



The Thermometer Times

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

VOL. 27 NO. 2 Out of Darkness . . . February 2014

Dates to Remember

Weekly Support Group Meetings
No Cost

Saturday 10:00 am - 12 noon
February 1, 8, 15 & 22

Bring someone and come early for a snack. Bring a notepad and an attitude for pro-wellness, supportiveness, and open to shared ideas for coping.

See Page 9 for location & map

Saturday, February 22

Vicki Sorensen

“Therapeutic Behavioral Services”

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

State Takes Lead in Health Care Law



Sam Thomas of Pasadena, an AARP volunteer, is one of hundreds of people around the state being trained by community organizations to explain the benefits of the federal Affordable Care Act (ACA) to consumers.

“They’ve just heard the stuff on television --how terrible it is, how horrible it is. It actually isn’t”, said Thomas, 72, a retired executive director of the Leukemia & Lymphoma Society in Los Angeles. “I think they feel better after we’ve spoken to them.”

By just about every measure, California leads the nation in implementing the ACA: from setting up a new state agency that will help people find and enroll in health insurance plans to explaining Medicaid.

“California is going to be the shining example for other states,” said Ron Pollack, executive director of Families USA, a nonpartisan consumer organization for health care.

State officials estimate that 5.3 million California residents who now lack coverage will be eligible to enroll in health insurance plans offered by 13 companies and nonprofit groups selected by Covered California, the new state agency created to manage the ACA marketplace.

The ACA requires almost all Americans to have health insurance beginning next year 2014 or pay a penalty of at least \$95 on their federal tax return.

At least 2 plans per county

Not all plans will be available statewide, but Peter V. Lee, executive director of Covered California said consumers will have at least two plans to choose from in every county. An insurance marketplace, or exchange, will allow consumers to compare costs and benefits among insurance plans.

The plans cover doctor visits, prescriptions, hospital stays, maternity care, lab services, emergency services and other benefits—and they place a ceiling of \$6,350 on out-of-pocket expenses. The plans come in four levels—bronze, silver, gold and platinum—with bronze considered basic coverage, silver standard, and gold and platinum higher coverage with higher premiums. No one can be disqualified because of preexisting conditions. Although coverage doesn’t begin until January, Californians can enroll starting Oct. 1 at the agency’s website, coveredca.com, or by calling 888-975-1142 toll-free.

The Covered California website includes an interactive chart where people can find out what plans are available and how much they cost.

Individuals earning up to about \$46,000 and a family of four making up to \$94,000 are eligible for subsidies to help with the premiums.

Continued on page 2 (State Takes Lead in Health Care Law)

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
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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.

State Takes Lead in Health Care Law*(continued from page 1)*

A wide range of organizations, churches and nonprofit groups will have trained volunteers and paid staff—known as certified enrollment counselors—to help people.

The role of the AARP California volunteers will be to explain the health law to groups including service clubs, faith-based groups, civic and senior organizations, said Blanca Castro, AARP California advocacy manager. AARP will not be involved in the enrollment process.

Groups that want an AARP volunteer to speak to them should call 866-448-3614 toll-free.

"AARP strongly supported passage of the ACA, and now our top priority is to make sure people have the information they need to make informed choices about their health," Castro said.

Medi-Cal expansion

More than 1 million additional people are expected to be added to Medi-Cal, California's version of Medicaid.

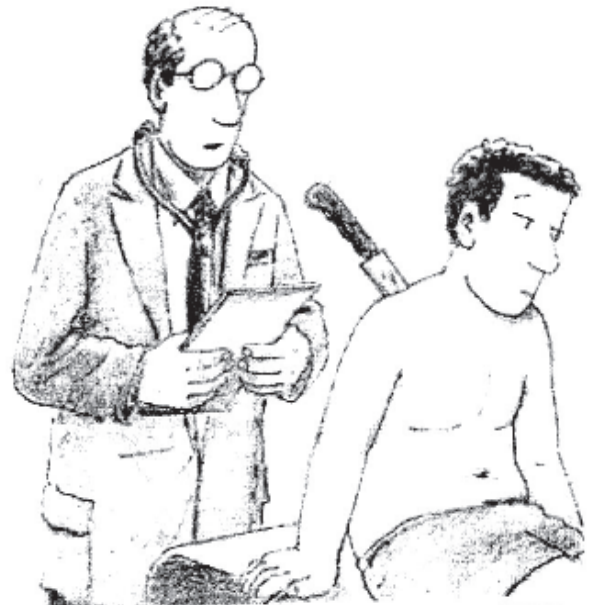
Currently, eligibility for Medi-Cal is capped at \$11,490 maximum income for an individual and \$23,550 for a family of four.

