

Healthy sleep practices, known as "sleep hygiene," matter even more for people with depression. Keeping regular habits and a strict schedule are essential.

People with depression need to maintain that consistent schedule and be aware that going off the schedule can be more detrimental to them than non-depressed individuals.

### Here are some tips.

- Keep a regular daily activity and sleep schedule.
- Eat regular meals every day.
- Make the last hour before bed a wind-down time.
- Do not consume caffeinated products such as coffee, tea, many sodas and chocolate in the evening.
- Do not use alcohol to help you sleep or consume alcohol too close to bedtime.
- Smoking and other drugs will disrupt your sleep.
- Do not nap during the day.
- Exercise regularly, but do not engage in activities that raise body temperature (for example, a hot bath) too close to bedtime.
- Create a sleep-friendly bedroom environment, for example, do not watch TV in the bedroom.
- Strive for bright light in the morning on awakening but limit exposure to bright light in the evening.

*Source: ADAMhs Advantage  
Summer 2010*

Rather, the disease itself appears to be responsible for the cognitive deficits seen in some patients.

In fact, the researchers say "lithium looks quite safe," and cognitive impairment "seems to be independent of medication."

The finding that bipolar patients in remission have cognitive deficits not related to medication is an important one, "because the vast majority of studies claiming to find such deficits have been conducted on patients taking medication or acutely ill," said lead author Dr. Carlos Lopez-Jaramillio. The study appeared in the March 23 online Journal of Clinical Psychiatry.

*Source: ADAMhs Advantage  
Summer 2010*

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## Spirituality and Health

Along with mental and physical health, our spiritual lives play a part in our wellness. Everyone has a unique and personal way of approaching spirituality.

Some of us may have reservations about spirituality because we equate it with religion. We might have difficulty with spirituality after enduring personal tragedies and setbacks. On the other hand, getting through difficult times can also make us more spiritual. "The place I have really found faith is through help in the midst of suffering," explains Kathy Erdman-Lawson, an artist and musician from Kentucky.

Spirituality is not religion; it is a way of looking at life. It may or may not include membership in a religious group. It may mean finding your own concept of strength, hope, love and healing. Your own spiritual path might include helping others. It might involve working on something such as writing, art or music that gives you satisfaction. Your concept of spirituality may be as simple as believing that you or a loved one can and will feel better.

Spiritual beliefs can also help when you're struggling with self-stigma or self-blame. "Mental illness is not a failure of faith," says past DBSA Board Member Adrian Mosley. "My spiritual belief emphasizes a divine and compassionate power that loves us and wants us to be well."

You might choose to meditate or pray. This doesn't require any special knowledge or technique, though it may require some practice. It simply means clearing your mind, focusing on the present moment and filling your consciousness with a sense of peace and balance.

"The spirit tools help us weather the storms of a mood disorder and allow us to heal — not in a clinical sense, but in a sense of acceptance and forgiveness that allows us to turn weaknesses into strengths," explains author and online publisher John McManamy. "Mind, body and spirit are all interconnected. What is good for one affects the other two. For example, exercise works against depression, getting the body in shape, but also lifting spirits. Treatment, even when only partially effective, can be effective enough to get a person out of bed and put mind and spirit tools into play. Support groups help give me the tools to work on all three."

How do you seek spirituality? How does it help you with wellness of mind and body?

*Source: Outreach  
Summer 2004As Seen in: The Initiative  
Summer 2010*

## Yoga Possible Treatment for Depression

Researchers at Boston University School of Medicine (BUSM) and McLean Hospital have found that practicing yoga may elevate brain gamma-aminobutyric (GABA) levels, the brain's primary inhibitory neurotransmitter. The findings, which appear in the May issue of the *Journal of Alternative and Complementary Medicine*, suggest that the practice of yoga be explored as a possible treatment for depression and anxiety, disorders associated with low GABA levels.

Depression and anxiety disorders are associated with low GABA levels. Currently, these disorders have been successfully treated with pharmaceutical agents designed to increase GABA levels.

Using magnetic resonance spectroscopic imaging, the researchers compared the GABA levels of eight subjects prior to and after one hour of yoga, with 11 subjects who did no yoga but instead read for one hour. The researchers found a twenty-seven percent increase in GABA levels in the yoga practitioner group after their session, but no change in the comparison subject group after their reading session. The acquisition of the GABA levels was done using a magnetic resonance spectroscopy technique developed by J. Eric Jensen, PhD, an assistant professor of psychiatry at Harvard Medical School and an associate physicist at McLean Hospital.

