



The Thermometer Times

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

VOL. 24 NO. 6 Out of darkness . . . June 2011

Dates to Remember

CARE & SHARE GROUPS

Clients, guests and professionals are invited to come and participate. Riverside County Mental Health Administration Building (see page 9 for address & map)

**Saturday 10:00 am - 12 noon
June 4, 11, 18 & 25**

Fourth of July Picnic

at Jo Ann's
See Page 6 for details.

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

E-mail for DBSA, California:
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

Suicide/Suicidal Behavior

The annual death toll from suicide worldwide is 120,000, and it is the eighth leading cause of death in the United States, accounting for one percent of all deaths. Between 240,000 and 600,000 people in the U.S. and Canada attempt suicide every year, and over 30,000 succeed. The suicide rate is three times higher for men than for women in the (United States) although females make three times as many suicide attempts as males. Traditionally, men over 45 and living alone are the demographic group at greatest risk for suicide. However, in the past 30 years, youth suicides have risen alarmingly, tripling for people aged 15 to 24. The suicide rate among persons aged 10 to 24 between 1980 and 1992 rose an average of 177%. Suicide among women has also increased dramatically since 1960, when the ratio of male to female suicides was 4 to 1. Suicide rates vary significantly among different ethnic groups in the United States: Native Americans have the highest rate at 13.6 per 100,000 (although there are sizable variations among tribes), compared with 12.9 for European-Americans, and 5.7 for African-Americans.

Attitudes toward suicide have varied throughout history. The ancient Greeks considered it an offense against the state, which was deprived of contributions by potentially useful citizens. The Romans, by comparison, thought that suicide could be a noble form of death, although they legislated against persons taking their own lives before an impending criminal conviction in order to insure their families' financial inheritance. Early Christianity, which downplayed the importance of life on earth, was not critical of suicide until the fourth century, when St. Augustine condemned it as a sin because it violated the sixth commandment ("Thou shalt not kill"). Eventually, the Roman Catholic Church excommunicated and even denied funeral rites to people who killed themselves. The medieval theologian St. Thomas Aquinas condemned suicide because it usurped God's power over life and death, and in The Divine Comedy, the great writer Dante placed suicides in one of the lowest circles of Hell. The view of suicide as a sin prevailed in

Continued on page 2 (Suicide)



ATTENTION!
Special Speaker

Marsha Gifford
(therapist)

July 16, 2011 - Sat at 10 am

“Bipolar - Depression”

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.

Continued from page 1 (SUICIDE)

Western societies for hundreds of years, and many people are still influenced by it, either consciously or unconsciously. Suicide was a felony and attempted suicide a misdemeanor in England until 1961.

One of the greatest influences on 20th-century notions about suicide has been French sociologist Emile Durkheim's 1897 work *Le Suicide*. Analyzing French statistics on suicide, Durkheim concluded that suicide is primarily a function of the strength or weakness of a person's ties to family, religion, and community. Persons with weak social ties and those for whom such ties have been disrupted (such as divorced or widowed people) are the most vulnerable to suicide. Durkheim also categorized suicide into four types. Altruistic suicide is actually mandated by society, as in the case of suttee, where an Indian wife commits suicide by throwing herself on her husband's funeral pyre. In egoistic suicide, individuals kill themselves because they lack the social ties that could motivate them to go on living. Anomic suicide occurs following the loss of a spouse, child, job, or other significant connection to the community, and fatalistic suicides are committed by people driven to despair by dire external circumstances from which there appears to be no escape.

Twenty years after the publication of Durkheim's work, Sigmund Freud provided the first theory that addressed suicide in terms of one's inner mental and emotional state. In *Mourning and Melancholia* (1917), he proposed that suicide was the result of turning hostility toward a loved one back on oneself. In *Man Against Himself* (1936), Karl Menninger extended Freud's contribution to the psychodynamic study of suicide, relating it to other forms of self-destructive behavior such as alcoholism.

Today, many possible contributing factors are associated

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

Publisher & Editor in Chief
Jo Ann Martin

Senior Editor
Lynne Stewart

Proof Reading
Leroy Merrill

Kathi Stringer - Jo Ann's Assistant

Associate Editors
Nelma Fennimore
Karen Cameron

Medical Advisor

Andrew J. Rooks, M.D.

