



The Thermometer Times

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

VOL. 26 NO. 5 Out of Darkness . . . May 2013

Dates to Remember

Weekly Support Group Meetings

No Cost

Saturday 10:00 am - 12 noon

May 4, 11, 18 and 25

Meetings start promptly at 10 am.

Do yourself a good turn:

Come EARLY. Snack and visit with friends BEFORE ten a.m.

If you come late, please enter quietly.

See Page 9 for location & map



Yo-yo living

Sarah Owen finds out what it is like to live with Rapid Cycling Bipolar Disorder (RCBD).

WHAT IS IT?

According to the DSM-IV (the fourth and most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, a manual published by the American Psychiatric Association used in the UK and US for categorizing and diagnosing mental health problems), rapid cycling bipolar disorder (RCBD) is a type of manic-depressive illness in which the patient experiences four or more episodes of mania and/or major depression per year. Some people who rapid cycle, though, can have monthly, weekly or even daily mood swings, which is sometimes called 'ultra rapid cycling.'

WHO GETS IT?

Rapid cycling occurs in approximately 10 to 20 percent of individuals with bipolar disorder. Although equal numbers of men and women are diagnosed with bipolar disorder overall, women make up 70 to 90 per cent of individuals with a rapid cycling pattern. It's not thought the mood episodes are linked to any phase of the menstrual cycle, though, and can occur in both pre- and post-menopausal women.

WHAT CAUSES IT?

The experts say that rapid cycling may be associated with a condition called

Continued on page 2 (Yo-Yo Living)

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

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.

YO-YO LIVING (Continued from Page 1)

'hypothyroidism' where the thyroid gland doesn't produce enough thyroxine (a hormone that influences moods and that's important for many of the body's functions). Rapid cycling is also thought to be linked to certain neurological conditions (e.g. multiple sclerosis), developmental delay or head injury.

WHAT'S THE BEST TREATMENT?

It can be challenging to find an effective treatment for rapid cycling. Lithium, a naturally occurring salt that's the most widely prescribed mood stabilizer for bipolar disorder, is effective in about 20 to 40 per cent of people with rapid cycling.

Some anticonvulsant medication (such as valproic acid) and atypical antipsychotic medications can also be effective in the treatment of lithium-resistant rapid cycling. Antidepressant medications, particularly tricyclics, may provoke rapid cycling. Psychotropic medications should be tapered off gradually under the supervision of your doctor. Obviously, though, each individual needs to work out a personalized treatment plan with their doctor.

WHAT'S IT REALLY LIKE TO LIVE WITH IT?

Because everyone experiences rapid cycling in varying patterns - RCBP can occur at any time during the course of the illness and may appear and disappear — it's simply not possible to generalize about what it's like to live with it.

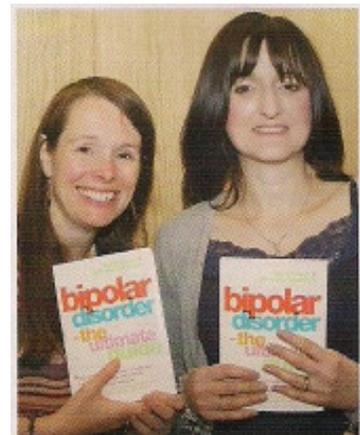
Having said that, rapid cycling can often lead to turbulent behaviour and disturbed relationships. Here, three people share their stories.

JOANNE, 49

'I've had symptoms of bipolar disorder all my life, but I

was only officially diagnosed with rapid cycling bipolar disorder in 2000. My pattern is that I tend to get depressed and I can stay depressed for quite a while, which is debilitating. I went so low in 2002 that I was hospitalized.

'T a k i n g medication does help, but the trouble is things can turn around so quickly, and my mood swings are unpredictable. I might have been low for a while, where I'll typically wake up in the morning without having slept so that I feel exhausted and suicidal. 'But by the afternoon, if my mood flips, I'll be making twenty cushion covers



Sarah Owen is co-author (with her cousin Amanda Saunders) of *Bipolar Disorder: The Ultimate Guide*, published by Oneworld Publications.

Continued on page 3 (Yo-Yo Living)

YO-YO LIVING (Continued from Page 2)

at 4 pm, planning a party at 5 pm and then digging the garden at 10 pm. The worst thing of all is when I'm in a mixed state, where I feel suicidal and high at the same time.