When the ACA takes effect in January, the Medi-Cal eligibility income levels will rise to around \$15,900 for an individual and \$32,500 for a family of four.

—Ray Huard

To learn more about how affordable Care Act affects you, healthlawanswers.org

*Source: AARP Bulletin
September 2013.*



"I'm going to write you a prescription for new friends."

AP/144

Editorial: Was \$7 billion from Prop. 63 spent wisely?

By the Sacramento Bee Editorial Board
Published: Monday, Aug. 19, 2013

This is known: California spent \$7.4 billion between 2006 and 2012 from an income tax on millionaires approved by voters who hoped to improve care for people who suffer from severe mental illness.

This is not known: Was the money spent wisely? Did the money do as much good as it should have done? Was it shoved down a rat hole, never to be seen again? Alas, an audit by the Bureau of State Audits could not answer how the money was spent. To the contrary, the audit detailed how a succession of departments and officials failed to obtain the most basic information from counties that spend most of the money.

“Lacking meaningful and complete data, the state is hindered in its ability to report on the success of (Mental Health Services Act) programs and to assure taxpayers that their funds are not being wasted,” says the audit, which focused on Los Angeles, San Bernardino, Santa Clara and Sacramento counties.

Voters should find the report to be fundamentally frustrating. Legislators should not be surprised if the audit further fuels public skepticism about government’s ability to use the people’s money for the greatest good. Clearly distressed about homeless mentally ill people and the tens of thousands of mentally ill people filling prisons and jails, voters in 2004 approved Proposition 63, which imposes an extra 1 percent income tax on people who earn \$1 million or more annually. The tax generates \$1 billion a year for what was the chronically underfunded system of care for severely mentally ill people. The extra \$1 billion may or may not be enough. There is no way to know whether programs funded by the Mental Health Services Act are working.

Do individuals who receive help because of Proposition 63 spend fewer days in emergency rooms and psychiatric wards than before they received the service? Are they jailed fewer days and do they spend less time homeless? Do programs that are designed to prevent illness among young people actually work? Those questions and many others remain unanswered, nine years after voters approved Proposition 63. One of the most urgent questions is whether the funding goes

where it’s most needed — to the severely mentally ill.

Critics of Proposition 63 spending priorities can point to questionable uses of the money, such as yoga, horseback riding, gardening, the purchase of iPads, and a slick public relations video that is being passed off as a serious documentary about stigma. A community garden might be a perfectly fine use of Proposition 63 money, if the garden is used to hire people into getting care who otherwise would not seek help. But there needs to be some proof of its efficacy. Assemblyman Dan Logue, a Butte County Republican, and Senate President Pro Tem Darrell Steinberg, who requested the audit, say they intend to press for better reporting, as well they should.

Anyone who walks through any city in California, or hikes along any river, knows that many people with severe mental illness remain homeless. Jails and prisons are filled with mentally ill inmates.

The question remains: Is there a need for more money, or should the available money be used more wisely? Before lawmakers spend any more money, voters deserve to know the answer.

*Source: Sacramento Bee
August 19, 2013*

Mental health programs do work

Published: Sacramento Bee. Friday,
Aug. 23, 2013
Last Modified: Friday, Aug.23,
2013-10:30 am



Re “Was \$7 billion from Prop. 63 spent wisely?” (Editorials, Aug. 19): Initial evaluations of Proposition 63 programs show the Mental Health Services Act is delivering on its promise. For example, there have been enormous outcomes from just one program serving tens of thousands: Full Service

Partnerships. A 2012 UCLA study done on these “whatever it takes” programs to treat the most severely mentally ill found that for every Proposition 63 dollar spent, another \$1.27 was saved. In 2009-2010, there were almost 40,000 fewer days in psychiatric hospital care, 4,050 fewer emergency room visits, and a 58 percent reduction in county jail or state prison incarceration. Proposition 63 money is being put to work. Lives are being changed. Even so, there is more to know. A five-year Evaluation Master Plan will allow us to tell more of the story. This is the oversight this Commission expects and voters deserve.

