



# The Thermometer Times

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

VOL. 24 NO. 10 Out of darkness . . . October 2011

## Dates to Remember

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### 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**  
**October 3, 10, 17 & 24**

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.

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

**E-mail for DBSA, Riverside:**  
[DBSAtoday@yahoo.com](mailto:DBSAtoday@yahoo.com)

**E-mail for DBSA, California:**  
[DBSAtoday@yahoo.com](mailto:DBSAtoday@yahoo.com)  
Please include your phone #

#### 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



Dr. Ian Jones

## Diagnosis in psychiatry: Imperfect but *important* -- or merely a myth?

Dr Ian Jones, Reader in Perinatal Psychiatry at

Cardiff University, reviews the pros and cons of diagnosis.

DIAGNOSIS IN PSYCHIATRY is complicated. Many of you will know this to be true from your own experience. It's not unusual for people to receive a range of diagnoses, particularly in the early stage of their illness. Studies have shown an average of nine years pass between the first significant mood symptoms and a person receiving a diagnosis of bipolar disorder.

Many of you will have collected a range of labels over the years; depression almost certainly, but perhaps also schizophrenia, borderline personality disorder or one of many other possibilities.

Mental health professionals often disagree with each other on diagnosis, and may change their minds — sometimes, it would seem, far too frequently. Given these issues it is not surprising that the whole concept of diagnosis in psychiatry has been questioned in recent years.

In this article I will ask whether we should abandon diagnosis or are we in danger of throwing the baby out with the bathwater? In short, I will ask if there are benefits from making diagnoses as well as problems?

### PROBLEMS OF DIAGNOSIS

Opponents of diagnosis in psychiatry can make some powerful arguments. They point to how labeling can lead to a denial of a person's individuality. They highlight situations in which people with the same diagnosis have illnesses that may be more different than they are similar. They argue that once a label is applied it is difficult to shake off — this is a particular worry as there is a suspicion that some diagnoses may be used as a way of restricting access to services. Many people rightly feel

*Continued on page 2 (Diagnosis in Psychiatry)*

## 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.

**(DIAGNOSIS IN PSYCHIATRY)** *Cont'd from Pg 1*  
that being described as "a bipolar...", for example, reduces a person to their illness. There is also an understandable concern that the expanding manuals of psychiatric diagnosis represent a colonisation of normal human behaviour by drug companies ever keen to find new markets for their products. The argument is made that in practice, we tend to treat psychiatric symptoms and not disorders.

These are real issues, and need to be addressed. However, I think the rejection of diagnosis in psychiatry often comes from a belief that psychiatric disorders are fundamentally different from other medical problems.

It is this belief I want to challenge. Many arguments against diagnosis in psychiatry actually represent an underlying belief that 'mental health problems' are better understood as issues of individual psychology, or are primarily social even political — problems. It is argued that it is not helpful to think of these 'problems of living' as an illness, disorder or disease. This approach certainly has its appeal, but I believe there are also dangers down this road that are important to examine.

### **BENEFITS OF DIAGNOSIS**

So what are the benefits of psychiatric diagnosis? There may be some advantages for those receiving a diagnostic label. Many find it helpful to 'know what they are dealing with' and it can help them gain information about the condition. Many organisations are based on a diagnostic label — not least, of course, MDF the Bipolar Organisation itself. These groups can bring together individuals with shared experience and a common goal. Diagnostic labels can also help focus research — for example the Bipolar Disorder Research Network (see bdrn.org) which is making fantastic progress in bringing researchers, clinicians and people with bipolar disorder together

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

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to understand this condition better.

A diagnostic label can help make predictions about future illness. For example women who have received a diagnosis of bipolar disorder are known to be at high risk of a severe episode following pregnancy (visit bdrn.org to find out more about our research about bipolar disorder and pregnancy). Diagnosis can also have important implications for treatment - for example, a history of bipolar disorder is very important to take into account when planning the treatment of an episode of depression. The need to make a diagnosis can help keep professionals on their toes — is this bipolar disorder or are these symptoms better understood as another psychiatric disorder or could they be the result of a physical condition such as thyroid disease? It is important we always consider the range of possibilities that may account for the symptoms and experiences of people seeking help with mental health problems.

