



The Thermometer Times

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

VOL. 26 NO. 4 Out of Darkness . . . April 2013

Dates to Remember

Saturday 10:00 am - 12 noon

April 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.
See Page 9 for Details



Speaker



Saturday, April 6 @ 10a.m.
Augustine Panchoo Psy.D.
“Overcoming Depression
Myth or Fact?”

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

Brain Stimulation Plus Drug May Fight Depression

By Steven Reinberg
HealthDay Reporter

WEDNESDAY, Feb. 6 (Health Day News) — Treating major depression safely and affordably is a challenge. Now, Brazilian researchers have found that two techniques often used individually produce better results when used together.



The researchers paired the antidepressant Zoloft (sertraline) and a type of noninvasive brain stimulation called transcranial direct current stimulation (tDCS) to treat people with moderate to severe symptoms of major depression.

Transcranial direct current stimulation appears to be just as effective a treatment as Zoloft, but the two together are even more effective, said lead researcher Dr. Andre

Russowsky Brunoni, from the Clinical Research Center at University Hospital of the University of Sao Paulo.

This painless treatment uses a low-intensity electrical current to stimulate specific parts of the brain. Previously, it has been tested for various conditions, such as stroke, anxiety, pain and Parkinson's disease, the researchers said.

Dr. Sarah Hollingsworth Lisanby, chair of the department of psychiatry and behavioral sciences at Duke University School of Medicine, is enthusiastic about the findings.

Lisanby said the advent of technologies such as noninvasive brain stimulation is “one of the exciting new developments” in treating depression.

Transcranial direct current stimulation is one of a family of approaches that uses electrical or magnetic fields to stimulate the brain to alter brain function, she said.

“These techniques offer great promise for people with depression, because we know, unfortunately, medications aren't always effective, and psychotherapy isn't always effective, so having effective alternatives is important,” Lisanby said.

She noted the current study's two-pronged approach addresses both aspects of brain action. The drug affects the chemical aspects of brain function, while the



Continued on page 2 (Brain Stimulation)

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

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.

BRAIN STIMULATION (Continued from Page 1)

electrical stimulation targets the brain's electrical activity.

"Because the brain is an electro/chemical organ, using both electrical and chemical approaches to treat it makes intuitive sense," she said.

For the report, published online Feb. 6 in *JAMA Psychiatry*, Brunoni's team divided 120 patients with major depression who had never taken antidepressants to take Zoloft or an inactive placebo every day with or without electrical brain stimulation, or with sham stimulation.

After six weeks of treatment, Brunoni's group found depression significantly improved among patients receiving Zoloft or electrical brain stimulation. However, the biggest gain was seen in those who received both therapies. To gauge improvement, the researchers used the Montgomery-Asberg depression rating scale.

Overall, the patients received 12 half-hour brain stimulation sessions over six weeks.

Side effects from brain stimulation usually are mild and include itching, scratching and redness on the stimulated area, Brunoni said.

However, the combination treatment was associated with more cases of mania after treatment, he said. "Although we could not rule out whether this association was spurious, other studies should investigate this issue," Brunoni said.

Brain stimulation alone could be useful for patients who can't take psychiatric drugs, he said. And the devices that deliver the treatment are relatively affordable, the authors noted.

Brunoni hopes this study will stimulate additional trials using this approach. "If other studies are also positive, tDCS might be a clinical therapy in the future," he said. People

suffering from major depression usually need lifetime treatment, he added. If these study results pan out, this could mean taking antidepressants daily and undergoing weekly sessions of brain stimulation for optimal relief, he said.

Another expert said brain stimulation looks "very promising" as an emerging new treatment for depression. "The safety profile is excellent," said Dr. Colleen Loo, a professor in the School of Psychiatry at the University of New South Wales in Australia. "It is a very mild form of brain stimulation, no risk of seizures, does not impair thinking and may in fact improve thinking," she said.

Currently, tDCS is not approved by the U.S. Food and Drug Administration to treat any condition, Lisanby said.

However, another noninvasive, brain-stimulating technique is FDA-approved and clinically available, she said. That technique — called transcranial magnetic stimulation (tMS) — uses a magnetic field to induce electrical changes within the brain.