Richard van Horn, Sacramento, chairman
Mental Health Services Oversight
and Accountability Commission

*Source: Sacramento Bee
August 23, 2013*

County has 5 priorities for mental health care

BY JERRY WENGERD, Director
Riverside County Department of Mental Health

It was 50 years ago this month that President John F. Kennedy signed into law the Community Mental Health Act (CMHA), which provided funding for community mental health centers and research into the treatment of mental illness. A central purpose of the CMHA was to provide for community-based care as an alternative to the established practice at the time of institutionalizing people with mental illness.

California enacted legislation several years earlier, in 1957, to initiate and expand community mental health services. Other legislation followed over the years, highlighted by the enactment of the landmark Mental Health Services Act (MHSA) by ballot initiative in 2004. MHSA is now the leading source of funds for mental health care in California. Although we have come a long way in five decades, there is still much more to do.

Mental illness can impact anyone, including our neighbors, family members, even ourselves. The National Alliance on Mental Illness reports that 1 in 4 people experience mental illness in a given year. A strong network of mental health care is an essential part of what makes Riverside County a vibrant, healthy, thriving community.

As we look at shaping the future of mental health care in Riverside County, I want to assure everyone that we are sharply focused on the needs of the people we serve.

In particular, I want to mention five priorities that are in the forefront of our efforts to serve the mental health needs of Riverside County residents.

First, people who have mental illness continue to face stigma and discrimination. This hurts everyone. Those who may need mental health care may be reluctant to reach out for help for fear of being rejected or misunderstood. Those who come in contact with mental health consumers may be influenced by false beliefs and folklore that gets in the way of understanding the capacity for people with mental illness to recover and lead productive, successful lives.

Second, we understand that individuals who have severe and persistent mental illness often live on the edge of the community and have only infrequent and peripheral contact with mental health support. In response to this need, Riverside County pioneered the operation of drop-in centers that provide a place for homeless individuals with mental illness to seek refuge from the elements and engage with peer support staff who understand, from their own experience, the challenges they face.

Next, we must be aware of the needs of children and adolescents in our community. Interventions directed at our youth will help identify the early onset of problems and help individuals get mental health support services. This also includes providing services to those youth with mental health needs that are in the foster care, education and juvenile justice systems. Early intervention is a centerpiece of our work with the youth of our community.

Fourth, changing demographics require us to adapt the system of mental health care so that we adequately address the needs of everyone. This includes our seniors, who represent a growing segment of our community, those whose language and cultural heritage require that we expand our cultural competency to serve them effectively, and those with myriad special needs who require additional assistance in accessing mental health services.

Finally, Riverside County has a large number of veterans who have served their country and may now find themselves needing assistance in finding their path to wellness and recovery. We conduct outreach to help identify homeless veterans and provide help with housing. We also work in concert with other community-based resources to serve the mental health needs of veterans.

With the stroke of a pen 50 years ago, President Kennedy started the transformation of mental health care in this country and opened the door to a new era in community-based mental health care. As we look ahead, we stand prepared and energized to face the oncoming challenges and opportunities and remain committed to meeting the diverse mental health needs of our community.

*Source: Riverside Press Enterprise
October 27, 2013*



Calif To Receive \$89M From J&J Settlement Over Improper Marketing

On Monday, California officials announced that the state will receive \$89 million of a \$2.2 billion national settlement with Johnson & Johnson over allegations that the drugmaker improperly marketed three medications, the *Sacramento*

Continued on page 5 (Calif To Receive \$89M)

Business Journal reports (Anderson, Sacramento Business Journal, 11/5)

Details of Allegations

According to federal investigators, J&J promoted Risperdal for several off-label uses for which it was never approved, including:

- Controlling anxiety and aggression in elderly patients with dementia; and



Treating behavioral problems in other "vulnerable" populations, such as children, and individuals with mental illnesses.

Investigators also argued that J&J "made false and misleading statements" about antipsychotic drug Invega and that another J&J subsidiary launched an "aggressive campaign" to market the heart disease treatment Natrecor to certain patients with less severe heart disease than the drug was approved to treat (Dennis, Washington Post, 11/4).