'What's great is that I'm learning all kinds of ways to help manage my moods. I'm very careful about my diet, cooking everything from scratch. I take fish oil supplements and vitamins. Perhaps one of the most important things I do is use one of the available apps on the internet to track my moods. It helps me to see the warning signs of an impending high or low very clearly.

'If I spot a low on the horizon, I make sure to walk my dogs every day. When I'm walking along, I force myself to smile and repeat a mantra in my head: 'I am whole, I am perfect, I am competent, I am strong, I am loving, which tricks the brain into believing that it's true.

'I also use a technique where you lift your eyes to the rooftops and the sky when you're walking along because this helps to combat depression by opening up the world and reminding you to look outwards, not inwards.

'I talk to my children. They're young adults now (24, 23 and 18) and I trust them implicitly. They know me really well, so if they say 'Mum, you're going slightly mad; I listen! And sometimes I attend a laughter yoga group — it's been shown to boost serotonin levels when you're feeling down, plus it's good to spend time with other people.

'If I can see that my mood is elevating, I'll do some breathing and meditating exercises to calm me down. I avoid the computer and watching TV, and make myself stop doing any jobs or activities after 8 pm. I also find that digging the allotment is a great help---any kind of physical work or manual labor helps you to stay healthy---in both body and mind.

'I suppose I've spent all of my life managing my bipolar disorder, and most of my days are spent with monitoring my moods and tailoring my activities to bring me back to balance. It's worth it, though. If I don't put in all this effort, all hell will break loose.'

JEREMY, 47

'My teens were problematic. My parents thought it was hormonal, but my mood swings were extreme and regular. I spent increasing amounts of time self-medicating with alcohol and other drugs. After my 0 levels, things fell apart. My life involved pubs, nightclubs, girls, football and sleep, and I failed my levels.

'I was out of work for 18 months before I did my nurse training. I continued to self-medicate with alcohol, prescription medication and over the counter meds. I was erratic and unreliable socially, but excellent at my job, becoming a charge nurse at 24 and completing a Socially Responsible Masters Degree at university at 30.

'Work accentuated the cycles and following a tragedy that triggered Post Traumatic Stress Disorder (PTSD)--- my wife had a stillborn then our next newborn needed resuscitation — work became my refuge. I became very thin, constantly agitated but also very suicidal. It seemed I was high and low at the same time.

'When I was eventually diagnosed in 2001 with ultra-rapid cycling mixed affective disorder, which I'd clearly had since my teens, I was under 15 minute review in hospital and initially found to be averaging cycles at 20 times a day.

Having read a lot about this, it seems very extreme. I

was in hospital for 5 months, but when I went back to work, I received no support and needed two further hospital admissions for this mixed suicidal and delusional state. I was pensioned off and effectively spent six years back in an NHS system that failed to understand the PTSD element in triggering cycles in relatively low stress periods.

Currently I still have cycles weekly, but recognize that PTSD is a major factor. Psychotherapy has helped. My medication has also been changed to take the PTSD into account.

My wife has been a constant support, as have our two boys, now 12 and 14, who have grown up with a loopy father. I've seen TV programs about bipolar involving celebrities who suffer with exhilarating highs, as opposed to my incredibly uncomfortable ones. They say they wouldn't change anything because of the creativity. I would give anything to be rid of it. It is a curse.'

LORRAINE, 42

'I've had mood swings since I was a teenager, but was only diagnosed with bipolar disorder in March. I had my first major depression in 1997 when my son died, but everyone thought that was a 'natural reaction.

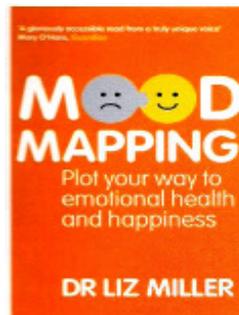
'What my psychiatrist and I have since realised, though, is that the medication I was taking for the depression made me rapid cycle, and this rapid cycling was getting worse as I was getting older. I would wake up suicidal, depressed and slow, but then by the evening I'd be tap-dancing across the kitchen.

'Since my diagnosis I've had lots of tests and it's been found that my thyroxin levels were incredibly low. Funnily enough, my Dad was also diagnosed with bipolar disorder recently and his thyroxin levels were low, too, so perhaps it runs in the family. From all the reading I've done, it definitely looks like there's a link between low thyroxin levels and rapid cycling.