Other potential treatments for depression that are undergoing testing include vagus nerve stimulation (this is the nerve running from the brain to deep in the belly) and deep brain stimulation, she said.

Source: WebMD
February 6 2013

Bipolar Disorder Misdiagnosed as Depression

Researchers Pinpoint 5 Factors That Can Help Improve Diagnosis of Bipolar Disorder

By Charlene Laino

Reviewed by Laura J. Martin, MC
WebMD Health News

June 1, 2010 (New Orleans) — About one in three people diagnosed with major depression may actually have bipolar disorder, researchers report.

Five characteristics, including extreme mood swings and psychiatric symptoms at a young age, may help pinpoint which patients actually have bipolar disorder, they say.

Bipolar disorder covers a spectrum of disorders in which patients may be sad and down one day and feeling on top of the world, hyperactive, creative, and grandiose the next.

The extreme mood swings may be more or less frequent and more or less severe, says study head Charles Bowden, MD, of the University of Texas Health Science Center in San Antonio. Bowden has consulted for Sanofi-Aventis, which funded the study.

“As a result, bipolar disorder can be difficult to diagnose, even by experienced psychiatrists,” he tells WebMD.

Recent studies suggest as many as 40% of patients receive another diagnosis first and that it can take years before they’re correctly diagnosed, Swanson says. Many are diagnosed with major depression, resulting in inappropriate use of antidepressants, he says.

Not only do antidepressants fail to help, “but patients can get worse, their mood can become more unstable, and some even get more manic,” says Donald Hilty, MD, co-chair of the committee that chose which studies to highlight at the meeting, and professor of psychiatry at the University of California, Davis.

These patients should be on a mood-stabilizing drug, he tells WebMD.

The current study involved 5,635 patients with major depression from 18 countries in Europe, Asia, and North Africa.

The researchers sought to determine which patients fit the criteria for bipolar depression using various tools, and see which factors best predicted a diagnosis of bipolar disorder.

5 Factors Associated With Bipolar Disorder

The findings were presented at the annual meeting of the American Psychiatric Association.

“What we found,” Swanson says, “is that five items are associated with bipolar disorder.” They are:

- ~ Family history of mania
- ~ Having at least two mood episodes in the past
- ~ Occurrence of first psychiatric symptoms before the age of 30
- ~ A switch to extreme mood swings

~ Mixed states in which symptoms of mania and depression occur together

About 29% of the patients in the study were determined to have bipolar disorder, Swanson says. Using the *DSM-IV*, the bible for psychiatric diagnoses, 31% fulfilled criteria for bipolar disorder.

And using new criteria that takes into the five risk factors proposed by Swanson, 47% had bipolar disorder.

“Our findings suggest that about one-third of people with major depression have [undiagnosed bipolar disorder],” Swanson says. “Currently patients have to have elevated mood or irritability before we can even consider a diagnosis of bipolar disease. Our findings suggest that may not always be the case.”

“This is an excellent study that is clinically useful, giving us information we can use right away,” Hilty says.

“It’s really important that we understand predictors of bipolar disorder as it is still underdiagnosed as regular depression, he tells WebMD.

This study was presented at a medical conference. The findings should be considered preliminary as they have not yet undergone the “peer review” process, in which outside experts scrutinize the data prior to publication in a medical journal

*Sources: 163rd Annual Meeting of the American Psychiatric Association, New Orleans, May 22-26, 2010.
Charles Bowden, MD, University of Texas Health Science Center, San Antonio.
Donald Hilty, MD, co-chair, program committee, 163rd Annual Meeting of the American Psychiatric Association; professor of psychiatry, University of California, Davis.
As Seen In: WebMD online*



FDA OKs Generic Zyprexa for Schizophrenia, Bipolar Disorder

Olanzapine Approved to Treat Symptoms of Schizophrenia and Bipolar Disorder

By Bill Hendrick

Reviewed By Laura I Martin, MC

Oct. 25, 2011 — The FDA has approved the first generic versions of the drugs Zyprexa and Zyprexa Zydis for the treatment of schizophrenia and bipolar disorder.

The brand-name drugs are now made by Eli Lilly & Co. The generic name for the two drugs is olanzapine.

The generic will come in two forms: olanzapine tablets and a form of olanzapine that dissolves in the mouth.