Details of Settlement

The settlement — which requires approval from a federal judge — includes:

- Criminal fines and forfeited profits of about \$485 million; and
- Civil payments to federal and state governments amounting to more than \$1.7 billion (Thomas, New York Times, 11/4).

California Attorney General Kamala Harris (D) said, "Motivated by profit, these companies made false claims that jeopardized the health of California's most vulnerable patients, including children and senior citizens — and left California taxpayers with the bill."

As part of the settlement, J&J also agreed to resolve civil liabilities for any false or fraudulent claims submitted to Medi-Cal that stemmed from its unlawful conduct, according to the Journal. Medi-Cal is California's Medicaid program (Sacramento Business Journal, 11/5).

J&J on Monday said that despite the large settlement, it "expressly denies the governments civil allegations" (Washington Post, 11/4).

Source: NAMI Tulare County
December 2013



How to Deal With Difficult People

by Deepak Chopra- Internet June 2010

We have all met people who are so prickly and difficult that no one wants to deal with them. In most situations, walking away is an option, and you escape with no more than ruffled feathers. But some situations are inescapable. You can wait until the thorny personality is gone and moan "They are just impossible" to a friend.---far .better, begin to develop skills in practical psychology.

First, take responsibility for your part of the interaction. Animosity is created in your own heart. Even the most impossible person had a mother. They were loved by somebody. If you can deal with your own reaction and take responsibility for it, no step is more productive

Detachment is always the best response, because if you can interact without having a reaction, you will be clear-headed enough to make progress in relating to this difficult person.

Next, try to name what specifically causes the difficulty. Is the person clinging, controlling, competitive? We all tend to use descriptive words loosely, but it helps to know exactly what is going on.

• Clinging types want to be taken care of and loved. They feel weak and are attracted to stronger people. If desperate, they will cling to anyone.

• Controlling types have to be right. There is always an excuse for their behavior (however brutal) and always a reason to blame others. Controlling people are perfectionists and micro-managers. Their capacity to criticize others is endless.

• Competitive types have to win. They see all encounters, no matter how trivial, as a contest. Until they win, they won't let go.

What works in Dealing with These Difficult People:

• Clinging types can be handled by showing them how to deal with situations on their own. Give them responsibility. Instead of doing what they want, show them how to do it. The stronger and more capable you act, the more they will cling. Finally, find situations where you can honestly say, "I need your help." They will either come through or walk away. You will probably be happy either way.

• Controlling types can be handled by acting un intimidated. At heart, controlling types fear they are inadequate, and they defend against their own insecurity by making other people feel insecure and not good enough. Show you are good enough. When you do a good job, say so and don't fall for their insistence on constant changes. Be strong and stand up for yourself. Above all, don't turn an encounter into a contest of who's right and who's wrong—you'll never outplay a controlling type at his or her own game.

Continued on page 6 (How to Deal With Difficult People)

- Competitive types are handled by letting them win. Until they win, they won't have a chance to show generosity. Most competitive types want to be generous; it improves their self-image, and competitive types never lose sight of their self-image. If you have a strong disagreement, never show emotion or ask for mercy, instead, make a reasonable argument. If the discussion is based on facts, competitive types have a way to back down without losing (For example, instead of saying "I'm too tired to do this. It's late, and you're being unfair," say "I need more research time on this, and I will get it to you faster if I am fresh in the morning.")

Suspending Judgment

Transforming Our Negative Thinking

An effective approach to transforming the brain's negativity bias derives from an Asian religious framework that encourages us to refrain from judging external circumstances as either positive or negative.

Srikumar Rao, PhD, a former business school professor who has written books on creativity and personal mastery, sees this as even more powerful than a practice of deliberately cultivating optimism or positive thinking.

Embedded in the notion of positive thinking is the thought that something bad has happened," he explains. "There is a judgment inherent in the term. We all make snap judgments all the time—you miss a train, it's a bad thing. You get fired from your job, it's a tragedy. Then, if you're trying to use positive thinking, you somehow have to spin these experiences completely around."

He instead advises not rushing to judgment at all.

"What happens if you don't label your experiences when they happen? Since you only suffer when you label experiences as bad, your suffering never begins, and you don't have to use any kind of technique or positive thinking to transform your judgment of that experience," he says.

