



# The Thermometer Times

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

**VOL. 24 NO. 4**     *Out of darkness . . . April 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**

**April 2, 9, 16, 23, 30**

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

## Lithium rules ok!

Clare Dolman sings the praises of 'the little white lifesaver'

Some of us long-term 'users' have endured years of pitying glances from other people with bipolar disorder because we take what they see as some sort of pharmaceutical sledgehammer.

It seems some regard lithium as symbolic of old-style psychiatry when — so the story goes — your doctor drugged you up to the eyeballs and turned you into a zombie because you were so much quieter and easier to control that way.

Well, I've always protested that the reality is very different. As someone who has taken this natural salt for over 25 years, I'm not afraid to stand up and give thanks — I'm sure these little white pills saved my life — and the lives of thousands and thousands of others.



When I reflect on the amazingly talented people who died young because there was nothing like lithium around when they were alive — from Schumann to Van Gogh — you can only think 'if only.'

Of course, lithium doesn't agree with some people: unfortunately, a few suffer tremor, some gain weight, and most experience polyuria (peeing a lot). I am one of the lucky ones who have had no significant problems taking lithium, just an awareness of a degree of 'cognitive dulling' or mental slowness. This seemed to lessen over the years but was a major incentive to stop taking the tablets, which I did a few times with unhappy results.

Another factor was the psychological sense of being 'controlled' by a chemical given to me by someone who obviously knew much more about the condition and so knew what was best for me.

That rankles with most people, but I found the way to overcome that feeling was not to ignore the psychiatrist's advice but to educate myself about the condition so I felt more in control. That learning process also helped me to realize that I could minimize the cognitive side effects by very, very gradually reducing my dose (this also improves problems with tremor).

My task was made infinitely easier when I found out by chance from my GP that my medication (Priadel) came in tiny 200mg tablets as well as the hard-to-swallowing 400mg size. Cutting these in half allowed me to reduce my dose very slowly over months, indeed years, carefully monitoring my mood as I went.

Ignorance is not always bliss — in my experience, 'knowledge is power'. So thank you John Cade and Mogens Schou, two giants of psychiatry who were largely responsible for revolutionizing the treatment of bipolar disorder — and saving so many lives — with those little white 'life-savers'.

**Clare Dolman is research editor of *Pendulum*.**

*Source: Pendulum  
Spring 2011*

## 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.

## New disability access rules take effect

**Julie Miannecki, Reporting from Washington**

New federal regulations improving access for the disabled took effect Tuesday at more than 7 million facilities nationwide, including many used for recreation.

The changes, required under the Americans with Disabilities Act, affect places such as amusement parks and movie theaters.

"If you went on vacation and your family was going to go play a game of miniature golf, up until now, a child in a wheelchair would have to sit on the side and watch everybody else have fun," said Maureen Fitzgerald, director of disability rights at the Disability Policy Collaboration, an advocacy group. "Now there will have to be an accessible route for the child so they can play too."

New construction and renovation projects will increasingly have to take people with disabilities into account.

Requirements include wheelchair ramps and handicapped-accessible benches in saunas.

Fitzgerald said the new standards were established in 2004, giving the building industry time to plan for such accommodations. Existing buildings must be retrofitted for the disabled only if the construction can be done "without much difficulty or expense," the regulations state.

Marilyn Golden, a policy analyst with the Disability Rights Education and Defense Fund, said the new regulations fit well with many existing local building codes. "So now architects have one standard to follow --they don't have to comply with multiple standards that may seem conflicting."

These changes are the first major revision of Americans with Disabilities Act regulations in 20 years, the Justice Department said.

Golden said other important changes involved hotel rooms

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and seats at sporting events, concerts and plays.

"For example, let's say we're at a sporting event, and there's an exciting play and everybody stands up," Golden said. "Can an individual with a disability see over all those heads? It's much clearer that accessible seating has to provide a clear line of sight, and how that is to be achieved."

Golden said before these regulations, it was common for a person with a disability to reserve an accessible room only to arrive and find, for example, that a wheelchair could not fit through the bathroom door.

"This is not just to be considered a luxury," Golden said. "A disabled person who needs an accessible room may not be able to use an inaccessible bathroom. So you're in a position where you arrive late to your hotel, you need to get to sleep and get up to fulfill your professional obligations, but you can't use the hotel bathroom."

