



# The Thermometer Times

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

VOL. 24 NO. 8 Out of darkness . . . August 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  
August 6, 13, 20 & 27**

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>

**Check website for details on DBSA State Conference in October**

**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

## After a diagnosis.. What's next?

*NOTE: The following is reprinted from the University of Michigan Depression Center's Spring 2011 newsletter. Although it is written from the perspective of a depressive illness (since it is a depression center), it is relevant for any mental illness diagnosis.*

If you've just been diagnosed with depression or bipolar disorder, you may have many questions about the next steps in your care and where to go for help. Learning about your illness is one of the most effective things you can do to help manage it. While no two people are the same, below are some answers to common questions someone may have after receiving a diagnosis.

**How can I care for myself?** Depression is a medical illness, both visible and treatable in the brain. Consider your depressive illness no different than a condition such as diabetes or heart disease in the way you seek treatment. Learning how to manage your depression through professional treatment and self-care can help you regain and maintain a high quality of life.

**Will I need to see more than one health care provider?** You may have more than one person treating you if you need medication and you also participate in psychotherapy. If your primary care provider can't provide the care you need, his or her office should be able to provide you with referrals or recommendations, and you can also check with your insurance company for available options for specialized care.

**What will my treatment involve?** This depends completely on the individual and the nature of your illness, but many people will have a treatment plan that combines medication and therapy, and some may receive a therapy called neuromodulation, which works by stimulating the brain to relieve symptoms. Keeping up good habits of nutrition, sleep, exercise and stress management will also help to minimize symptoms and prevent recurrence.

**How can psychotherapy help?** Psychotherapy, sometimes called talk therapy may involve a therapist working with an individual, with a couple or family, or with a group of people who share common characteristics or challenges. By addressing the issues that can contribute to depression, psychotherapy can help you develop skills to manage difficult situations, providing an extra layer of support to cope with recurring stressors. It involves much more than talking. Most depression specific psychotherapy involves working to change behavior. Psychotherapy has been shown to have long-term effectiveness in preventing future episodes of depression and in altering an individual's response to stress by building coping skills. Psychotherapy can help you recognize the signs of an imminent episode of depression or mania so that you might even be able to prevent it.

**Will I need medication?** You and your doctor will decide this together. Medications are given to stabilize moods and prevent recurrences. It's important to stick with your prescribed treatment and keep your doctor(s) informed about how it's working.

**What about medication side effects?** Many of the medications used that affect the brain can also affect other body systems, resulting in side effects such as

*Continued on page 2 (What's Next)*

## 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.

## *The Thermometer Times* 16280 Whispering Spur Riverside, CA 92504

**(951) 780-3366**

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

### *Continued from page 1 (WHAT'S NEXT)*

sleepiness, weight gain or loss, constipation, or dizziness. Some may last only a few days or weeks, while others may be long term. Your doctor can suggest ways to try to manage or eliminate side effects by changing or adjusting your medication or the time you take it. Never adjust your medications or stop taking them without first consulting with your doctor.

**What if my medication doesn't work?** Finding an effective treatment plan can take time — sometimes several medications or a combination of medications are needed to produce improvement. Try to be patient if it takes some time (2 to 6 weeks in many cases) to adjust to a medication, and remember that no two people will respond in the same way to a treatment. Depression and bipolar illness are disorders requiring care and attention over a lifetime, so it is helpful to view recovery as working to prevent episodes and continuing to maintain wellness for the long run.

**What about peer support?** Support groups and other forms of peer support can provide a safe and accepting environment for people living with mental illness to reach new levels of understanding and self-discovery. Through sharing experiences with others, participants often find that support groups help improve their coping skills and motivation to adhere to treatment plans. Peer support should not replace professional care (whether that care includes medication, therapy or other treatment methods), but it can be a valuable supplement. Many support groups are led by mental health professionals, while others may be facilitated by someone with a mental illness or a family member of someone with a mental illness.

Source: ADAMhs ADVANTAGE  
Spring 2011





## The Good Humor Man

*Richard O'Connor, author of Happy at Last: the Thinking Person's Guide to Finding Joy (St. Martin's Press), reveals his secrets.*

August 8 is Happiness Happens Day, a reminder that joy occurs when we least expect it. You say that's not the case. Our species is programmed to be discontent and distrustful—if we weren't, our cavemen ancestors would have been eaten by sabertooth tigers instead of surviving. Zoom forward to the 21st century, with 50-hour workweeks, info overload and a celeb culture of shiny, happy people we can't measure up to. The odds are against us. Okay, now we're really depressed. Don't be—the good news is that in the last decade we've learned neurons are constantly forming in the brain, replacing old ones. By practicing good habits, gratitude and mindfulness, we can literally rewire ourselves to be upbeat. It only takes three months.