"Maybe missing that train allows you to strike up a conversation with someone on the platform who can be helpful in your life. Or getting fired from your job ultimately leads you to an even better position."

Rao advocates remaining neutral about what we habitually label as setbacks, because more often than not these events ultimately present us with opportunities to improve ourselves or develop more resiliency.

He also encourages individuals not to define themselves solely in terms of results and outcomes because this primes the pump for negativity. After all, there will always be times when we fail to reach a goal.

"There is an alternative," Rao says. "Don't invest in the outcome, invest in the process."

*Source: Excerpt from esperanza
Summer 2013,*

THE SEVEN HABITS OF EMOTIONALLY HEALTHY PEOPLE

Emotional First Aid means summoning compassion and taking perspective.

By Guy Winch, Ph.D.

MOST OF US PAY close attention to our health, and we treat threats to our physical well-being as soon as they occur. We apply bandages to cuts and scrapes, and we don't pick at scabs. Still, we sustain emotional injuries in life just as often, but we are much less proactive about protecting our mental well-being than we are our physical well-being.



1 FAIL SUCCESSFULLY: Failure distorts perception; goals seem out of reach and our capacities seem less up to the task. We become demoralized and lose motivation. Ignore this gut reaction and make a list of the factors related to your unattained goal that are in your control (effort, preparation, planning, different approaches you could have taken). Then, consider how you might improve each of these factors.

2 FIND MEANING IN LOSS: What distinguishes those who thrive emotionally after experiencing loss or trauma from those who do not? The ability to find meaning in experiences and to derive purpose from them. Of course, doing so takes time, as does the process of grieving and adapting to new realities. However, searching for ways to recognize not just what you've lost but what you've gained as well will allow you to develop new appreciation for your life and the people in it.

3 STOP BROODING: When we ruminate over distressing events we rarely gain insight into them. Instead, we replay upsetting scenarios in our heads, which only increases the brooding and makes us feel worse. While the urge to ruminate is compelling, try disrupting the cycle. The best way to do this? Distract yourself with a task that requires concentration—such as a game of Sudoku, naming the stations on your subway line in exact order, or watching an absorbing film.

Continued on page 7 (7 Habits)

7 Habits (continued from page 6)

4 NURTURE SELF-ESTEEM: We feel better about ourselves some days than we do others. But many of us become self-critical when we're feeling bad—kicking self-esteem when it's already down. Instead, regard your flagging self-esteem as an emotional immune system that needs to be nurtured back to health. The best way to heal damaged self-esteem: Practice self-compassion. When you have critical thoughts about yourself, consider what you would do if a friend had similar feelings. Write down what you would say to your friend in an email; read the email as if it were addressed to you.

5 REVIVE SELF-WORTH: Rejection is hurtful. We often try to make sense of our emotional pain by finding fault in ourselves. Our reasoning: If we hurt so much, we must really be weak, pathetic, unworthy, and so on. The best way to ease emotional pain and revive self-worth after a rejection is to affirm the aspects of yourself you value, qualities you possess that you find meaningful—loyalty, compassion, creativity.

6 COMBAT LONELINESS: Chronic loneliness is more common than we think, and it has a devastating impact. The problem: Once we feel lonely, we often act in ways that minimize the risk of further rejection; we unconsciously engage in self-defeating behaviors and sabotage future opportunities to make or deepen connections. To combat loneliness, identify and challenge self-defeating behaviors. Make a list of excuses you use to avoid taking initiative in social situations ("They don't call me, why should I call them?"). Now make a list of people whose company you've enjoyed and reach out to a few each day.

7 ABSOLVE YOURSELF: Sometimes our actions or inactions harm others, and sometimes the harmed do not forgive us. We are left with guilt; this usually has more to do with our inadequate apologies rather than with the inability of the other person to let go of the hurt. An effective apology requires a crucial ingredient—empathy. For the other person to truly forgive you, convey an effective apology. Make sure you understand how he felt as well as how he was affected by your actions. Once you've expressed real empathy, the other person is much more likely to feel that your apology is sincere and give you authentic forgiveness.

