The Thermometer Times

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

VOL. 27 NO. 1 Out of Darkness . . . January 2014

Dates to Remember

****

Weekly Support Group Meetings

No Cost

Saturday 10:00 am - 12 noon

January 4, 11, 18 & 25

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

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 bumpy road

Jodi Helmer

There may not ever be a last episode, but there are ways to fend off and mitigate the next one.

Doctors never talked to Elly L. about RELAPSE.

Although she was hospitalized during a manic episode and diagnosed with bipolar disorder, doctors never mentioned that it could happen again. Instead, Elly was stabilized, handed a prescription for mood stabilizers and discharged. She had no idea that she'd be battling mania and depression for the rest of her life.

"I was told that as long as I took my medications, I'd be okay," recalls Elly, a mental health coach in Toronto, Ontario.

Elly experienced at least eight relapses between her diagnosis in 1978 and 1991. Each time, she was hospitalized, often placed in restraints and taken to the psychiatric ward in a police car or ambulance. Upon discharge, Elly always promised herself it would be her last hospital admission—but she had no idea how to stave off future relapses.

In bipolar disorder, relapse is defined as the return of depression or a manic or hypomanic episode after a period of wellness. According to a 1999 study published in the American Journal of Psychiatry, 73 percent of those diagnosed with bipolar disorder experienced at least one relapse over a five-year period; of those who relapsed, two-thirds had multiple relapses.

"You can never say that someone with bipolar disorder has had their last episode; relapse is part of the illness," explains Alan C. Swann, MD, professor and vice chair for research in the Department of Psychiatry and Behavioral Sciences at The University of Texas Medical School at Houston and director of research for the University of Texas Harris County Psychiatric Center. "Relapse is self-perpetuating; once it happens, the more likely it is to happen again."

Searching for Answers

It's possible to do all of the right things— follow a proper medication regimen, eat well, exercise, minimize stress and get enough sleep—and still experience relapse. Unfortunately, there is no clear understanding of why this happens.

"There may be changes in the cellular level that cause cycling but their cause is unknown," says Joseph R. Calabrese, MD, director of the Mood Disorders Program at the Case Western Reserve University School of Medicine in Cleveland, Ohio.

While the neurological causes of relapse are unknown, a few things are certain:

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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.

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A Bumpy Road *(continued from page 1)*

Those who are diagnosed with bipolar II are more likely to relapse than those with bipolar I. Their episodes of depression, mania or hypomania are often shorter than the episodes experienced by those with bipolar I but tend to return more often, according to Calabrese. It's also far more common to relapse into depression than into mania or hypomania. Calabrese estimates that in bipolar II, there is a 40-to-1 ratio of depression to mania; the ratio of depression to mania drops to 3-to-1 in bipolar I.

"The key to recovery is a low tolerance for relapse," says Calabrese.

In fact, Dr. Roger S. McIntyre, MD, associate professor of psychiatry and pharmacology at the University of Toronto and head of the Mood Disorders Psychopharmacology Unit at the University Health Network, believes that even the mildest symptoms of depression and mania should be treated as potentially hazardous.

"The takeaway message is that we need to seek complete elimination of symptoms as our treatment objective," he says.

Health Implications

Aside from the obvious impacts of relapse, which can range from an increased need for sleep and low mood during depression to racing thoughts, sexual promiscuity and hospitalization during mania, there is another reason it's important to protect against relapse.

"People who have had multiple relapses—somewhere in the range of 20 to 30 relapses over a few decades—tend to have worse brain scans," notes Allan Young, MD, PhD, chair of the Department of Psychiatry and the director of the Institute of Mental Health at the University of British Columbia in Vancouver, Canada.

As a result of relapse, brain scans show a loss of brain volume and structure, a decrease in grey matter and tiny lesions in white matter, which may lead to impaired cognition and emotional regulation and, in extreme cases, fine level paralysis.

Relapse also contributes to metabolic syndrome, which includes symptoms such as high blood pressure, high cholesterol as well as an increased risk of heart disease, according to Calabrese. The more times relapse occurs, the more likely health problems are to develop.

"If you don't worry about relapse, you're allowing your illness to morph into increasingly longer and more severe periods of depression and mania and that's where the morbidity, mortality and suffering occur," says Calabrese.

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Medication Matters

For years after his 1997 diagnosis, Michael A. craved the high he felt during mania and often stopped taking his medication to trigger a relapse into a manic state.

"It was like getting on a roller-coaster ride; I was excited about it," recalls the 40-year-old from Bronx, New York.

In 2002, after Michael intentionally relapsed into full-blown mania, he went on a spending spree and charged 15 video game consoles on his credit card. Hours later, the mania spiraled into depression and Michael was admitted to the hospital and placed on suicide watch. Over the course of eight years, he was hospitalized five times because he relapsed after discontinuing his medications.

"People who stop taking their meds have an 80 percent chance of relapsing within three months," Young says. "Medication holds the illness in check; when you stop taking your medications, things go awry."

Though medication remains one of the primary treatments for bipolar disorder, research has shown that regardless of the drug regimen, medication alone is not enough to prevent relapse.

Taking Action

The best approach for preventing relapse is a combination of medication and the avoidance of activities that may trigger a new episode of illness.