[jmiannecki@tribune.com](mailto:jmiannecki@tribune.com)

Source: *Los Angeles Times*  
March 16, 2011

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# FDA revisits risks of shock treatments

Debate rages over a bid to change how electroconvulsive therapy, or ECT, devices are regulated.

Andrew Zajac, Reporting from Washington

They used to call it “Eddison’s medicine” or, with a touch of gallows humor, a “Georgia Power cocktail” — the practice of hooking mentally troubled patients up to an electrical current and jolting them until they went into convulsions.

Pioneered in the late 1930s, electroshock therapy, as it was more commonly known, was a scientifically crude practice that often left patients dazed and disoriented, sometimes with broken bones.

For many it became a symbol of the callousness that often characterized the treatment of the mentally ill.

But that was then. Though its use waned as a result of reformers’ attacks and the development of powerful drugs that offered an alternative treatment, electric shock therapy never entirely disappeared. The controversy over its use resurfaced in January when an advisory panel of the Food and Drug Administration met to consider a proposal for changing the official risk classification of today’s electroshock devices.

Influential voices in the mental health establishment, including the American Psychiatric Assn. and the National Alliance on Mental Illness, urged the FDA to drop such devices into a medium-risk category, arguing that modern electroconvulsive therapy, or ECT, as it’s now known, has proved safe and effective over many years of use.

Although medical science still doesn’t understand exactly how it works, modern versions of the treatment offer the last, best hope of patients suffering from extreme depression and several other intractable psychiatric disorders, proponents say.

About 100,000 people, two-thirds of them women, are thought to receive such treatment annually.

“For a very small population of severely depressed people, there’s no other form of treatment like ECT,” said Roberto Estrada, chief of electroconvulsive therapy services at New York’s Lenox Hill Hospital. “It’s for patients who are beyond the reach of conventional psychotherapy and who don’t respond to drugs.”

Others remain sharply critical of the treatment, calling it dangerous, ineffective and often harmful.

“The classification should not be downgraded, and there should be a suspension of its use until it’s proven safe,” said Daniel Fisher, a Boston psychiatrist who argues that the jolts of current cause permanent brain damage.

“To me, it’s unbelievable that they’re considering downgrading it. It would be putting it in the same classification as a wheelchair or a syringe.”

In January, after two days of hearings by the FDA advisory panel, 10 members favored keeping ECT equipment in the high-risk category, while eight favored ranking it a medium-risk device for treatment of depression. The panel also favored keeping the device’s high-risk rating for treatment of schizophrenia.

Most panel members agreed that ECT works to relieve acute depression in most patients, at least in the short run. But they were concerned about a lack of studies documenting safety and effectiveness over the long haul.

“The indications are all chronic conditions that are mostly lifelong, and for us not to have data in hand [for] a reasonable assurance of safety and efficacy long-term

I think is a major failure,” said panelist Mae Gordon, a professor at the Washington University School of Medicine in St. Louis.

An advisory panel’s findings are not binding, though the FDA usually follows them.

At its core, ECT remains a mystery more than 70 years after its first use.

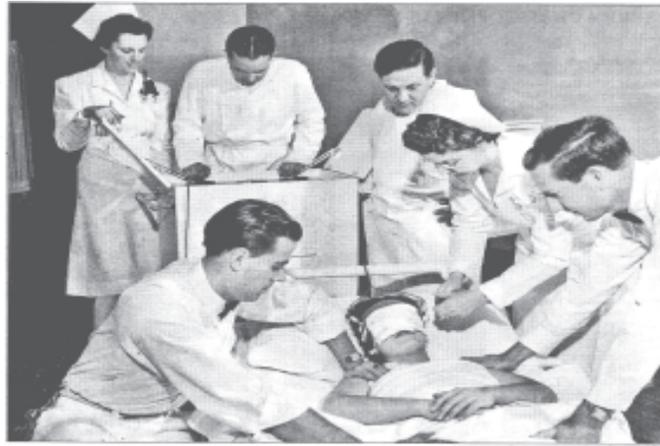
In today’s version of ECT, an electrical current is applied to one side of the head, triggering a convulsion similar to a grand mal epileptic seizure that lasts for up to a minute. A typical course of ECT involves six to 12 sessions over three to five weeks.