We're all ears...The formula is simple: a half hour each of exercise and meditation—just sitting still, focusing on your breathing—daily. And before going to sleep every night, think of three little things that made you smile, like walking the dog or that great grilled cheese sandwich at lunch. You'll find joy has little to do with money, status or striving, and your worries will slide off and shrink. And we'll never get the blues again? Of course you will. The goal is to minimize the unnecessary misery we create for ourselves so we can maximize joy. How do we know this works? I tend to be a sour guy but I've retrained my brain to go on happiness autopilot. On a scale of 1 to 4 smiley faces, I went from 0 to 3. If I can do it, anyone can.

*Source: Family Circle  
August 2011*

## CHEER UP YOUR DIET

Lower your risk of depression by reducing the amount of artery-clogging trans fats in your diet. Now research shows that people who consume less than 2 grams a day of this type of fat (found in stick margarine, fast food and packaged baked goods) are almost 50% less likely to suffer from depression. Take it a step further and cook with olive oil instead of butter.

*Source Family Circle  
June 2011*

## Glasses Half Rose

Even a doubter like me can learn to  
expect the best  
BY JANE PAULEY

My husband is the house optimist. If he had a personal credo, it would probably be "It'll be great. You'll see!"

True example: I once watched him paddling a metal canoe—while a thunderstorm boiled overhead—and saying, "It'll be great. You'll see!"

It's said that the best predictor of the future is the past, and having never been struck by lightning before, my husband is pretty confident he won't be struck by lightning ever. I certainly hope he's right!

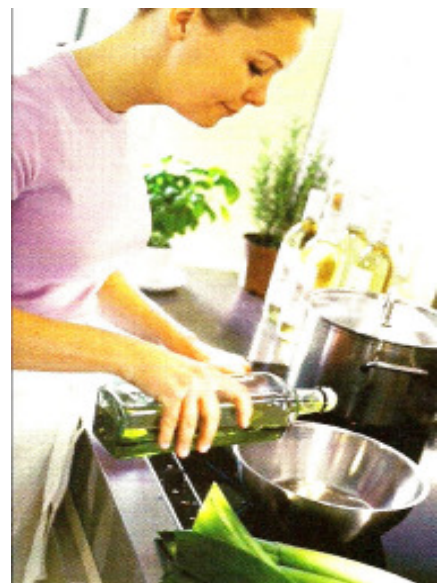
The way I see it, though, the odds of not being struck by lightning are greatly improved by avoiding metal canoes during thunderstorms. That doesn't make me a pessimist. A pessimist presumes the worst; I just like to be prepared for it. Maybe I'm a realist.

If I could choose, I would be an optimist, and not just because optimism is linked to good health. Studies show it can also lead to personal success.

The mid-life transition is hard enough, but it must be easier for people who don't fret over obstacles. The experts say that after a reasonable period of information-gathering about your next step in life, it's best to just do *something*, rather than wait for the perfect thing. And from what I've seen, I agree. Optimists are more likely to put their boats in the water and try. Trial and error is the best path to successful reinvention.

But I have good news for those of us who weren't born optimists. The old adage "Life begins at 40" was wrong. A person's lifetime level of happiness tends to hit its lowest

*Continued on page 5 (Glasses)*



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## RECENT RESEARCH

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### Economy and job loss related to suicide and mental health issues

Two recently published studies indicate that the recent economic problems and unemployment have a significant impact on people's mental health.

Persons who have lost jobs are more likely to suffer from depression, anxiety disorders and drug use, according to a study published online April 4 in the Archives of *General Psychiatry*. Researchers also found that people in the lowest income brackets had higher overall rates of attempted suicide, mood and personality disorders than those with the highest incomes.

Andrew Oswald, a British economist who was not involved in the study, said, "We know for sure there's a very strong correlation between these two things."

Another study published online in the April 14 *American Journal of Public Health* reported that suicide rates are significantly influenced by the state of the economy, dropping when times are good and rising when they are bad. Further, persons between the ages of 25 and 64 appear to be the most vulnerable to the economic fluctuations.

This study collected suicide data from 1928 to 2007. The overall suicide rate during this time fluctuated from 10.4 per 100,000 to 22.1 per 100,000 people with the rate peaking in 1932 during the Great Depression. It dropped to a low of 11.2 in 2007 — just prior to the most recent downturn in the country's economy.