Teva Pharmaceuticals USA and Dr. Reddy's Labs will manufacture olanzapine tablets. The dissolving version will be made by Dr. Reddy's, Apotex, and Par Pharmaceutical Companies.

Affordable Treatment Options

Keith Webber, PhD, deputy director of the FDA's Office of Pharmaceutical Science, says the approval of generic olanzapine "offers greater access to a widely used treatment for mental illness."

He says that having "affordable treatment options is good for patients with long-term illnesses that must be carefully managed."

Zyprexa can cost more than \$300 a month, while generic versions can substantially cut the cost.

Zyprexa is part of a class of medications called atypical antipsychotics, which affect levels of the brain chemicals that influence behavior, mood, and movement.

Generic versions of medications are approved by the FDA after the patent on the original drug expires or has been ruled invalid by courts. Approved generic drugs must have the same quality, strength, purity, and stability as the brand-name drugs.

Olanzapine carries a warning that the drug can cause death among elderly people who have psychosis due to memory loss and confusion.

Symptoms of Schizophrenia and Bipolar Disorder

Schizophrenia is a chronic, severe, and disabling brain disorder that affects about 1% of Americans.

People with schizophrenia have symptoms that include hearing voices and thinking other people are reading their minds or controlling their thoughts. The disease also causes extreme suspiciousness, and patients often become withdrawn.

Bipolar disorder, also known as manic depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out routine, day-to-day tasks.

Symptoms include alternating periods of depression and feeling elated, and increased activity and restlessness, racing thoughts, fast talking, impulsive behavior, and a decreased need for sleep.

The FDA says olanzapine must be dispensed with a medication guide that describes the risks and possible adverse reactions patients may experience. Olanzapine is not approved for treating psychosis in the elderly with dementia.

The drug can have side effects leading to high blood sugar and high blood fat levels and weight gain.

Source: WebMD Health News

Big Changes in Psychiatry's 'Bible' of Disorders

By Daniel J. DeNoon

Reviewed By Louise Chang, ML

WebMD health News

Dec. 3, 2012—A major revision to the diagnostic "bible" — which defines what is and what is not a mental illness — has the final approval of the American Psychiatric Association (APA). The approval means the final draft of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-5*, will be official when it is published in May 2013.

Ten years in the making, the rewritten manual has been embroiled in controversy. One outspoken critic is Allen J. Frances, MD, chair of the task force that developed the previous edition, *DSM-IV*.

In a critique published online by *Psychology Today*, Frances calls the *DSM-5* "deeply flawed," with "changes that seem clearly unsafe and scientifically unsound."

The APA defends the *DSM-5* as the work of more than 1,500 experts in all fields of psychiatry and psychology from 39 countries.

"We have produced a manual that best represents the current science and will be useful to clinicians and the patients they serve," Dilip Jeste, MD, president of the APA, says in a news release.

Something called "psychotic risk syndrome," one of the most controversial proposed diagnoses, was dropped from the final draft. "Hypersexual disorder" (sex addiction) was also rejected, although the new manual opens the door to "behavioral addictions."

Major Changes in DSM-5

The APA points to several key decisions for the *DSM-5*, including:

Continued on page 5 (Big Changes)

BIG CHANGES (Continued from Page 4)

Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder will no longer be specific diagnoses. Instead, children with these conditions will receive a diagnosis of **autism spectrum disorder** with different degrees of severity.

Binge-eating disorder is now an official diagnosis. "Excessive eating 13 times in three months is no longer just a manifestation of gluttony and the easy availability of really great tasting food," Frances says. But the APA says the change "better represents the symptoms and behaviors of people with this condition."

Children with persistent irritability and frequent tantrums (three or more a week for over a year) will receive a diagnosis of **disruptive mood dysregulation disorder**. The APA says this addresses concerns about the over-diagnosis of **ADHD**. Frances says it will do the opposite, by turning temper tantrums into mental disorders.

Skin picking will be a new disorder related to obsessive-compulsive disorders.

Hoarding is a new disorder that will describe "people with persistent difficulty discarding or parting with possessions, regardless of their actual value."

Grief used to be considered normal in people with symptoms of depression lasting less than two months after the death of a loved one. Now such people may receive a diagnosis of depressive disorder. "This reflects the recognition that bereavement is a severe psychosocial stressor that can precipitate a major depressive episode beginning soon after the loss of a loved one," the APA says. Frances says the change will substitute "pills and superficial medical rituals for the deep consolations of family, friends, religion, and the resiliency that comes with time and the acceptance of the limitations of life."