'With the full support of my doctor, I've stopped taking the antidepressants and started taking thyroxin plus one supplement with 8g of fish oil daily and my diet's now gluten-free.

'These things are definitely helping ---I keep a daily mood chart and it's evident that my moods aren't swinging so quickly. The other thing that's really helped is Dr. Liz Miller's book *Mood Mapping* —plot your way to emotional health and happiness.'

Source: *PENDULUM*
Winter 2012



You can surmount the obstacles in your path if you are determined, courageous, and hardworking. ...Do not fear to pioneer, to venture down new paths of endeavor.

RALPH J. BUNCHE



The soul would have no rainbow had the eyes no tears.
JOHN VANCE CHENEY

Celebs coming out with bipolar? Bring it on!

In the first of an occasional series of blogs written by Bipolar UK service users, Nigel Griffiths talks about his early experiences of the illness.

WHEN I TELL people I have bipolar these days the response I get is quite different to how it was just a few years ago. The old response was 'what's that?' but nowadays I'm more likely to hear 'Catherine Zeta Jones has that!' or isn't Robbie Williams bipolar?' Positive representation of someone with a bipolar disorder can only be a good thing in helping people understand and come to terms with the illness. This is some of my story.

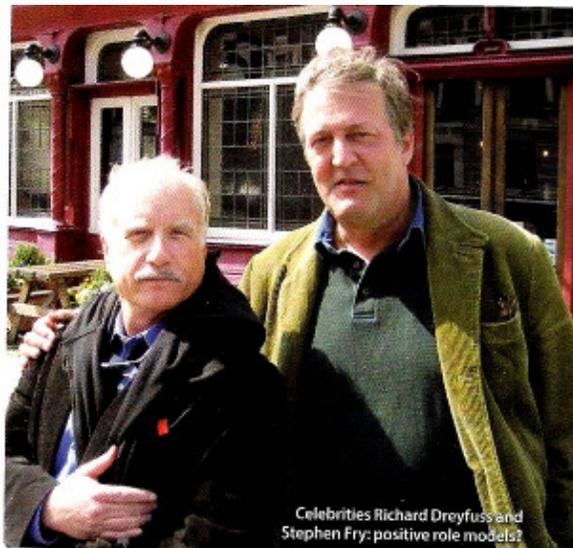
It was late 2006, we were watching Stephen Fry's 'Secret Diary of a Manic Depressive' on Channel 4 and my wife quite simply said 'That's you, that is!'

For the previous ten years I had been treated for depression. I wasn't depressed all of this time, but you don't go to the Doc when you're feeling on top of the world, do you?

IMPORTANT PLANS

During the previous few years, I had lost three senior management jobs for what I now know was classic bipolar behaviour. When high I often felt full of great new ideas and made important plans, but ended up doing things with disastrous consequences.

At times I was quite delusional. I was confident I was going to be Wales' first management guru, writing books, speaking to thousands, you know the kind of things. I would write long, ranting emails, making demands and fracturing relationships. At other times, I would be so low, I just buried my head in the sand, whilst all kinds of problems were taking shape around me. The final straw in my last employed role was locking myself in my office and taking a handful of sleeping



Celebrities Richard Dreyfuss and Stephen Fry: positive role models?

tablets.

ACCEPTANCE

The key to coping with bipolar is an early diagnosis (difficult given the waiting times mentioned above), **acceptance of the illness and adapting your lifestyle so you are in control as much as possible.** Management of the illness can be achieved through strategies involving medication, health care, therapy and self-management. After my formal diagnosis back in 2007, getting a bipolar disorder diagnosis lifted off a huge burden as I can now make sense of my past destructive behaviour. On the

other hand, I wasn't sure how to manage my illness. I had come away from the psychiatrist with a bag of medication — mood stabilizers, antidepressants, anti-anxiety pills and sleeping tablets and a load of information about help from voluntary organizations that was many years out of date. I tell people that the first year after diagnosis I was experimenting with drugs. It took a while to get the mix right — it was not an easy time as some of the side-effects were horrible, but they did pass in time and I can at least discern when I am feeling a side-effect or another bipolar episode coming on.

A WARM WELCOME

By far, the next major milestone after watching Mr. Fry was joining a local self-help group established by Bipolar UK (then known as the Manic Depression Fellowship). It took about six months to work up the courage, confidence or whatever to go to the group, but I was really glad I did. A warm welcome and listening to other people's anecdotes of their bipolar experiences was both comforting and encouraging.