### **IS DIAGNOSIS IN PSYCHIATRY VERY DIFFERENT FROM THE REST OF MEDICINE?**

For the majority of psychiatric disorders, we are unfortunately not making diagnoses based on a clear

*Continued on page 3 (Diagnosis in Psychiatry)*

# 'I'M NOT ALONE'

Harmony Center west helps with mental health issues and addiction.

BY ERIN WALDNER  
STAFF WRITER  
ewaldner@pe.com

When Banning city officials were considering closing the community center in 2010 to reduce expenses, about a dozen citizens addressed the City Council and spoke of what the facilities meant to them.

Several people who spoke at that City Council meeting were there on behalf of Harmony Center West, a peer-run center, for people with mental health challenges. Some of its members also are in recovery for substance abuse.

The city kept the community center on North San Geronio Avenue open and Harmony Center West is still there, providing free mental health services three days a week.

"It's very, very much needed," said Susan Shapiro, who runs Harmony Center West.

The program, part of Oasis Rehabilitation Center in Indio, is for consumers of Riverside County mental health services. It has been at the Banning Community Center for about two years.

Oasis operates a second Harmony Center in Indio. In Banning, the organization is charged \$30 every time it uses the community center. This is the city's nonprofit rate.

Shapiro said a lot of people who have frequented the Banning center are bipolar. "Others are bipolar and schizophrenic, paranoid schizophrenic or have borderline personality disorder, she said.

The center has eight to ten members at a time.

Peer support specialists such as Shapiro and Patricia Ramirez, Shapiro's supervisor, have challenges that are similar to those of their clients, and they have been trained by Riverside County to assist others. Ramirez said they share their stories and talk about what worked for them.

Shapiro, 51, is a wife and mother and Beaumont resident. She said she is bipolar and a recovering alcoholic, sober about eight years.

"This is the most rewarding job I've ever had," said Shapiro, a peer support specialist since 2008. "I get to see people really come out of their shell."

The center maintains a calendar with scheduled activities. Activities on Tuesdays in September start at 9 a.m. with meditation and check-in, followed by a break/ walk, role playing, lunch, money management, something called WRAP and lastly, Staying in the Here and Now. The day ends at 4 p.m. with clean up.

WRAP stands for Wellness Recovery Action Plan. "That is your personalized plan for how to take care of your mental illness," Shapiro said. Someone's plan might be to shower regularly, take their medication regularly and go to Harmony

*Cont'd from Pg 2 (DIAGNOSIS IN PSYCHIATRY)*

understanding of the underlying causes of illness. Rather we are dealing with 'syndromes' — diagnosis based on certain symptoms clustering together that cause problems to a person. Historically this would also have been the case for physical conditions but as medical knowledge advanced we moved from treating symptoms as best we can, to treatments that target the underlying causes. Our hope is that as we understand more about psychiatric illness we will make similar progress in developing better treatments for these conditions.

Are there social and political influences that impact on psychiatric illness? Undoubtedly yes — but is this any different from medicine in general? Decisions about taking turkey twizzlers off our school dinner menus may have long term benefits for the physical health of our nation just as housing policy may have important effects on our 'mental' health.

My argument then, is that diagnosis in psychiatry has problems but that these are not different in many ways from other areas of medicine.

## PSYCHIATRIC DIAGNOSIS IN THE FUTURE

Our diagnoses are clearly imperfect and as we learn more about these disorders our classification of psychiatric illness will undoubtedly change. So what should diagnosis in psychiatry look like? It is dearly important to avoid a 'one size fits all' approach and we must always take account of a person's individuality. A focus on the whole person is what attracted many professionals into psychiatry and it's important that it remains central to how we respond to mental illness.

What we need is not to abandon diagnosis — but to improve diagnosis. Not *no* diagnosis, but *better* diagnosis. Diagnosis which recognises its limitations. Which is unafraid to discuss uncertainly Which is prepared to be reviewed regularly and thoroughly. Which looks to a future in which our diagnostic classifications reflect the underlying causes of disorders and can take better account of individual differences as well as similarities. We need mental health professionals who don't pretend they have all the answers, and who recognise that diagnosis is a two way process involving the person with mental illness as well as the clinician.