Yoga has shown promise in improving symptoms associated with depression, anxiety and epilepsy. "Our findings clearly demonstrate that in experienced yoga practitioners, brain GABA levels increase after a session of yoga," said lead author Chris Streeter, MD, an assistant professor of psychiatry and neurology at BUSM and a research associate at McLean Hospital.

"This study contributes to the understanding of how the GABA system is affected by both pharmacologic and behavioral interventions and will help to guide the development of new treatments for low GABA states," said co-author Domenic Ciraulo, MD, professor and chairman of the department of psychiatry at BUSM. "The development of an.. intervention such as yoga that has no side effects but is effective in alleviating the symptoms of disorders associated with low GABA levels has clear public health advantage," added senior author Perry Renshaw, MD, PhD, director of the brain imaging center at McLean Hospital.

*Source: Medical News Today  
May 26, 2007As Seen in: The Initiative  
Summer 2010*



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# Breaking Free From Co-dependence

Written by Kathi Stringer July 12, 2003

Co-dependence is a style of relating to others that could be in the form of aggression, submissiveness, people-pleaser, neediness and etc.

## First, We Identify Co-dependency.

**The fit.** It would seem that if we put a people-pleaser with a needy person, we would have an ideal fit. We don't. What we have is co-dependence. Each person "needs" the other person to feel whole due to his or her unconscious pathology. Neither is whole in their own right but is dependent on the other to maintain a certain "completeness." Eventually, when each person is out-of-sync with the "giving and getting" there are accusatory problems and blame, i.e... "You don't appreciate me enough when I..." or "You never give me enough when I..." The people-pleaser cannot please enough or the needy person cannot get enough. This becomes a problem when one individual is sick of the co-dependent relationship and having to deal with the burden of being out-of-sync. What may happen next is the threat of change. This change of course does not go over well with the other individual. There is massive resistance. Why? Because change is seen in the other individual as REJECTION (a LOSS). When the people-pleaser changes, the needy person views this as REJECTION and will try and prevent this loss through all sorts of road-blocking behaviors. On the other hand, if the needy person becomes more independent, the people-pleaser is also afraid of rejection and won't be needed any more. The core of both pathologies is "rejection."

## Now, We Identify Wellness

**Wholeness.** When both individuals are complete in their own right, then we have a mutually beneficial relationship. Here, each individual brings something into the "relationship" to promote growth, rather than to patch a defect. When each individual is complete, the relationship builds and moves along.



On the flip side, when individuals are "fused" due to incompleteness, there is no movement, only a constant state of repair.

## An analogy

Co-dependency would be like a medic on the battlefield attending to the patient. The patient is chronic and the medic will not give up. The medic continues to repair the patient over and over again. Neither of them is moving anywhere. They are stuck on the battlefield. The patient is too hurt to move and the medic is too busy repairing the patient to move himself. The patient has a false sense of security of being chronically repaired by the medic. The medic has a false sense of security of being needed by the never-healing chronic patient. On the other hand, if both were individuals in their own right there would be no need for a patient or a medic. Rather, the individuals can actually meet and move on through life's journey without the chronic repair.

## Solution

**Change.** "Nothing changes if nothing changes. Because co-dependency is FUSION, there is a major problem with change. Change in either person is seen as REJECTION to the other person. 1. If I ask and you don't give = rejection. 2. If I give and you don't take = rejection. Let's see this dynamic in motion. The people-pleaser of the family can never do enough. The takers hound the people-pleaser with criticism. The people-pleaser will ALWAYS be one short of the stack and will continue to be abused while chasing the proverbial carrot to be worthy of love. The people-pleaser will break down in tears because they can never do enough or give enough. The people-pleaser is locked into a false illusion that if they finally jump high enough, run fast enough or anticipate every need well in advance, that they will finally be worthy of love. NOT A CHANCE! Such behavior is disrespectful to one's self. If one cannot respect one's self, the unconscious family logic feels the same way.

## Practice!

**No!** Have you ever noticed a two-year-old when they learn the word "NO?" They love that word! "No" to a two-year-old means "My way, not your way." "No" means the hatching into independence. "No" establishes the boundaries of self and not-self. "No" is a healthy way for the toddler to break away from the mother — infant FUSION. Healthy toddlers have a knack for saying "no." It is as if to say "no" is a method of promoting self-discovery and growth. The co-dependent person can learn a lot from the toddler and begin the process of self-identity by simply saying, "no." For example, "No, I don't need your help on this, I can do this myself. Or, "No, this is something you need to learn how to do for yourself." In both of these examples we have seen how "no" works for the people-pleaser and the needy to establish independence OUT OF co-dependence.