Source: ADAMhs ADVANTAGE  
Summer 2011

### Changing economy may lead to higher depression rates in men

Though no statistics are cited, the changing economy and its impact on how men view themselves may lead to an increase in depression among men, according to an article published in the March issue of the *British Journal of Psychiatry*.

Western economies are undergoing profound restructuring and traditional male jobs in manufacturing, construction and other physical-labor jobs are being moved to other countries. The authors suggest that men who are unable to adapt to the changes are likely candidates for stress and depression as they struggle to find work or work that provides the wages they were accustomed to making.

Source: ADAMhs ADVANTAGE  
Summer 2011



### Moral view of suicide lowers risk

Bipolar patients who had a moral objection to suicide were less likely to attempt suicide, according to an on-line retrospective study of 149 patients in the Feb. 8 issue of the *Journal of Clinical Psychiatry*. Some 80 percent of those with no religious affiliation had a history of suicide attempts compared to 53 percent of those with a religious affiliation that included a belief that suicide was morally wrong.

Source: ADAMhs ADVANTAGE  
Summer 2011

### Bipolar is often mistaken for depression by primary care docs

As many as 20 percent of adults being treated for depression by a primary care doctor may have undiagnosed bipolar disorder, according to a new study from the United Kingdom that was published online March 1 in the *British Journal of Psychiatry*

It's likely, say the researchers, that many of these patients are receiving antidepressant therapy. "For most people who in fact have undiagnosed bipolar disorder, these drugs



may be at best unhelpful and at worst harmful," lead researcher Daniel J. Smith, M.D., said.

Dr. Smith noted that bipolar disorder can be difficult to distinguish from depression, particularly if no manic cycle is observed. "Therefore, it's important that the possibility of undiagnosed bipolar disorder is given greater recognition in primary care," he said.

Source: ADAMhs ADVANTAGE  
Summer 2011

Continued from page 3 (GLASSES)

point in the 40s and increase from there, according to researchers at Dartmouth College and England's University of Warwick. Of course they found individual variations, but on average, the 40s were the age during which people felt most down and discouraged.

By age 50, though, feelings of well-being rebound and gather momentum! As one Warwick researcher has said, "By the time you are 70, if you are still physically fit, then on average you are at least as happy and mentally healthy as a 20-year-old."

I find this very encouraging. I'm no blue-sky Pollyanna, and I'll still advise you to keep a weather eye out for trouble. But it's nice to know there's reason for optimism. In our 50s and beyond, we may have the wind at our backs.

Award-winning journalist Jane Pauley is AARP's *Your Life Calling Ambassador*.



## See the Bright Side

### GIVE THANKS

Tell others what you're grateful for, says Terry Paulson, Ph.D., author of *The Optimism Advantage*. When you share positivity, "the energy changes."

### KEEP MOVING

Stay physically and mentally active, advises Margie Warrell, author of *Find Your Courage*.

Otherwise, "moods can spiral downward," she says.

**FOCUS FORWARD** Lofty aims improve your outlook, says Martin E. P. Seligman, Ph.D., author of *Flourish*. Live in the future with short- and long-term goals.

Source: AARP Magazine  
July/August 2011

## Managing bipolar at work

The following is from the Spring 2011 issue of DBSA of Colorado Springs, CO newsletter. It is an excerpt from *Web.MD*.

If you have bipolar disorder, no one needs to tell you how challenging it can be. You may be among the millions of adults who find the extreme mood swings disruptive at work. However, there are steps you can take to find meaningful work and develop successful relationships on and off the job.

Obviously, medications and therapy are important treatment components that can help you manage the illness. But what about skills that can help you at work?

**Develop team skills.** It helps to accept that both you and others have limitations and that conflict is a natural part of working with others. It's how you manage these conflicts that can make the difference. Deal with problems as they arise rather than let them build up. Then, focus on the problem rather than pointing fingers at the person.

At the same time, stay open to others' ideas and try not to take constructive criticism personally.

**Make connections with people and purpose.** It may help you to remember that you are not defined by your illness and your work is not your whole life.

Spending time with family and friends, planning fun get-togethers, volunteering with a charity — all of these may help you find purpose.

Also, have a support system lined up for good times and bad.

**Looking for a job.** Are you looking for your first job or need to find a new one? Either way, it will help to assess your skills, qualities and life experiences. Make a list of what you bring to the table.



Perhaps you need to make changes at your present job, or you are returning to work after being away. Think about what you really need at work to succeed. For example...

- Can you work better alone than with a large group?
- Do you need clear direction from others rather than being self-directed?
- Do you need more breaks?
- What time of day are you most productive?
- Do you need a different kind of job than you currently or have had in the past?