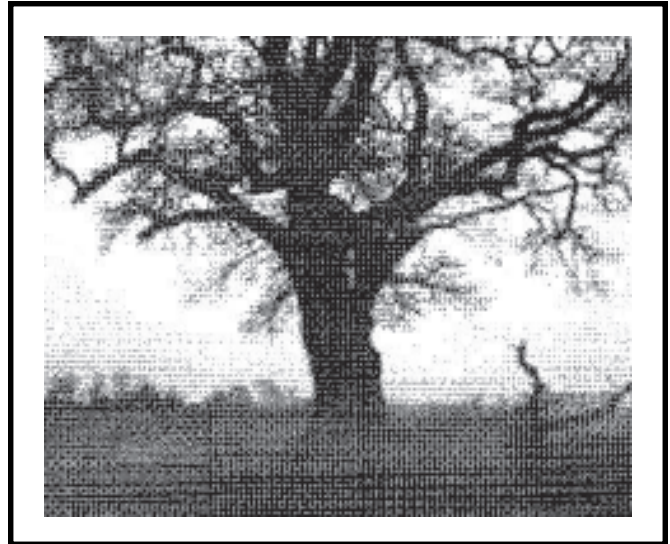
GUY WINCH, Ph.D., is the author of *Emotional First Aid* and *The Squeaky Wheel*.

Source: *Psychology Today*
December 2013



The Trouble Tree

"The carpenter I hired to help me restore an old farmhouse had just finished a rough first day on the job. A flat tire made him lose an hour of work, his electric saw quit, and now his ancient pickup truck refused to start. While I drove him home, he sat in stony silence. On arriving, he invited me in to meet his family. As we walked toward the front door, he paused briefly at a small tree, touching the tips of the branches with both hands.



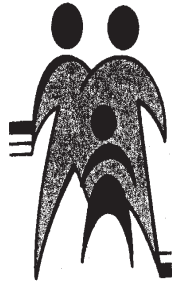
When opening the door he under went an amazing transformation. His tanned face was wreathed in smiles and he hugged his two small children and gave his wife a kiss.

Afterward he walked me to the car. We passed the tree and my curiosity got the better of me. I asked him about what I had seen him do earlier. "Oh, that's my trouble tree," he replied. "I know I can't help having troubles on the job, but one thing's for sure, troubles don't belong in the house with my wife and the children. So I just hang them on the tree every night when I come home. Then in the morning I pick them up again." He paused. "Funny thing is," he smiled, "when I come out in the morning to pick 'em up, there ain't nearly as many as I remember hanging up the night before."

Source: *DBSA Tampa Bay*
September - December 2013

• Even though you may want to move forward
• in your life, you may have one foot on the
• brakes. In Order to be free, we must learn how
• to let go. Release the hurt. Release the fear.
• Refuse to entertain your old pain. The energy
• it takes to hang onto the past is holding you
• back from a new life. What is it you would let
• go of today?

Mary Manin Morrissey



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

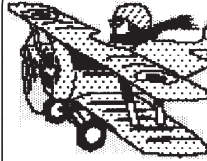
If you need someone to talk with:

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

Rancho Cucamonga DBSA

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

DBSA Hemet

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

NAMI Recovery Support Group

(Various Mental Illnesses)
951/361-2721

Rialto SPPT GR

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)
951/285-9890

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

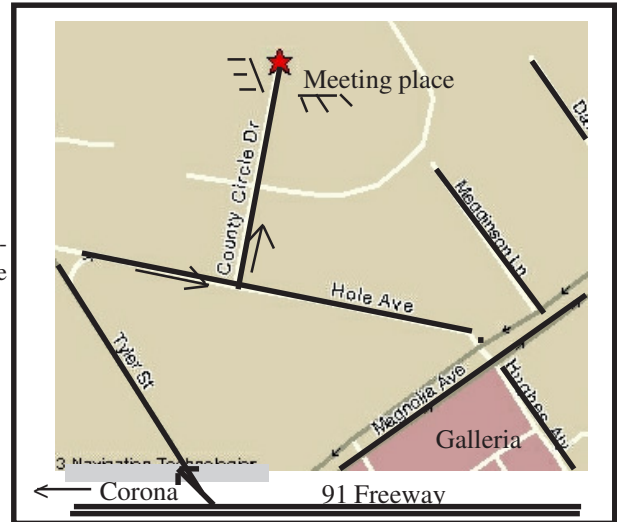
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For 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. Zip: 92503** 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.

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