Each session costs \$1,000 to \$2,000, and an ECT device, about the size of a bulky briefcase, runs about \$15,000.

In contrast to the form of electroshock used half a century ago — the treatment that produced the stereotypical images of straining, violently convulsed patients — present-day ECT is administered under general anesthesia and with muscle relaxants.

“Unless you were watching the EKG or the EEG, you wouldn’t know that the person’s actually gotten the shock,” said Larry Tye, a journalist who witnessed the ECT treatments of Kitty Dukakis, wife of former Massachusetts Gov. Michael S. Dukakis. Tye and Kitty Dukakis co-wrote a book about the benefits of electroshock therapy.

Whatever the risk-benefit calculations of individual



**HOW IT WAS:** A patient is prepared for electroshock at Patuxent State Hospital in 1942. Though the treatment has a sordid history of abuses at some hospitals and prisons, proponents say it remains a useful tool.

*Continued on page 5 (ECT)*

# Personal Journeys and Quests

## Acceptance

By Lynne Stewart  
November 21, 2010

I've overcome the lessons of the past, the lessons that turned me against myself and made me despise and try to destroy myself.

I've gained an awareness of how the process of destruction works psychologically and how devotion, dedication and tenacity can facilitate profound changes in my ability to interact with and relate to others.

I've learned to accept myself, which gives me the opportunity to accept others. The skill has come gradually over my lifetime. I learned a great deal from role models and teachers, but ultimately I had to do the work of assimilating and integrating these lessons into my actions.

Acceptance is having goodwill for the spirit. It is empathic and believing. It does not judge according to stereotypes. Acceptance is taking another at face value and learning from them about them. It evolves and builds relationship. Acceptance is observing unflinchingly, without judgment and with compassion.

All this is true whether learning self-acceptance or acceptance of others. Self-acceptance assists me in affirming others. We learn self-approval from our earliest teachers and role models if we are lucky. We learn it through the love that is shown toward us. As we grow we develop the capacity to do this with other people.

How do you assess without judgment when you have lived unaccepted, disapproved of and criticized up until now, when that has been your teacher and role model? The keystone is love. How do you find love and acceptance for yourself when you have never had it?

To be loved by someone else is like a rain storm in the desert. It makes rivers run and flowers bloom.

It teaches you that what you thought was love before, was not. It teaches you that love is not judgmental and critical but accepting and caring. You learn that love does not defile, debase or rape you. You learn that love is respectful, affirming and kind.

And, once you have experienced this you can begin to feel this way about yourself and others.

I have learned to accept and love myself and to be accepting and loving toward others. This process has changed me and the world in which I live.



## Friend

By Susie Phillips  
For Sheila...in prison

Why haven't I written a poem about you?  
Because poems are supposed to be pretty?

With lilted words?

Lines that rhyme,

no loose ends

left untied?

No injustices?

No pain?

Must they be pretty packages

With answers intact?

Serving to bless and minister

...to impress?

To write a poem about you

I'd have to break that mold.

To describe the indignity, the pain and confusion  
you face daily,

I'd have to paint a picture  
of injustice to a human soul,

searing of a tender spirit,

weariness beyond what a human being can bear,  
desperately grasping for that word, "hope."

I came to you as a friend,

not knowing the weight of the yoke

I reached out to share

or the many changes it would bring

from grappling with culture shock,

and from having those words "I love you" be  
challenged and purified.

With all my heart I want your freedom.

But your release seems like a mirage.

In the painful work of waiting,

I'll hold your hand,

Friend.



ECT Continued from page 3

patients now, electroshock still carries historical baggage. In early years, convulsing patients sometimes turned blue or broke teeth or bones.

And practitioners sought to apply it to a range of what they perceived as problematic conduct, leading to the spread of electroshock not just through mental hospitals but into prisons, where it was used as punishment as well as away to modify behavior of troublesome inmates.

At the Georgia State Sanitarium, then the largest mental institution in the United States, inmates in the 1940s received the "Georgia Power cocktail" merely for being uncooperative.

The misuse also extended to psychiatrists groping for treatments for hard-to-reach patients.