Child, Adolescent & Adult Psychiatry
American Board of Psychiatry
and Neurology

Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

with suicide. Psychological disorders linked to suicide include depression, schizophrenia, and panic disorder. A variety of research studies indicate a possible physiological predisposition to suicide as well. In a study of the Amish of southeastern Pennsylvania—a population whose close-knit community structure and isolation from such influences as drugs and alcohol make suicide extremely infrequent—four families accounted for 73 percent of suicides between 1880 and 1980, suggesting a hereditary tendency toward self-destructive impulses. Separate studies have found a correlation between suicide and levels of the neurotransmitter serotonin in the brain. Personality features associated with suicide include low self-esteem, impulsiveness, and what social learning theorists call an "external locus of control—an orientation toward believing that one's fate is determined by forces beyond one's control.

Social scientists have found that media coverage of suicides can spur imitative behavior. In the 1970s, sociologist David P. Phillips found that increased numbers



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of people killed themselves following front-page coverage of suicides. He also observed that such articles had a “copycat” effect, primarily in the geographic area where the original suicides took place, and that the more publicity, the greater the effect of the suicide. The issue of whether fictional accounts of suicide in movies or television influence real life behavior is more controversial and harder to document, but evidence has been found to link increases in both attempted and completed suicide to the release of televised movies featuring suicide. Probably the best-known examples of this phenomenon are the 37 deaths by “Russian roulette” linked to the movie *The Deer Hunter*.



Suicide is the third leading cause of death among all adolescents and the second leading cause among college students. The rate of suicide is highest at the beginning of the school year and at the end of each academic term. Teenagers who contemplate or commit suicide are likely to have family problems, such as an alcoholic parent, an unwanted stepparent, or some other ongoing source of conflict. The breakup of romantic relationships is among the most common triggering factors—one study found over a third of suicidal teens were involved in the final stages of a relationship. Teen pregnancy can be another contributing factor. Drug and alcohol problems are closely related to teen suicide—one study found that drinking had preceded about a third of all suicide attempts by teenagers. In another study, almost half of all teens between the ages of 15 and 19 who committed suicide in a particular geographic area were found to have had alcohol in their blood.

Various harmful myths have been perpetuated about suicide. One is that people who talk about killing themselves do not actually do it—in fact, one of the main warning signs of suicide is thinking and talking about it. Another myth is the fatalistic idea that people who want to kill themselves will keep trying until they eventually succeed. For many people, the suicidal urge is related to a temporary crisis that will pass. Of all people who attempt suicide, 90 percent never try again. Yet another myth is the idea that nothing can be done to stop someone who is bent on suicide. Most people who feel suicidal are ambivalent about their intentions. Mental health professionals claim that all persons contemplating suicide give at least one warning, and 80 percent provide repeated warnings. If these warnings are heeded, potential suicides can be averted. Common warning signs include giving away

prized possessions; changes in eating or sleeping habits; social withdrawal; declining performance at work or in school; and violent or rebellious behavior.

Suicide can be averted when family members or friends recognize these and other warnings and actively seek help for

a loved one contemplating suicide. Suicide hotlines staffed by paraprofessional volunteers are an important source of support and assistance to people who are thinking of killing themselves. Psychotherapy can help a troubled person build self-esteem, frustration tolerance, and goal orientation. In cases of severe depression, antidepressant medication is an important resource; electroconvulsive

therapy is recommended for persons who have not been helped by medication or who are so severely suicidal that it is considered too risky to wait until medication can take effect.

Source: <http://psychology.jrank.org/pages/620/Suicide-Suicidal-Behavior.html>

As Seen In: *Life in Balance*
April/May 2010

What Do These Famous People Have In Common?

Audrey Hepburn	Actress
King Herod	Biblical Figure
Hermann Hesse	Writer
Abby Hoffman	Activist
Sir Anthony Hopkins	Actor
Gerard M. Hopkins	Poet
Howard Hughes	Industrialist
Victor Hugo	Author
Helen Hutchison	Broadcaster
Heinrich Ibsen	Playwright
Henry James	Writer
William James	Writer

All of them are believed to have suffered from depressive disorders. Yet they are known not for their illnesses, but for **their achievements!**

Personal Journeys and Quests

THE SECRET WAS OVER

BY PAT RICE

I did not know this man personally...and yet, I knew his story well. As I listened to the news that evening in December 2004, I thought deeply about the parallels in our lives.