*Source: PENDULUM  
Summer 2011*

Center.

On Mondays, time also is allotted for journaling, healthy daily living, coping skills and recovery management, and on Fridays, there is a session on anger management.

"The tools we offer, they help you deal with real life," Shapiro said. -

Job resources are available, as well.

Shapiro said she adjusts the schedule if needed. On a recent Tuesday, she got the sense during check-in that people were feeling stressed, so she wrote on a whiteboard, "Questions to ask yourself about stress." She told those in attendance they might learn new ways for dealing with stress. A member of the center, Amber Catlett, led the session.

Catlett, 27, of Beaumont, said in an interview that she

*Continued on page 4 (I'm Not Alone)*

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Cont'd from Pg 3 (I'M NOT ALONE)

started going to the center in October 2010. She said she has some mental health issues and she is in recovery for alcohol and drug abuse. She has been sober 11 months.

"I come as much as I can," she said.

Catlett said she appreciates that she can express herself at the center and that she has made a lot of friends who care about her.

"I'm not alone," she said.

When Catlett called on the City Council in 2010 to keep the community center open, she said Harmony Center West has helped her deal with being bipolar and schizophrenic and in her recovery from substance abuse. She told the elected officials that the program was the only thing keeping her sober.

"She has suffered for 17 years for her drug addiction and she refuses to suffer again," the minutes from that meeting state.

Source: *The Press-Enterprise*  
September 15, 2011

## RECOVERY PROGRAM: FREE SUPPORT FROM PEERS



RODRIGO PENA/FREELANCE PHOTOGRAPHER

Susan Shapiro, right, is the coordinator of Harmony Center West in the Banning Community Center. Amber Catlett, left, of Beaumont, led the peer group Tuesday in a discussion about stress.

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## Domestic abuse ups mental illness risk

Researchers say California domestic violence victims suffer disproportionately higher rates of mental health distress, according to new research from the UCLA Center for Health Policy Research.

Of the 3.5 million Californians who have been domestic violence victims, nearly 600,000 said they experienced symptoms of serious psychological distress, including anxiety

and depression, some of the most serious kinds of diagnosable mental health disorders.

Adult domestic violence victims were more than three times as likely as unaffected adults to report serious psychological distress in the past year.

Domestic violence victims also were more likely than non-victims to seek mental health care and to resort to coping strategies, such as binge drinking.

Go to [www.healthpolicy-ucla.edu](http://www.healthpolicy-ucla.edu) to read the policy brief, "The Link Between Intimate Partner Violence, Substance Abuse and Mental Health in California."

Source: *Riverside Press-Enterprise*  
August 31, 2011

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# Trying on Therapists

Finding a therapist you click with can be as hard as finding a soulmate. Not every counselor is a good fit—and even a good fit won't always stay that way.

Over the years, I've had my share of mismatches. There was the university trainee who basically told me I was just channeling my psychology textbooks, the woman who wouldn't accept that I'd been depressed since age 7, and the man who reminded me just a little too much of my ex-boyfriend and father.

Then there are the times you do click—the professionals who understand you right where you are at that moment, and who are capable of moving you forward to the next place you need to go.

I've had three such experiences.

I suppose my first psychiatrist, whom I'll call Dr. Smith, can't strictly be considered a therapist. Like many in his profession today, his primary mission was finding medications that could make a dent in my persistent depression, not talking things through with me. But every counselor I saw at the time passed on working with me, saying a psychiatrist was what I really needed.

In our brief discussions, though, Dr. Smith did indeed give me something I really needed: validation. He truly listened when I talked about my experiences and made discoveries that others had missed—for example, that sleep apnea explained part of my depression and fatigue.

Our regular relationship came to a close when Dr. Smith moved away. By that point, we had found effective medications and I was in a much better place. I stuck with what he'd prescribed, making the hour-long drive to see him twice a year to check that all was still running smoothly.

When I sensed trouble in my marriage, however, I knew I needed someone to talk to. I was thrilled to find a psychologist who was warm and direct. "Barb" reminded me of a caring aunt or grandmother. She hugged me often—something I needed desperately at that time in my life, when I felt so



depressed and anxious and lived so far away from friends and family.