"For years it was a voodoo treatment that was used for practically everything because it was all we had," said Julia Frank, a professor of psychiatry at the George Washington University School of Medicine. She noted that antipsychotic drugs didn't begin to appear until the early 1950s, and antidepressants didn't come along until later that decade.

Only two small companies, Mecta Corp. of Lake Oswego, Ore., and Somatics of Lake Bluff, Ill., make the ECT devices. Officials at both companies declined to comment on the FDA review.

Some advocates of ECT worry that if the equipment stays in the high-risk category, manufacturers won't be able to afford new testing.

But most panelists seemed confident that ECT would survive.

"We're not going to be shutting down ECT. We're not going to be taking a device off the market," said Jane Paulsen, a psychology professor at the University of Iowa who recommended keeping the high-risk designation.

azajac@latimes.com

Source: Los Angeles Times  
March 20, 2011

Pot use linked to early psychotic onset

Marijuana use may play a causal role in the development of psychotic disorders, including schizophrenia.

Research published online in the Feb. 7 Archives of General Psychiatry suggests that the mean age of illness onset was more than 2.5 years earlier for marijuana users compared to nonusers. However, the age of onset did not significantly differ between alcohol users and nonusers.

Some 80 studies were analyzed. The Australian investigators noted that decreasing marijuana use may delay or even prevent some cases of psychosis.

One of the researchers, Dr. Matthew Lange, said, "Reducing the use (of marijuana) could be one of the few ways of altering the outcome of the illness because earlier onset of schizophrenia is associated with a worse prognosis. Other factors associated with age of onset, such as family history and gender, cannot be changed."

Source: ADAMhs ADVANTAGE  
Spring 2011

Antidepressant response can be judged in two weeks, study finds

March 17, 2010, TOKYO, Japan—It may be possible to have the time a depressed person stays on a particular antidepressant medication before determining whether it is effective, a new study suggests.

Research from Japan and Canada looked at how to alleviate depressive symptoms as early and as safely as possible during the acute treatment phase.

They examined studies done over more than 40 years and found most available treatment guidelines for major depressive disorders recommend the continuous use of antidepressants for four to eight weeks, based on the idea of a delayed response to the drugs.

However, the data shows that if an antidepressant doesn't start to work within two weeks, it's less likely it will work at all, they said. They concluded it may be feasible to switch people not responding to another medication within two weeks of the start of treatment.

The study, which appeared in the journal Progress in Neuro-Psychopharmacology and Biological Psychiatry, was entitled "Accelerating response to antidepressant treatment in depression: A review and clinical suggestions."

Source: esperanza  
Spring 2010



Saturday night show, all star cast on the lawn

May 14, 2011

Location: Franklin Park Gardens

16280 Whispering Spur  
Riverside, CA

Call: 951-780-3366

Or visit DBSAtoday.com for details

If you would like to attend the show and are on very limited funds, see Jo Ann or Leroy about help with buying a ticket. Supply limited & subject to approval.

# MENTAL ILLNESS ISN'T A JOKING MATTER



MITCHELL ROSEN

There is a recent trend to use mental illness diagnoses as pejorative adjectives. Somehow it has become acceptable and commonplace to refer to a person as bipolar or retarded. If a person blurts out words that make little sense, then it is not unusual to say they have Tourette's.

These illnesses are real. Individuals who have them deal with enough hurt and pain without adding ridicule to the mix.

In this country, our prejudice and hate seems to follow a pecking order. If the group being maligned is not powerful, organized or capable of defending themselves, they are fair game. The mentally ill and neurologically impaired would seem to fall into this category.

As a professional who works with all of these disorders, it sickens me to turn on the TV and hear comedians or commentators use mental illnesses as catchy phrases. If you have ever counseled a family who has lost a bipolar loved one to suicide or been involved with parents raising a mentally disabled child then you understand there is nothing humorous about mocking these people.

You may feel this writer needs to lighten up. It's just words and they're funny. No one is really being harmed. That is not the case. Most prejudice starts with words that lead to mocking and escalate to stereotyping and eventually hate. It's on a continuum and the first rung is usually words or "humor," jokes at the expense of others.