For 30 years he worked at it...he did the music...the Church music that uplifted the faithful crowds who flocked to the Crystal Cathedral. The secret was there all the time. No one knew. He

was an accomplished musician, a well-respected member of the "community". But this year was somehow different. He had reached the breaking point of keeping secrets and being a strong confident person who was in control. This day, a couple of weeks before Christmas, he did reach out to one of his friends from Church. In his despair...in his helplessness...he said the words.

He tried to tell him what he intended to do...but it was a small cry in the night. "No one cared anyway." He thought. "This is it...but how? Where?"

Somehow he made his way to the Church...the place where he worked, where he wore the "mask". At least things seemed to be calm and bright here. But no peace was to be found.

He fired the gun into the emptiness...maybe hoping that someone would hear it as another call for help. Still hesitatingly hoping to find that someone cares ... (at that moment it seems no one does). So now in his isolation he barricades himself in the place that for 30 years he had felt validated.

He could not feel this now. Now was the right time to solve the problem that was — HIMSELF. In the midst of all the rehearsals and last minute preparations ... for what? Oh, Christmas was coming soon.

But the pain was so great, the solution so pressing, so simple, so right, at this time, in this place...

Where is the applause he had heard for 30 years? Where is the sound of this man's desperation? The gathering of people and police and media is outside of this Church where he had given the best of himself and his talents.

It was over in an instant. Finally, he had

isolated himself enough to do the deed. The gathering now would be at his funeral. His family and friends would at last realize his awesome pain and despair, his loneliness, his feelings of worthlessness. He sleeps now...in peace, I suppose. No more secrets. He took his own life. It was the only solution he could see at the time. He could not hear those outside the Church, who were praying and hoping to get a comforting message through to him. Who knows what a little compassion would have done for him at a time when he was most alone and without the "mask". He might have found that living without secrets is a joyous experience...and that life is worth living.

May he sleep in heavenly peace.



Appeals court blasts VA mental health care system

By PAUL ELIAS Associated Press

SAN FRANCISCO (AP) - A federal appeals court has ordered the Department of Veterans' Affairs to dramatically overhaul its mental health care system.

The 9th U.S. Circuit Court of Appeals on Tuesday ruled that the VA's "unchecked incompetence" in handling a flood of post-traumatic stress disorder and other mental health claims is unconstitutional.

The ruling came in a lawsuit filed by two veteran groups that alleged the VA is taking too long to process the claims. The appeals court overturned a trial judge's 2008 ruling that tossed out the lawsuit.

In Tuesday's unanimous decision, the appeals court ordered the judge to work with the VA and the veterans groups in drawing up a new mental health care plan

The Dangers of Mix-and-Match Meds

Recent events in the media have highlighted the risks of combining prescription drugs. Yet a key message may have been lost in the media blitz: Almost anyone who takes more than one medication is vulnerable to dangerous drug interactions. In fact, accidental drug interactions are the nation's second-leading cause of accidental death, says the Centers for Disease Control and Prevention (CDC).

The Problem

Interactions can occur with both over-the-counter (OTC) and prescription medications. The risk rises with the number of medications taken. Two medications have a 5 percent chance of interacting adversely. That potential reaches 50 percent with five medications—and almost 100 percent with eight medications!

Even when taken in prescribed amounts, drugs can build up in the body over time, or one drug can interfere with another's breakdown. Interactions can also make medications more or less effective, worsen side effects, or cause side effects that don't occur with any of the medications alone.

...And Its Prevention

Fortunately, simple steps can lower your risks:

- Make a list of all prescription and OTC drugs and vitamin, herbal, and other supplements you take. Indicate the amount and the time you take them. Ask your doctor to review this list at every visit, especially when you get a new prescription.

- Ask your doctor and pharmacist these questions, if applicable, before taking a new drug:

- Can I take it with my other medicines?
- Should I avoid certain foods, beverages, or other products when taking it?
- Is it safe to take it with the medical conditions I have?

- Fill all your prescriptions at one pharmacy.
- Read drug labels carefully, and follow the directions and heed all warnings on labels.