I felt as if Barb and I were completely in sync. She would mention a theory and I'd finish her sentence, sharing knowledge from my studies. I liked feeling that I was an equal in managing my depression, that I could use my education to help myself. With Barb's coaching, I felt myself moving forward.

But as often happens in relationships, the very thing that first attracted me to Barb was the thing that began to erode the connection I'd so enjoyed.

Her closeness began to feel intrusive, more like a pushy friend than a neutral advisor, and her suggestions started to feel like attacks. I wasn't ready to be prodded in the directions she felt were right for me to go.

I found myself leaving our sessions in tears, missing that earlier sense of uncritical understanding. The wonderful counseling relationship suddenly seemed sour, and I stopped going back. I'd made tremendous progress in the year I worked with Barb, but her style was no longer comfortable for me.

Due to life changes and financial considerations, I had to wait a bit before looking for a new therapeutic match. Serendipity intervened after I moved back to my hometown: I found "Dr. Goodheart," a psychiatrist who incorporates talk therapy into his sessions, through family connections.

I wasn't sure what to think of him at first. He's pleasant, but mostly silent. Generally I talk and he listens, commenting or nodding in understanding as needed. I need less affirmation

*Continued on page 6 (Trying on Therapists)*



# Easy does it!

A steady mindfulness practice can dramatically alter the



way you respond to symptoms of depression and anxiety. Though lasting change takes time and practice, here are some relatively simple ways to get started:

**Choose a daily reminder.** Use one repetitive activity a day—like answering the phone, walking through a door, or stopping at a red light—as a reminder to take a deep, calming breath, suggests California therapist Zoe Newman, MIT. This sort of bite-sized relaxation, she says, makes it easier to start a more regular mindfulness practice.

**Sink into sensation.** Your morning shower can be good training for how to stay out of your head and in the moment according to *The Happiness Trap*, by Russ Harris, MD. Concentrate on the sounds of the spray and gurgling drain, the feel of water on your skin, the smell of your soap and shampoo, the movements of your arms and legs. Whenever your mind wanders, gently acknowledge your thoughts and return your focus to the physical experience.

**Meditate on the move.** Go for a walk with heightened awareness of what's going on within and around you. 'A walking practice may be better for someone who's feeling very agitated or restless,' says

Zindel V. Segal of the Centre for Addiction and Mental Health in Toronto.

**Focus on your food.** In *The Mindfulness Solution: Everyday Practices for Everyday Problems*, Ronald D. Siegel, PsyD, proposes mindful eating—chewing slowly while noting the taste and texture of each bite—as a benefit for both mind and body. Scheduling at least a half-hour for a small meal, he says, will give you enough time to savor the food and your digestive system enough time to send a signal that you're full.

**Cultivate kindness.** When you notice yourself using internal comments such as, "I blew it," or, "I should've done it differently," try to treat yourself with the compassion you would show a friend, says Newman. Practice swapping in encouraging phrases such as, "I did the best I could," and, "What can I do now?"

Source: *esperanza*  
Summer 2011

## Older Adults and Anxiety

Anxiety disorders are common at all ages but can present differently in older adults. Symptoms such as shortness of breath, dizziness, trembling, and stamina issues may be mistakenly identified as conditions such as heart, thyroid, and pain issues.



Late-life anxiety often occurs with depression and a decline in cognitive or functional ability. One third of people experiencing anxiety do so for the first time after the age of 50. Prevalence of anxiety disorders among older adults ranges from 4-10%.

Anxiety can be described as apprehensive expectation. This might include difficulty controlling worried feelings, restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance.

Symptoms can cause distress or impairment in social, occupational, or other important areas of functioning. Anxiety symptoms in late-life may be due to losses, depression, stress, medical problems, side effects of medications, or substance abuse. Treatments can be effective and may include a combination of complementary and alternative therapies, psychotherapy, and medications.

Source: *Current Psychiatry*,  
March 2011, vol 10, No. 3  
As Seen In: *The Rollercoaster Times*  
Fall 2011

### (TRYING ON THERAPISTS) *Cont'd from Pg 5*

and more insight now, and I've grown to love Dr. Goodheart's understated approach and deep expertise. He prescribes books he believes will help me, asking me to reflect on whatever resonates with me.