Celebs coming out with bipolar? Bring it on I say. Handled respectfully, famous people with bipolar disorder can really help to raise awareness of the condition or, in fact or fiction, be positive role models for others to follow.

Nigel Griffiths is a trustee of Bipolar UK. The views expressed above are his and not necessarily those of the charity.

Source: PENDULUM
Winter 2012

Into the Light is back online!

"Into the Light is a collection created by people with mental health conditions for people with mental health conditions, their families and friends. These conditions are not who we are, but how we temporarily feel, even as they have shaped and influenced our lives.

This is an opportunity to honor, inspire and empower others to seek support, encouragement and treatment in a variety of ways. By sharing our journeys, we model what a commitment

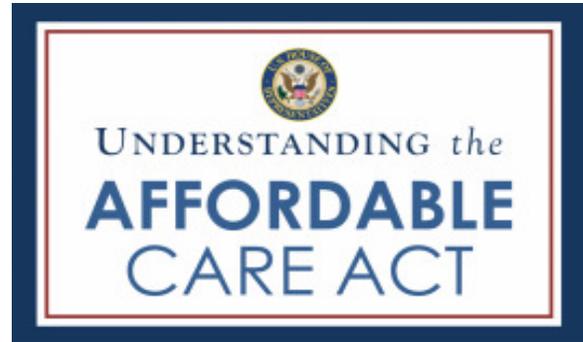
to the process of wellness looks like. By making the collection available to the public, we contribute to altering the social view of such conditions from one of fear and uncertainty to one of people managing their mental health."

Source: Polars' Express
Spring 2013

www.dbsaintothelight.org

Mental health minimum benefits bolstered

• Psychiatrists are encouraged by the Affordable Care Act's final coverage standards, but doctors say gaps remain on drugs and children's coverage.



By JENNIFER LUBELL
([HTTP://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/
PERSONALIA?ID=JLUBELL](http://www.amednews.com/apps/pbcs.dll/personalia?id=jlubell))
amednews staff
Posted March 4, 2013

Washington Doctors navigating their way through the Affordable Care Act's final minimum coverage requirements for 2014 face a complex environment in which more people are obtaining access to mental health care and other services, but doing so through benefits that can vary significantly by insurer and by state.

On Feb. 20, the Dept. of Health and Human Services issued a final rule mandating a core package of 10 "essential health benefits" categories that qualified plans on health insurance exchanges —and some plans outside of those marketplaces — will need to cover. Each state has been asked to choose a benchmark plan from a selection of popular existing plans to determine more precisely what benefits must be covered under the categories.

Although the affected plans now have a benefits floor that will ensure more uniformity, plans will retain some flexibility, not only in benefits design but also in cost sharing and utilization management, said Sonya Schwartz, program director for the National Academy for State Health Policy. "One plan may allow some to get access to some sort of service or drug right away. Another may require preauthorization," she said.

Most states have chosen for their benchmark plans the most popular small-group plan in their jurisdictions, which also serves as the default option for states that don't actively choose a benchmark.

White House zeroes in on mental health

In the final rule, HHS placed a special emphasis on how essential benefits standards starting in 2014 would strengthen and expand coverage of mental health and substance abuse disorder services, one of the 10 broad categories of care.

The rule states that the federal mental health and substance abuse parity law will apply to new plans sold on the exchanges, as well as to nongrandfathered small-group and individual plans sold outside of the marketplaces, said Mark Covall, president and CEO of the National Assn. of Psychiatric Health Systems. That means insurers will not be able to cover those services under different limitations than the ones that apply to other medical care.

These policy changes will help close gaps that have existed in mental health coverage in the insurance market, HHS officials stated in a report released in tandem with the final health benefits rule. The department estimated that 20% of those who have individual market insurance have no mental health services coverage, while a third can't get coverage for substance abuse disorders.

"For far too long we have had a two-tiered insurance system, with those who had brain disorders getting less coverage than those who had heart disease. Finally, this practice is coming to an end," Covall said.

Psychiatrists wanted a higher floor

It's encouraging that the ACA required mental health and substance abuse coverage as one of the 10 categories of care and mandates parity for those benefits, said Julie A. Clements, deputy director of regulatory affairs with the American Psychiatric Assn. The rule also clarified that if a benchmark plan is missing the category, it must supplement it from another approved state plan, she said.