Source: ADAMhs ADVANTAGE  
Summer 2011

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# Research: Fine—particle air pollution linked to depression, slow thinking

BY DAVID DANELSKI  
THE PRESS-ENTERPRISE

Feeling a bit slow and depressed? It just might be the Inland area's foul air.

Neuroscientists at Ohio State University have linked fine-particle air pollution to slow thinking, bad memory and depressive-like behaviors in mice. The exposed animals also were found to have abnormal brain cells, inhibiting the flow of electrical impulses that transmit information.

The research appears to break new ground on what's known about the health effects of air pollution. Most of the hundreds of past studies have focused on how bad air impairs respiratory or cardiac health and on how death rates increase on polluted days.

Research done on rats at Cedars-Sinai Medical Center in Los Angeles suggests that several genes associated with common brain tumors and, degenerative brain diseases are more active in rats exposed to freeway pollution.

The Ohio State research team, however, wanted to know how the pollution affects mental health.

They took samples of ambient air in Columbus, Ohio, and concentrated it seven times. Groups of mice breathed the air six hours a day, five days a week for 10 months. The air was five times worse than the average for Mira Loma, a community in northwest Riverside County that has among the worst fine-particle pollution in the nation.

When run through memory and learning tests, the exposed mice couldn't think as well as those supplied with clean, filtered air.

In one exercise, mice were put in a brightly lit circular maze and subjected to irritating noise from a fan, said Laura Fonken, the lead author of the study, published last week in the scientific journal *Molecular Psychiatry*. Only one of several holes along the perimeter offered escape to a quiet, dark and secure area. The animals exposed to bad air took longer to find the escape hole and, in subsequent tests, were less likely to remember the hole's location.

The mice were tested for depression with what Fonken calls a "forced swimming test." Each mouse was placed in a bucket of water and timed to determine how long it took for the animal to give up swimming and start floating.

Mice exposed to air pollution swam on average for about 90 seconds, while mice that had breathed clean air swam for 145 seconds.

Mice are natural swimmers, Fonken said. When they stop paddling and start to float, it is a sign of "behavior despair" and "learned helplessness," she said. In other words, they are depressed.

But how do the scientists know for sure? Fonken said earlier research found that mice dosed with antidepressant drugs, including Prozac, don't give up as quickly and will swim in a bucket of water significantly longer than mice without the medication.

Another significant finding involved cells in the hippocampus, the part of the brain that controls emotion, learning and memory. The cells were underdeveloped in the mice

that breathed the polluted air. Specifically, their brains had fewer tiny projections, called spines, that transmit neurological signals from one cell to another. That means their brains probably do not transmit electronic signals as well as the brains of the other mice.

Fonken, a doctoral candidate in neuroscience at Ohio State, said the study results show that more research needs to be done. She also said that government health standards for air pollution need to be periodically revised, as new information becomes available.

Southern California now fails to meet federal health standards for fine-particle pollution, which includes diesel soot, wood smoke and chemical compounds from various factory and vehicle emissions. The region faces a 2015 deadline to

**POLLUTION HOT SPOT:** The area around Mira Loma in the northwest corner of Riverside County on average exceeded the federal health standard for fine-particle pollution last year.



SOURCE: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

THE PRESS-ENTERPRISE

*Continued on page 7(Air Pollution)*

# Meds & hot temps



A number of psychiatric medications can cause your body to overheat, particularly during periods of hot, humid summertime weather. This could lead to serious health emergencies such as heat exhaustion and heat stroke if not responded to quickly.

To avoid these conditions when the temperature is over 85 degrees and there is high humidity, do the following things:

1. Try to stay cool. Stay in air conditioned areas. If your home is not air conditioned, then consider the library or other public places. Move to cooler rooms during the day. Keep windows shut and drapes closed during the day. Open windows after the sun has gone down and it is cooler outside.
2. Avoid outdoor activity during the warmest parts of the day, typically the afternoon and early evening.
3. Use sunscreen.
4. Wear loose-fitting, light colored clothing.
5. Wear a hat and use sunglasses.
6. Drink plenty of fluids, but avoid coffee, tea and alcohol.
7. Eat regular meals.
8. Take a cool shower or bath.

Signs of heat exhaustion include: heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness or headache, nausea and fainting.

Treatment for heat exhaustion includes: move to a cooler place, drink water, rest, take a cool shower or bath, and loosen or remove clothing.