Substance-use disorder now combines the old categories of substance abuse and substance dependence. The APA says this strengthens the diagnosis. Frances says "first-time substance abusers will be lumped in ... with hard-core addicts."

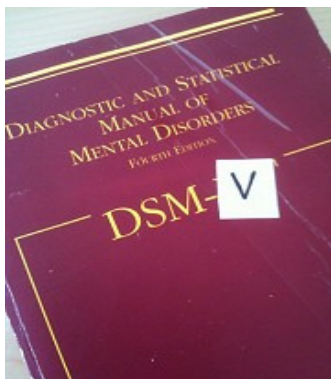
Sources: DSM-5 web site.

American Psychiatric Association web site.

News release, American Psychological Association.

Frances, A.J. Psychology Today, published online Dec. 2, 2012.

As Seen On : WebMD online



Army's mental healthcare gets poor marks

By KIM MURPHY



SEATTLE. — Problems with combat stress in soldiers have escalated so rapidly that the Army has doubled its behavioral health workforce over the last five years and still needs to hire more help, according to a nationwide review of the

military's troubled system for handling the mental wounds of war.

The review, released Friday, said about 4% of those returning from combat come home with behavioral health problems. In seeking help, they face a confusing array of programs, inconsistencies in training for mental health workers and gaps in mental health records because of uncoordinated record-keeping systems.

Army officials say they are already moving to correct some of the problems identified in the report, commissioned after a record number of suicides and complaints by soldiers at the Madigan Army Medical Center that their diagnoses of posttraumatic stress disorder and related medical benefits were being inappropriately reversed. The medical center is located on Joint Base Lewis-McChord just outside of Tacoma, Wash.

Lt. Gen. Howard B. Bromberg, deputy Army chief of staff, says commanders are moving behavioral health specialists into combat zones to give immediate aid to soldiers. They are also reducing delays in processing for those seeking help for behavioral health problems, many of whom must wait more than a year for their cases to be finalized.

"The Army is committed to taking care of our soldiers, who have given so much to our nation over the last 12 years of war," said Lt. Gen. Patricia Horoho, the Army's surgeon general.

Sen. Patty Murray (D-Wash.), former chairwoman of the Senate Veterans Affairs Committee, had sought the report after concerns were raised that a screening team of forensic psychiatrists at Madigan were refusing PTSD diagnoses for service members who had been clearly identified with such problems by their own Army counselors and psychiatrists.

"The sheer number of changes this report recommends is indicative of the size and scope of the problem. This report lays out shortcomings in diagnosing, identifying and providing standardized care for PTSD and a wide range of behavioral health issues," Murray said in a statement.

"It also focuses on the painfully long delays that have

Continued on page 6 (Army's Mental Healthcare)

ARMY'S MENTAL HEALTHCARE (Cntd. from Page 5)

plagued a joint disability system that many service members and their families have given up on," she said,

Overall, Murray's office found that more than 40% of the diagnoses of PTSD for patients under consideration for medical retirement at Madigan had been overturned by a forensic psychiatry screening team — the only one of its kind at a major Army medical hub.

But Army officials said the review, expanded to include behavioral health at Army facilities worldwide, did not turn up evidence of substantial false PTSD claims, or that financial issues were playing a role in a combat stress diagnosis.

In a review of more than 154,000 behavioral health cases across the Army, independent reviewers agreed with 88% of the PTSD diagnoses. Because mental healthcare "is an art and a science," differences in diagnoses between providers are not unusual, Horoho said.

In the remaining 12% of cases, independent reviewers disagreed with the original diagnosis. The initial variance rate at Madigan, where the forensic psychiatry team was at work, was 21%.

"This revalidation rate is extraordinary when you compare it to the diagnostic revalidation rates from the civilian sector," Hloroho said.

She emphasized that the study found no inappropriate actions on the part of the forensic team at Madigan. Rather, she said, the team was dismantled in order to ensure that service members at all medical centers were receiving the same diagnosis regime.

kim.murphy@latimes.com

Source: *Los Angeles Times*
March 9, 2013

Do Sweetened Drinks Really Lead to Depression?