But the APA didn't get everything it wanted in the final rule. Of particular concern is the scope of mental health/substance abuse services that plans under the law must offer within the category. "The way it currently is, you can have a lot of variation from state to state," Clements said.

For the most part, HHS gives states a great deal of leeway in the design of essential health benefits above the floor. "How substantive a state's mental health and substance abuse benefits may be is really going to reflect the interaction between federal

Continued on page 6 (Benefits Bolstered)

BENEFITS BOLSTERED (Cntd. from Page 5)

EHB guidelines and existing state law,” she said. Only some states require that care for certain mental health diagnoses be covered by all insurers.

DID YOU KNOW:

Federal mental health and substance abuse parity law will apply to new plans sold on health insurance exchanges.

There’s also going to be variability in how mental health parity is defined among individual plans, making it difficult for doctors and patients to compare plan offerings, said Barry Perlman, MD. He’s director of the Dept. of Psychiatry at St. Joseph’s Medical Center in Yonkers, N.Y., and the past president of the New York State Psychiatric Assn. Mental health must be covered at the same level as other medical benefits, but he said that doesn’t guarantee strong coverage.

Jim Smith, senior vice president of the Camden Group, a national health care consulting firm, recommended that physicians familiarize themselves with the list of 10 broad benefit categories but remain cognizant of the fact that there will be differences by state, as well as by plan.

Drug, children’s coverage hit

Despite the gains in mental health coverage, some physician organizations said there were other parts of the final rule that fell short, including the prescription drug category.

The final rule retains the proposed rule’s provision that affected health plans must cover the same number of drugs in a particular class as does the state benchmark plan. Plans must cover at least one drug in a class in cases where the benchmark doesn’t cover any.

But these conditions still are limiting, the APA’s Clements said. HHS allows a plan appeals process for those seeking coverage for a “clinically appropriate” drug not on the formulary. But she noted that such appeals happen now, “and thus far it doesn’t usually work out for patients.”

Chris Hansen, president of the American Cancer Society Cancer Action Network, said he was encouraged, however, that the rule recognized the importance of covering new drugs under the essential benefits as those medications become available.

In the final rule, HHS did not adopt advice by the American Medical Association and the American Academy of Pediatrics to use Medicaid’s Early and Periodic Screening, Diagnostic and Treatment program as the model for defining pediatric essential health benefits. Medicaid covers more robust benefit options for children than many of the private plans listed as state benchmarks, the groups said.

NASHP’s Schwartz observed that the final rule opened the door to some pediatric benefits that wouldn’t necessarily be covered by commercial plans, such as habilitative, dental and vision services.

But pediatric medical organizations contended that the rule offers no guarantee of these benefits. States “may choose to effectively eliminate dental coverage, even though dental caries are the most preventable health condition in the pediatric population. Durable medical equipment may be substituted for habilitation, even though a child with spina bifida or a congenital defect may need both,” the AAP and other groups wrote in a Feb. 25 letter to HHS.

Access to pediatric drugs and mental and behavioral health services for kids also may be excluded or weakened, they stated.

Millions more will get psychiatric coverage

The Affordable Care Act’s minimum benefits mandate and a federal parity law will combine to provide mental health and substance abuse coverage to more than 32 million Americans who didn’t have any before, according to the Obama administration.

Insurance status	Have benefits	Will gain benefits	Total with parity benefits
Individual plan	7.1 million	3.9 million	11 million
Small-group plan	23.3 million	1.2 million	24.5 million
Uninsured	none	27 million	27 million
All	30.4 million	32.1 million	62.5 million

Source: “Affordable Care Act Will Expand Mental Health and Substance Use Disorder Benefits and Federal Parity Protections for 62 Million Americans,” Office of the Assistant Secretary for Planning and Evaluation, Dept. of Health and Human Services, Feb. 20 (link)

*Source: American Medical Association
March 4, 2013*

Older Americans Need Better Care and Education About Depression



December 13, 2012, NEW YORK, NY—Large numbers of older Americans with depression, anxiety or other mental health disorders aren't receiving treatment that meets evidence-based standards, and many don't know depression can put their health at increased risk, according to a national poll.

The John A. Hartford Foundation, which conducted the survey, called for better mental health care and a team-based, collaborative approach for older adults.