*Continued on page 7 (Co-dependence)*

**Clarify**

This does not mean we cannot do endearing things for each other. Far from it. The difference is this, when we do things for each other without patching a defect, we are grateful. Endearing gestures are like those nurturing notes or cards we give to each other. They are unexpected. However, when EXPECTED, the nurturing that is offered is received as a target of criticism, a form of entitlement. "You owe me, not enough..." rather than "That was so sweet, thank you!."

**More thoughts on co-dependence**

In a co-dependent relationship there is really no satisfaction. Notice the prefix "co" in co-dependence. That means that BOTH parties are psychological SLAVES to each other. It is like a freak of nature that both are joined in the mind by a delusion. One cannot go anywhere without the other psychologically. Where is the satisfaction in that? It is as if they are both psychological Siamese twins. To break apart would mean certain death to each delusional twin. However, with a bit of mind surgery (treatment), separation into independence may be achieved. Some surgery on twins is more dangerous than others; it just depends on how many psychological structures are cohabited and if the patient is willing to accept the risks in treatment for an independent and free life.

**Should I?**

**Risk.** Is independence worth the risk? If you think not, imagine being joined at the hip with a Siamese twin for life! If this is unacceptable, get a coach, (treater), learn to say 'no' and take a risk!

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**Andrea Andreeff**

Our dear friend Andrea Andreeff died Sarturday 21, 2010.

She always had a positive attitude and helped with the planning of our conferences.

I miss her laughter and her spunk. She loved her mother, Simon and took her everywhere (much like I did with my mother during her years with me in California.)

She will be missed by so many of us. Jo Ann Martin

**Secondhand Smoke and Mental Health**

By RONI CARYN RABIN

Smokers are known to suffer from high rates of depression and other mental health problems, and now a study reports that even people exposed to secondhand smoke are at significantly increased risk — and more likely to be hospitalized for mental illness.

The study analyzed data from the Scottish Health Survey of 1998 and 2003, a periodic look at a nationally representative sample of about 5,560 nonsmoking adults and 2,595 smokers. Nonsmokers exposed to secondhand smoke were 1.5 times as likely to suffer from symptoms of psychological distress as unexposed nonsmokers, the study found. The risk increased with greater exposure. And though psychiatric hospitalizations were rare over all, they were almost three times as common for the exposed nonsmokers, according to the study, published online June in Archives of General Psychiatry.

While the association between smoking and mental health problems has long been known, researchers have never been able to establish whether either one causes the other, said the paper's lead author, Mark Hamer, a senior research fellow at University College London.

"This research goes some way toward suggesting nicotine is having some sort of impact on mental health," Dr. Hamer said. "But of course, we need to do further work."

Source: The New York Times  
June 10, 2010

**DBSA-Riverside -siders amd friends**

*At Jo Ann Martin's\**

for the

**Holidays**

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**at noon**

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during summer months.

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~

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  
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**David Granirer, M.A.**

North America's Psychotherapist /Stand-Up Comic - Consultant. Vancouver based, Stand Up For Mental Health Presentation.



**David J. Miklowitz, Ph.D.**

Professor of Psychiatry, UCLA Semel Institute for Neuroscience and Human Behavior. Child and Adolescent Psychiatry.

## **Ask The Pros**

### **Himasiri De Silva, M.D.**

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1:00 PM

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Swimming, badminton, spa, food and more...

Bring a salad, main dish, or dessert.

If you can't bring a dish, come anyway,  
meat and beverage will be furnished.



\*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.



## 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

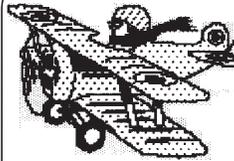
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### HEMET SUPPORT GROUP

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—

**DBSA- Riverside**

Map Legend

- ★ Meeting Location
- TTTT = Parking

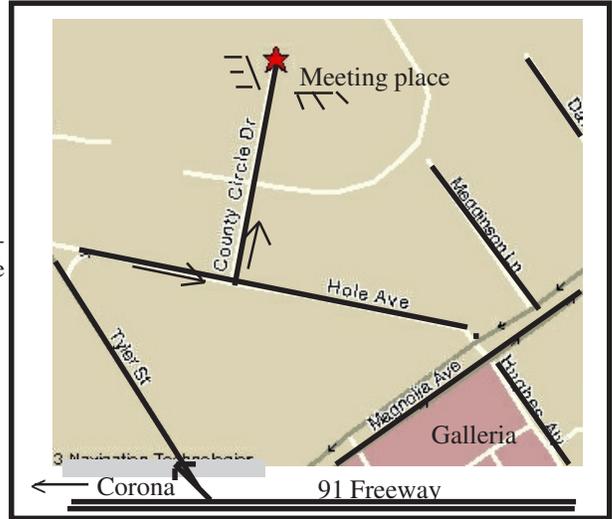
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.\* For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