Schedule a Private Consult

Experience the difference! It might be time to have a private consultation with your local pharmacist. Loma Linda University Meridian Pharmacy has personalized care with trusted clinicians. For more information, please call **1-877-LLUMC-4U**.

Source: A Healthy Tomorrow
March/April 2011

The Toll

Approximately 75 people die each day of unintentional poisoning, according to the CDC. Drug poisoning kills about 72 of these people—and more than half of these deaths are due to prescription drugs. And accidental drug interactions are becoming more and more common. The CDC's research indicates that the prevalence of these interactions has risen by 68 percent since 1999.

Source: A Healthy Tomorrow
March/April 2011

He who gives to me teaches me to give.

DANISH PROVERB

One furnace melts all hearts---love;
One balm soothes all pain---patience;
One medicine cures all ills---time;
One light illuminates all darkness---hope.

IVAN PANIN

When you have suffered deeply you understand that courage is the only way to fight fear, the best way to take a step forward. This is the first move to be better.

LOPEZ LOMONG

Governor seeks mental hospital changes

He wants agency to run the troubled state facilities, more funding for security.

LEE ROMNEY
REPORTING FROM SAN FRANCISCO

A new state department would be formed to manage California's violence-plagued mental hospitals under a proposal in the governor's Monday budget revision.

The push to create a Department of State Hospitals—and eventually do away with the Department of Mental Health, which now oversees the facilities—comes as lawmakers and employee unions press for changes to address increasing patient assaults on fellow patients and staff.

The budget document, known as the May revise, also includes \$9.5 million for security teams at three of the facilities and an alarm system at Napa State Hospital, where a psychiatric technician was strangled in October.

The move to create a new department is in some ways symbolic: If a sweeping plan to shift the management of community mental health dollars to county control takes place as expected over the next two years, the current Department of Mental Health would have little but the hospitals left to oversee.

Health and Human Services Secretary Diana Dooley said a new department would allow her to immediately seek a director experienced with psychiatric hospitals that house patients who have been accused or convicted of crimes. Former Department of Mental Health Director Stephen Mayberg, who retired in December after 18 years on the job, had a community mental health background.

"We want to begin immediately to look for the leadership," Dooley said. "Nobody is on tap."

The state mental hospitals used to mainly house clients too ill to live at home who were committed through the civil courts. But a focus on less restrictive settings has reduced that population dramatically.

Now, more than 90% of the hospitals' patients are funneled through the criminal justice system. Many have committed violent crimes.

Dooley, an appointee of Gov. Jerry Brown, has taken a strong interest in the hospitals, where safety concerns heated up after the October slaying.

She lifted a hiring freeze last month—leading to 50 hires so far. The May budget revision calls for 78 additional jobs in the coming fiscal year for teams of hospital police officers and psychiatric technicians to patrol the grounds at Napa, Norwalk's Metropolitan State Hospital and San Bernardino's Patton State Hospital.

The Napa alarm system will be installed "as soon as possible," Dooley said. Patients there have been on virtual

lockdown for eight months and can leave their units only if escorted by two staff members.

The creation of a new department would require approval through either a legislative or executive process, and Dooley said she has not yet decided which to pursue.

"This is a long overdue change with two good outcomes," said state Senate President Pro Term Darrell Steinberg (D-Sacramento), a leader in mental healthcare policy, referring to

both the new department for hospitals and the proposed shift of funding of community services to county control.

"Community mental health services will get much more focus and attention when viewed as part of overall health. In addition, a department squarely focused on the complex challenges for our state hospitals will hopefully improve patient and employee safety," he said.

The California Mental Health Directors Assn. has also pressed for the moves, said Patricia Ryan, the group's executive director. But Ryan and other mental health advocates warn that the state must maintain a role in guiding community mental health policy.

lee.romney@latimes.com

Source: Los Angeles Times
May 17, 2011



DBSA-Riverside and friends

At Jo Ann Martin's*

for the

4th of July

Picnic at

12:00Noon



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

Bring a salad, main dish, or dessert.

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

Meat & beverages will be furnished.

~

**Directions to Jo Ann Martin's home*

Exit 91 Frway at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left. It's the second driveway on the right.

16280 Whispering Spur Drive, Riverside, CA

Phone: 951/780-3366



The Value of Volunteering

"I'm sorry, but we're going to have to let you go," was not what I expected to hear as I began my fourth week at a new job.