Signs of heat stroke, which can be fatal if not treated, include: confusion, dizziness, unconsciousness; body temperature of 103 degrees or more; rapid, strong pulse;

throbbing headache; and red, hot and dry skin. Treatment: call 911 immediately; loosen or remove clothing; move to a cooler spot; cool the victim with cool water; and only give victim water if they can talk. Call 911 for more instructions if no one comes right away.

Source: ADAMhs ADVANTAGE  
Summer 2011

## Stay Healthy

by Emily Listfield

### Meditation 101

Meditation is not just for swamis. Mainstream medicine is finding that even brief stints of sitting quietly and thinking about your breath can improve concentration, lower stress, and maybe even reduce your risk of disease. In a new study from the University of North Carolina, people who meditated for 20 minutes a day performed 10 times better than their nonmeditating peers on a test that measured focus. Sharon Salzberg, author of *Real Happiness: The Power of Meditation*, offers these easy steps for beginners.

1 "Start by practicing three times a week. Set a timer for five minutes. Sit in any position that is comfortable—chairs are fine. You can also lie down."

2 "Close your eyes and take a few deep breaths. Concentrate on the feeling of your breath, letting other thoughts go. If you find your mind wandering, bring yourself back to the breath."

3) "Build short meditation breaks into your day. Take a minute to simply breathe before your next phone call or meeting. If you're stuck in traffic or waiting in line, practice meditative awareness of your breath to settle your attention and calm yourself."

Source: Parade Magazine, Jan. 23, 2011

### Continued from page 6 (AIR POLLUTION)

bring such pollution down to healthful levels.

To help meet that deadline, the South Coast Air Quality Management District this fall will impose mandatory no-burn days for home fireplaces and wood stoves. The rule goes into effect Nov. 1 and will cover Orange County and the urban parts of Los Angeles, Riverside and San Bernardino counties. Areas above 3,000 feet in elevation will be exempt.

Jean Ospital, the air district's health effects officer said he's not qualified to comment on the behavioral changes in mice observed by the Ohio State researchers. But he said he was impressed with changes they saw in the structure of brain cells.

The finding fits with results of studies at UC Irvine, which found that mice subjected to Southern California's polluted air developed inflammation in their brains similar to that found in people with Alzheimer's and Parkinson's diseases, Ospital said. The inflammation, however, was not necessarily a precursor to such illness, the UCI researchers said.

"These studies are showing that particulate pollution doesn't just affect the lungs but other organs as well," Ospital said.

Source: The Press-Enterprise  
July 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

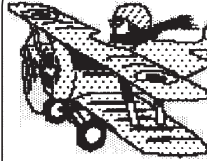
9:30 am to 7:30 p.m. (youth)

**Yen Cress** 951 / 315 - 7315

9 pm - 6 a.m. & Weekends

**Cathy Waechter** 951 / 529 - 8586

5 pm to 9 pm



## ANNOUNCEMENTS

### **DBSA TEMECULA**

Mark Monroe  
951 / 926 - 8393

### **DBSA HEMET**

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

### **DBSA RANCHO CUCAMONGA**

RC Family Resource Center  
9793 Arrow Route  
Rancho Cucamonga  
Thursdays, 4 to 6 pm.  
909 / 367-8944 or 477-2781

### **DBSA ALTA LOMA**

1st & 3rd Wednesdays  
6 to 8 pm.  
David or Samantha Johns  
909 / 944-1964

### **DBSA Rancho Cucamonga**

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

### **DBSA - Loma Linda**

VA Medical Center, 2nd Floor  
11201 Benton Street  
Loma Linda  
Thursdays, 6 to 8 pm.  
909 / 748-1976

### **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

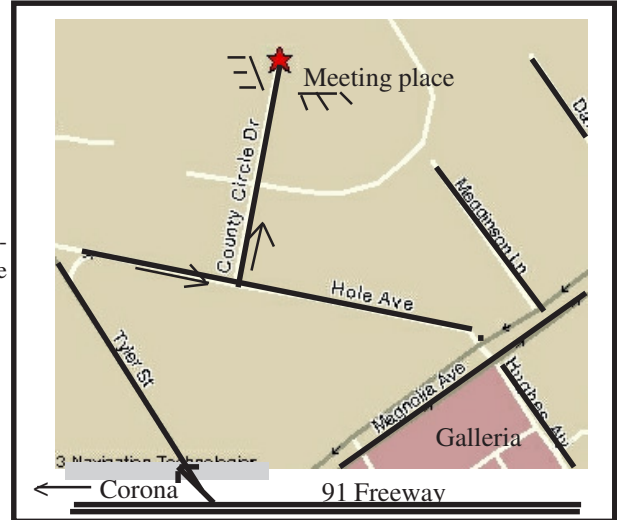
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.\* For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