In the study, people who drank sweetened beverages — including regular and diet sodas, fruit punch, and sweetened iced tea — had a higher risk for depression.

Researchers say the findings suggest that cutting down on sweetened drinks or replacing them entirely with non-sweetened beverages may help lower depression risk.

But an expert who reviewed the findings says it failed to convince him that drinking sweetened beverages raises depression risk.

"There is much more evidence that people who are depressed crave sweet things than there is to suggest that sweetened beverages cause depression," says neurologist Kenneth M. Heilman, MD.

Heilman is a professor of neurology at the University of Florida College of Medicine in Gainesville.

The study included close to 264,000 people over the age of 50 enrolled in an AARP diet and health study.

When they entered the study, the participants were asked about their beverage-drinking habits as part of a detailed dietary survey. About 10 years later they were asked if they had been diagnosed with depression over the previous decade.

The analysis revealed that people who drank more than four cans or cups of diet soda a day had about a 30% higher risk of developing depression over the follow-up period than those who drank none. Those who drank regular soda had a 22% higher risk.

Coffee drinking, however, was associated with a 10% reduction in depression risk.

Drinking diet sweetened-beverages appeared to be associated with a slightly higher depression risk overall than drinking sugar-sweetened beverages.

More Research Needed, Expert Skeptical

The researchers noted that more research is needed to confirm the findings. They warn that people with depression should continue to take all medications prescribed by their doctors.

"While our findings are preliminary, and the underlying biological mechanisms are not known, they are intriguing and consistent with a small but growing body of evidence suggesting that artificially sweetened beverages may be associated with poor health outcomes," says researcher Honglei Chen, MD, PhD, of the National Institutes of Health in Research Triangle Park, N.C.

Heilman, who is a member

Continued on page 7 (Sweetened Drinks)

Sweetened Drinks Linked to Depression Risk

By Salynn Boyles

Reviewed By Laura J. Martin,
ME

Jan. 8, 2013— Drinking sweetened beverages — either sugar-sweetened or diet— may be linked with a slightly higher depression risk, while drinking coffee may slightly lower the risk.

That is the finding from a new study to be presented in March at the 65th annual meeting of the American Academy of Neurology in San Diego.



SWEETENED DRINKS (Continued from page 6)

of the American Academy of Neurology, says the fact that carbonated and noncarbonated sweetened beverages appeared to increase depression risk, as did drinks sweetened with sugar and non-calorie sweeteners, leads him to question the findings.

He notes that there is evidence to suggest that people who are depressed or have a higher risk for depression seek out sweet foods and drinks as a way of self-soothing.

“The main point is that you can never show cause and effect in a study like this one,” he says. “By telling people to cut down on sugar-sweetened drinks you may be reducing depression risk or having no impact or having the opposite effect and making depression worse.”

The study was supported by the Intramural Research Programs of the National Institutes of Health, the National Institute of Environmental Health Sciences, and the National Cancer Institute.

These findings will be presented at a medical conference. They should be considered preliminary as they have not yet undergone the “peer review” process, in which outside experts scrutinize the data prior to publication in a medical journal.

*Source: WebMD Health News
January 8, 2013*



Exercise Can Help Reduce Stress and Anxiety

Even a little can help us maintain mental fitness

Stress is an inevitable part of life. Many of us experience stress or anxiety daily, and for some of us, it interferes with our lives, according to a recent survey by the Anxiety Disorders Association of America (ADAA). It's impossible to eliminate stress, but you can learn to manage it.

Exercise is the stress-busting technique most recommended by health care professionals. A third of us are already on the right track by walking for exercise. Others run or do yoga. The physical benefits of exercise—improving physical condition and fighting disease—have long been known. But regular aerobic exercise can also decrease tension, lift and stabilize mood and improve self-esteem. It's effective at reducing fatigue and improving alertness and concentration. Even five minutes of aerobic exercise can stimulate antianxiety effects.

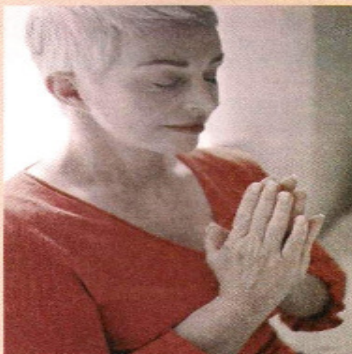
Psychologists studying how exercise relieves anxiety and depression say that a 10-minute walk may be just as good as a 45-minute workout. A brisk walk or other simple activity can deliver several hours of relief.