It is not my intent to be the morality police. Because of what I do for a living, I am aware of mental illnesses and understand there is nothing funny about an individual who cannot control their episodes of depression or involuntary sounds or movements emanating from their bodies.

Like the 1958 Steve McQueen movie, "The Blob," in which an amoeba-like creature grows uncontrollably as it gobbles up everything in its path, prejudice seems to be making a resurgence in our county with a vengeance. I would hope that taking a stand against humiliation is not being political or is not the province of the left or the right. It is an issue that affects all of us. I do not know of any family who has not been touched by mental illness and yet we seem to tolerate mocking these illnesses with a wink and a nod.

I would like to think the majority of the time these utterances are ignorance rather than malice. For years I used the term gyped, inferring a person was cheated out of

something until I was pulled aside and told gyped is slang for gypsy and using the term meant I believed all gypsies were liars and thieves. I just had to be told once; hopefully others will understand mental illness diagnoses are not funny terms and it is not hip to be hateful.

Mitchell Rosen, M.A., is a licensed marriage and family therapist with practices in Corona and Temecula. Contact him at family@PE.com

Source: *The Press Enterprise*  
October 21, 2010

## Regular physical activity reduces depression risk

A study published in the November issue of the *British Journal of Psychiatry* said that participating in regular leisure-time physical activities of any intensity can lead to a decrease in depression.

The study of 40,000 Norwegians found that those who were not active during their time away from work were almost twice as likely to have symptoms of depression compared to those who were active. However, there was no association between workplace exertion such as walking or heavy lifting and decreased symptoms of depression.

Source: *ADAMhs ADVANTAGE*  
Spring 2011

## DBSA-Riverside and friends

At Jo Ann Martin's\*

for the

## Holidays

Picnics or dinners

at noon (3 pm on Christmas)

Swimming, badminton, spa, food and more...  
during summer months.

Friendly sharing during the winter.

Bring a salad, main dish, or dessert.

If you can't bring a dish, come anyway.

Meat & beverage will be furnished.

Holidays include:

Memorial Day, 4th of July, Labor Day, Halloween,

Thanksgiving, & Christmas

\*Directions to Jo Ann Martin's home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on  
Van Buren to Whispering Spur. Turn left.

2nd driveway on the right

16280 Whispering Spur Riverside, CA

951 / 780-3366

# Tension Tamers— Instead of letting it wear you down; you can actually thrive on stress

Are you ready to change how you deal with stress? Here are some helpful tips to keep in mind:

**Learn to say no.** It's easy to become overwhelmed when you always say "yes" to requests. Stick to what you know you can handle.

**Forget being perfect.** No one is. Don't be scared to ask for help if you need it.

**Find time to relax.** Have you thought about meditation? Have you tried slowing your heart rate through deep breathing? How about listening to soothing music or going for a peaceful walk? Techniques like these can lower anxiety.

**Picture positive results.** Be imaginative and visualize yourself effectively managing a stressful situation. Doing so builds self confidence and enables you to approach seemingly difficult tasks with greater assurance.

**Take a step at a time.** Stop trying to do everything at once. Start with the most urgent task at hand. Don't choose your next task until you've accomplished the first and given yourself credit for a job well done.

**Practice healthy habits.** Just 20 to 30 minutes of exercise relieves stress. Yoga, which combines physical activity with emotional balance, is particularly effective. Good nutrition is also essential. Watch out for caffeine, alcohol, and sugar. Find a way to stop smoking. Get sound sleep and strike a balance between work and play.

**Indulge your interests.** Doing something you enjoy and find fulfilling takes you away from your worries. Combine fun with physical activity—like gardening or playing basketball—and you get a double payoff.

**Know you're not alone.** You're not the only one who may be having a rough day. Open up to others and share your feelings. Staying in touch provides a source of support and encouragement.

**Be willing to compromise.** Are you always meeting opposition? It may be time to rethink your position or adjust your attitude. Stand your ground, but do so calmly and reasonably. Be flexible. When you're willing to give a little, others will be more likely to meet you [half way].

**Go easy on yourself.** You can feel frustrated and let down when you expect too much of yourself. Watch the self-criticism that says you never measure up. Realize that there are some situations you cannot control.