I enjoyed the bookkeeping work and camaraderie with my co-workers at the small trucking company. And now that I was earning a regular salary, I would be able to pay down the credit card debt I'd accumulated during a long stretch of unemployment.

"Karen won't be moving to California and asked to keep her job, so we won't be needing you," my supervisor continued.

I couldn't help feeling rejected. Plus, I was back to combing the "help wanted" ads. Lately, I felt like I'd spent more time looking for work than actually doing any.

At least one thing was going right. My new boyfriend treated me like royalty. He showered me with gifts, opened car doors for me, and thought I was smart.

That ended with a loud thud when he dumped me by leaving a paper bag, containing the personal items I'd left at his condo, on my porch. No conversation, no explanation.

Too numb to cry, I felt a familiar wave of depression wash over me. I'd gone through a bout several years before, so I recognized the symptoms.

I sat on the couch gazing blankly at the TV, or I slept for hours at a time. When I managed to eat, it was potato chips or chocolate—nothing healthy. I let my phone calls go to voicemail so I wouldn't have to talk to anyone.

Even though I had good reason to feel blue, I knew I would slip further into despair if I didn't take action. When I read a newspaper story about volunteers who took pets from the local animal shelter to visit nursing home residents, the idea of helping someone else managed to penetrate my

indifference.

The article talked about how rewarding those volunteers found the experience, which gave me hope that I might feel the same. In group therapy during my previous depression, I had realized that some people faced worse problems than mine, and I remembered how that shift in perspective had helped me. I knew many nursing home residents didn't have any visitors, and didn't have much to look forward to. And I loved animals, so maybe a weekly "pet therapy" fix would help me, too.

Before I could talk myself out of it, I dialed the phone. The next Tuesday I found myself driving two spaniel puppies to a nearby nursing home. When word got out I was there, a group of people in wheelchairs and walkers gathered to greet me. Looking past the eager hands reaching out to stroke the puppies, I saw smiles and illuminated faces.

Before long I discovered I, too, was smiling. I was concentrating on making others happier, not focusing on my own troubles. While brightening a part of their day, I'd surprisingly lit up my own.

The next Tuesday I brought kittens, and even more residents were eager to stroke their fur. A few of the ladies had treats for their four-legged visitors, making it clear to me they were looking forward to my visit. I'd found a place where I was useful and needed, and that helped me feel better. Even after I started working again, I felt so uplifted by volunteering that I continued doing it on



Photo courtesy of HEATHER LARSON

While brightening a part of their day, I'd surprisingly lit up my own.

Saturdays.

Feeling valued as a volunteer and in my new job eased my self-doubt, and my depression as well. I realize that another episode of hopelessness maybe waiting up the road, but I feel confident that I can head it off with the tools in my arsenal—not least of which is the powerful pick-me-up of helping others.

Heather Larson, a freelance writer in Tacoma, Washington, has two dogs that give her endless pleasure.

*Source: esperanza
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

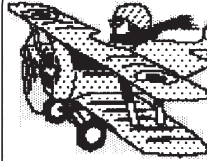
9:30 am to 7:30 p.m. (youth)

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

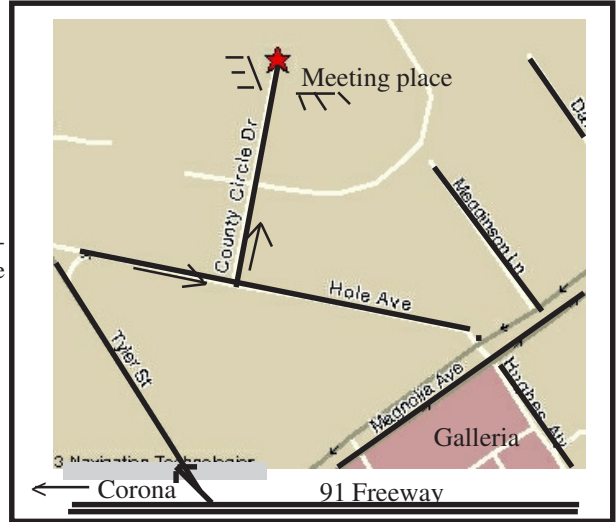
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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