Exercise as Part of Therapy

That's why exercise is an integral part of every treatment program recommended by ADAA President and CEO Jerilyn Ross, MA, LCSW. "It's one of the first things I tell patients, whether they are suffering from an anxiety disorder or trying to cope with everyday stress" she says. "People may feel powerless in terms of home life, finances, or politics, but they're in control when they exercise."

*Source: The Initiative
Summer 2012*

Simple Steps to Elicit the Relaxation Response



- 1 Sit quietly in a comfortable position, eyes closed.
- 2 Deeply relax all your muscles, beginning at your feet and progressing up to your face. Keep them relaxed.
- 3 Breathe through your nose. Become aware of your breathing. As you breathe out, say the word "one" silently to yourself. For example, breathe in ... out, "one," in ... out, "one," etc. Breathe easily and naturally.
- 4 Continue for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. When you finish, sit quietly for several minutes, with your eyes closed. Do not stand up for a few minutes.

Practice the technique once or twice daily, but not within two hours after meals, since the digestive processes seem to interfere with the elicitation of the Relaxation Response. If distracting thoughts occur, avoid dwelling on them, and return to repeating "one."

Reprinted from *The Relaxation Response*, by Herbert Benson, MD (available via www.amazon.com)



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

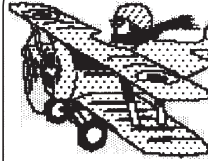
If you need someone to talk with:

Leroy

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

Ms. Carly Jenkins

951 / 522 - 3500
10 am to 8 pm



ANNOUNCEMENTS

DBSA Temecula

Mike Clark @ 951 / 551-1186

DBSA Hemet

Trinity Lutheran Church
Mondays, 5 to 7 pm.
Lyla @ 951 / 658 - 0181

Rancho Cucamonga DBSA

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

DBSA Rialto

Keith Vaughn
909 / 820-4944

Stigma Reduction and Suicide Prevention

AdEase/Riv.Cou.Mental Health:
Julia Sullivan 619 / 243 - 2290
www.adeaseonline.com

DBSA Riverside (Uplifters)

Grove Community Church
Mon 7:00 pm. Room B8
951/571-9090

For Family Support People: NAMI

Riverside County Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month
800 / 330 - 4522 (se habla espanol)
951/369-2721

RECOVERY INNOVATIONS

Invites you to

AFTER WORKS!

AFTER WORKS is a FREE art social event that takes place at Art Works Gallery on Fridays from 5-7 PM. The goal of the program is to bring local professionals, artists, peers and families together in a relaxing environment to create and to learn a new arts skill. Past programming included artist and exhibition receptions, poetry readings, as well as workshops such as mixed media collage, zine-making, and drumming. No experience required!

For more information, visit
www.jtpfriends.org or call Art
Works at (951) 683-1279.

Art Works Gallery
3741 Sixth Street
Riverside, CA 92501



DBSA- Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

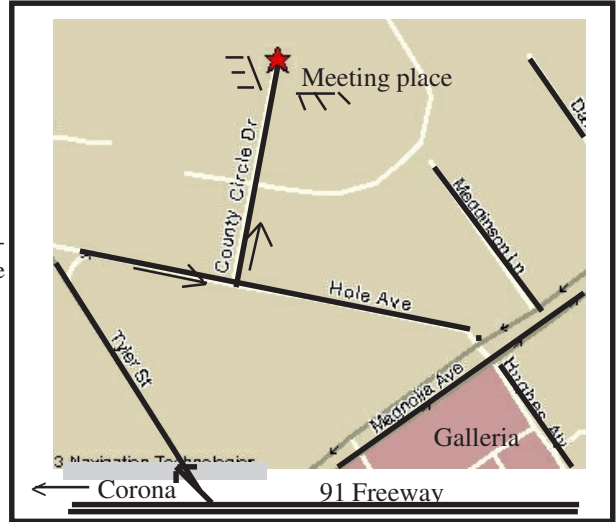
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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



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.