**Express your emotions.** Get things off your chest in a constructive manner. Stress escalates whenever you feel frustrated and bottle things up inside. If you can't find someone to talk to, write your feelings down to a journal.

**Get support.** Sometimes it makes sense to let a

professional, perhaps your therapist, help you manage stress. You might also consider attending a support group.

As you successfully manage stress, you manage your mood and improve the overall quality of your life. No matter what life throws at you, you'll be prepared to take a deep breath and say. "Hey, it's nothing to stress out about!"

*Source: Bp hope & harmony  
Winter 2009*

*As Seen In: NAMI Tulare County  
February 2011*

## Discrimination in the workplace

The following article was written by Paul Bernhart, who serves on the board of PLAN of Central Ohio.

Last year marked the 20th anniversary of the Americans with Disabilities Act, also known as the ADA. The ADA prohibits employers with 15 or more employees from discriminating against qualified individuals with disabilities in the workplace. Some examples of disability discrimination include...

- Discriminating on the basis of physical or mental disability in various aspects of employment, including: recruitment, firing, hiring, training, job assignments, promotions, pay, benefits, layoff, leave and all other employment-related activities.

- Harassing an employee on the basis of his or her disability.

- Asking job applicants questions about their past or current medical conditions or requiring job applicants to take medical exams.

- Creating or maintain a workplace that includes substantial physical barriers to the movement of people with physical disabilities.

- Refusing to provide a reasonable accommodation to employees with physical or mental disability that would allow them to work.

An individual with a disability must also be qualified to perform the essential functions or duties of a job with or without reasonable accommodation, in order to be protected from discrimination by the ADA.

This means two things: The individual must satisfy the employer's requirements for the job: such as education, employment experience, skills or licenses, and must also be able to perform the essential functions of the job with or without reasonable accommodation.

If you have a physical or mental disability and are otherwise qualified to do a job, the ADA provides protection from job discrimination, harassment, and retaliation on the basis of your disability. The Equal Employment Opportunity Commission enforces the ADA and investigates allegations of disability discrimination. Additionally, an aggrieved employee may institute a civil action against an employer and recover back pay, compensatory damages, reinstatement, front pay, and punitive damages if a violation is found.

*Source: ADAMhs ADVANTAGE  
Spring 2011*



## 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.

**Andie (Amanda)** 909 / 824 - 5385

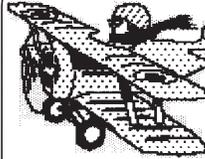
9:30 am to 7:30 p.m. (youth)

**Yen Cress** 951 / 315 - 7315

9 pm - 6 a.m. & Weekends

**Cathy Waechter** 951 / 529 - 8586

5 pm to 9 pm



## ANNOUNCEMENTS

### TEMECULA DMDA

Mark Monroe  
951 / 926 - 8393

### Rancho Cucamonga DMDA

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

### DBSA - Loma Linda

909 / 327 - 6178

### HEMET SUPPORT GROUP

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

### THE UPLIFTERS

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

### DBSA (Christian Emphasis)

Lake Hills Christian Center  
12500 Indiana Ave  
Tuesdays 6:30 - 8:30 PM  
(951) 368-7713 (Ken)

### 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

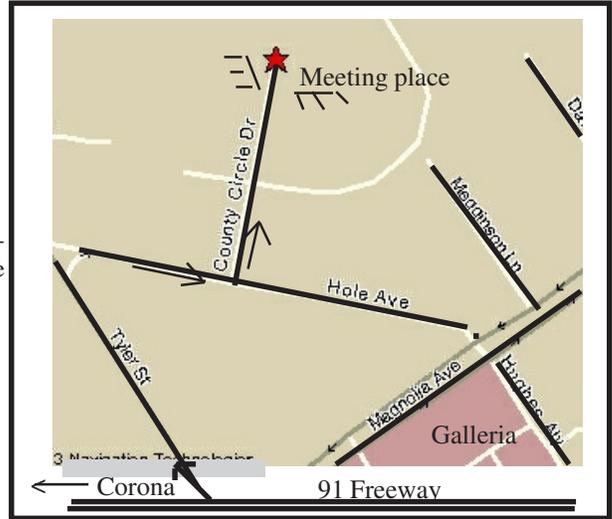
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.\* For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