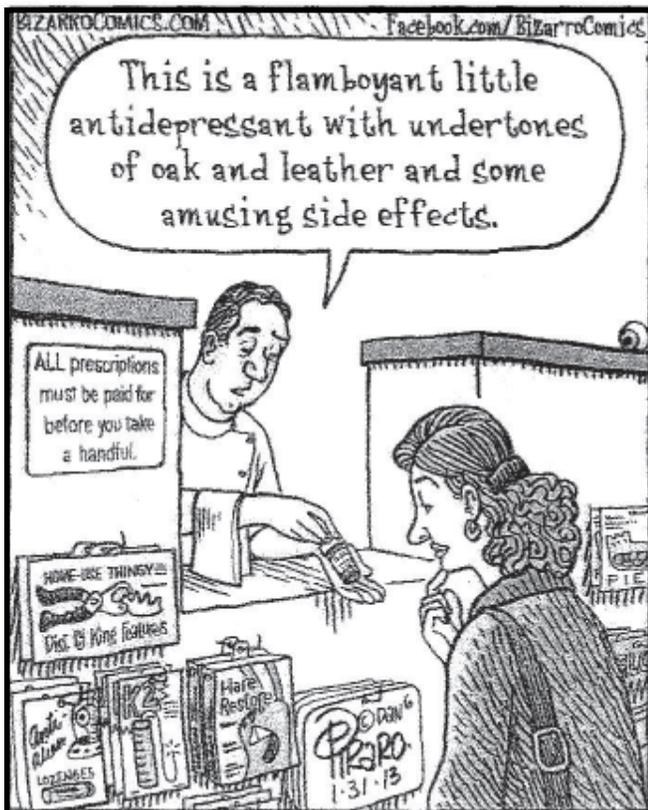
The survey found 46 percent of American seniors currently receiving treatment say their provider did not follow up with them within a few weeks of starting treatment to see how they're doing—a critical component of effective care. Among respondents, only about one in three knew depression can double the risk of heart disease.

Source: *esperanza*
Winter 2012

Crack a window. Are you having trouble making decisions? Exposure to carbon dioxide might be the reason. Moderately high concentrations of the gas indoors can temporarily hinder the brain's ability to make decisions, according to a small study at the U.S. Department of Energy's Lawrence Berkeley National Laboratory in California. The main source of carbon dioxide in indoor spaces



is exhaled human breath, so crowded rooms might be especially detrimental to a person's ability to think clearly.



Did you know?

Successful People

- Have a sense of gratitude
- Forgive others
- Give other people credit for their victories
- Accept responsibility for their failures
- Compliment
- Read everyday
- Keep a journal
- Talk about ideas
- Want others to succeed
- Share info and data
- Keep a "to-be" list
- Exude joy
- Keep a "to-do/project" list
- Continuously learn
- Embrace change

Unsuccessful People

- Have a sense of entitlement
- Hold a grudge
- Take all the credit for their victories
- Blame other people for their failures
- Criticize
- Watch TV
- Say they keep a journal but don't
- Talk about people
- Secretly hope others fail
- Hoard info and data
- Don't know what they want to be
- Exude anger
- Fly by the seat of their pants
- Think they know everything
- Fear change



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

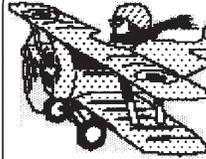
If you need someone to talk with:

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

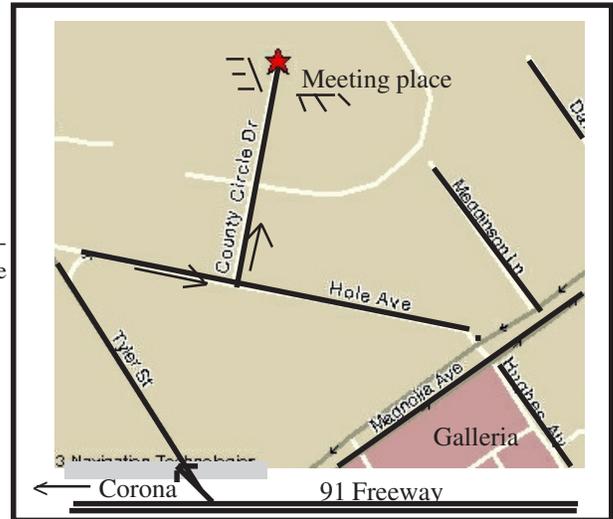
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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



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.

DBSA OF RIVERSIDE
16280 Whispering Spur
Riverside, CA 92504