He constantly surprises me with ideas that fit my situation exactly. Perhaps my needs in a counselor will change yet again, but at this moment, I feel I'm going somewhere with Dr. Goodheart—a better place—and that someday I may actually arrive.

*Jenny Stamos has written on lifestyle issues for magazines such as Self, Shape, Glamour, Women's Health, Redhook and Prevention. She now writes and blogs from Sarnia, Ontario. Visit her on the web at [jennystamos.com](http://jennystamos.com).*

Source: *esperanza*  
Summer 2011

# Halloween Haunt

Tour the grounds!

**Come Join Your Friends**  
At Jo Ann Martin's  
**Franklin Park**

Monday,  
**October 31st**

**7 - 10pm**



- ➔ Acres of Haunted Walkways
- ➔ Virtual Coffin Ride
- ➔ Haunted Garden with FX Lightening
- ➔ Halloween costume Contest with Cash Prizes
- ➔ Makeup Artist on Site for Haunted Makeover
- ➔ Camp Fires & Fireside Chat with Roasted Marshmallows
- ➔ Tarot Card Readings
- ➔ Experience the Pirates of the Caribbean

Make it a family night!



**Sit by Campfire**

Listen to tall tales and scary stories

**HALLOWEEN**

\* 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  
2<sup>nd</sup> Driveway on the right.

16280 Whispering Spur  
Riverside, CA 92504  
(951) 780-3366



**Have a tasty 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:

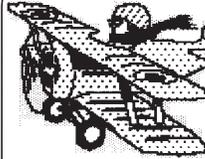
Riverside Co. Dept. of Mental Health  
The Family Advocate Program  
951 358-4987/1-800-330-4522

## Phone Phriends

If you need someone to talk with:

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

Cathy Waechter 951 / 529 - 8586  
5 pm to 9 pm



## ANNOUNCEMENTS

**DBSA Temecula**  
Mark Monroe  
951 / 551-1186

**Rancho Cucamonga DBSA**  
Meets Thursdays  
Contact: Gena Fulmer  
909 / 367 - 8944 OR  
e-mail: genafulmer@yahoo.com

**DBSA Hemet**  
Hemet Support group meets at  
Trinity Lutheran Church  
Mondays, 5 to 7 pm.  
951 / 658 - 0181 (Lyla)

**DBSA - Loma Linda**  
VA Medical Center, 2nd Floor  
11201 Benton Street  
Loma Linda  
Thursdays, 6 to 8 pm.  
909 / 327-6178

**DBSA Riverside (Over-comers)**  
Lake Hills Christian Center  
12500 Indiana Avenue, Riverside  
Ken Sharum  
951 / 368-7713

**Stigma Reduction and Suicide  
Prevention**  
AdEase/Riv.Cou.Mental Health:  
Julia Sullivan 619 / 243 - 2290  
www.adeaseonline.com

**DBSA Alta Loma**  
1st and 3rd Wednesdays  
6 to 8 pm.  
909 / 944-1964

### 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

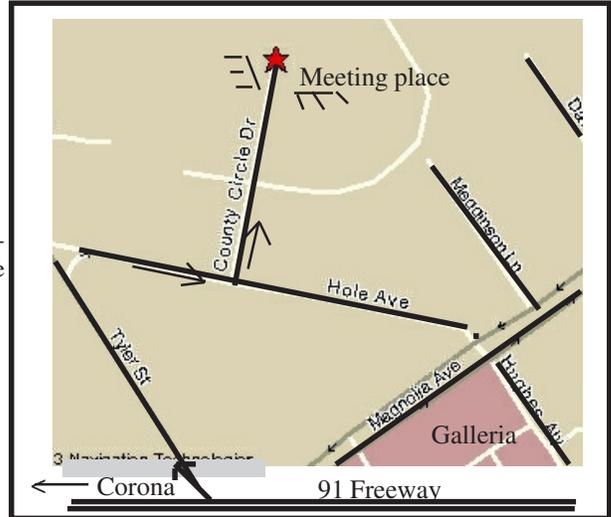
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.\* For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