It wasn't until she started attending a support group through the National Alliance on Mental Illness (NAMI) that Adria A., 41, realized that she could have some control over bipolar disorder. Diagnosed in 2000, Adria relapsed twice before she was introduced to NAMI and encouraged to create a relapse prevention plan. Now, she keeps a poster-sized grid in her New York apartment to track her thoughts, feelings and actions in several areas of her life, including finances, family, employment and health, to identify possible triggers for relapse.

"Charting things helps me recognize patterns and keeps me be an effective tool for combating relapse. A 2008 study published in the Journal of Affective Disorders found that MBCT, which uses cognitive therapy and meditation to help bipolar patients become more aware of their thoughts, helps reduce anxiety that may trigger relapse.

Elly started practicing yoga and meditation in the 1980s to help deal with racing thoughts. She still rolls out her yoga mat at least twice a day and believes it's one of the reasons she hasn't experienced a relapse since 1991.

"I started viewing bipolar disorder very holistically," she says. "Yoga and meditation brought calmness and the deeper I got [into the practice], the more helpful it was at calming me down when I had racing thoughts or felt overwhelmed."

A Family Affair

For Michael, who had eight relapses and several hospitalizations between 1997 and 2005, family was the key to managing his illness.

Michael acknowledges that his reckless behavior during mania had a profound impact on his life but it wasn't until 2003, when he flew from New York to California without telling anyone of his plans, that he realized how his illness impacted his family and made the commitment to get well.

"My family was frantic and started thinking about calling the New York City morgue because they thought I might be dead," Michael recalls. "I felt so bad when I heard that they lived in fear of my next relapse and I understood that being bipolar wasn't just about me, it was about my family, too."

As part of his commitment to preventing relapse, Michael attended therapy sessions with his parents. Over the course of five years, the therapist worked with the family to understand bipolar disorder and develop strategies to improve their communication skills and rebuild their relationship.

"I finally realized that what my family wants most is to prevent me from relapsing and going back into the hospital; they want me to be well," says Michael. "It's so nice to have people looking out for me because I don't want to have another relapse and with their support, I know I have a better chance."

According to a 2003 study in the Archives of General Psychiatry, 35 percent of those who participated in family therapy experienced relapse after two years, compared with relapse rates of 54 percent for those who received no family therapy. Moreover, a study in the British Journal of Psychiatry in 2010 found that family therapy reduced conflict, improved communication, increased empathy, leading to longer periods of wellness and less severe manic and depressive symptoms.

"Family members start recognizing that this is an illness, not something the patient is doing to make people angry or reflection of an ill temperament," principal investigator David Miklowitz, PhD, wrote in the study. "When families start thinking of the behaviors associated with the disorder as biologically or genetically driven, they tend to be more tolerant."

Attitude is Everything

When 32-year-old Rachael B. was diagnosed with bipolar disorder in 2003, her doctor emphasized the risk of relapse. Determined to avoid additional episodes of depression and mania, Rachael began tracking her moods, identifying triggers and taking steps to stay well, including eating right, exercising and getting enough sleep. Over the next four years, she didn't have a single relapse. She lapsed into countless periods of depression (and a few episodes of mania) again after her daughter was born

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A Bumpy Road *(continued from page 3)*

in 2007.

"I knew when I decided to have a child that I was risking my mood stability," says the Web consultant from Naples, Florida. "Sometimes, things are going really well one day and I wake up the next morning and I'm depressed. There are times that I'm nervous before bed because I never know what the next morning is going to bring."

Though Rachael worries about the impact of her illness on her business and admits to feeling like a bad mother when she can't get out of bed, she is convinced that she can regain control over her relapses. She tries to maintain a regular workout schedule, avoids processed foods and chemical additives, takes medication and sees a therapist on a regular basis. Over the past three years, she's whittled the length of her depressive episodes from six weeks to two weeks and decreased their frequency, too.

"Being an active participant in my care makes me feel more hopeful about my path," she says. "I was stable for years without any more ups or downs than someone who doesn't have bipolar disorder. I know that it's possible to get back there; it just might take some time. In the meantime, I have hope."

Source: bpMagazine

Coping with Relapse

It's possible to minimize the impact of relapse by implementing a few strategies.

Take your meds: Medication adherence can help prevent recurrent depressive and manic or hypomanic episodes. If relapse occurs, "your dose might need to be adjusted or a new medication might need to be added," says Swann. Relapse isn't an open invitation to stop taking meds.

Avoid triggers: Adequate sleep, physical activity and social contact are all important for preventing relapse, according to Young. "It's important to develop strategies to protect these rhythms," he says. "Maintaining them can help protect against relapse or minimize its severity."

Know your risks: Just like bipolar disorder has a genetic component, the course of the illness runs in families, too. If others in the family have been diagnosed with bipolar disorder, take note of their relapse triggers and look for patterns with your own experiences, advises Swann.

Take immediate action: At the first signs of possible relapse, talk to a healthcare professional. "When symptoms of the illness start to come back and are very mild, it's relatively easy to treat," Calabrese says. "It's harder when it drags on for weeks or months and takes on a life of its own."

Source: bpMagazine

Brain food

What you put in your mouth makes a difference to your MIND & MOOD

Matthew Solan

Carol used to be best friends with the vending machine at her workplace. When she began to feel overwhelmed and anxious, she'd give in to the siren call of something sweet.

"It did not matter what kind of food it was—cookies, candies—as long as it had chocolate," says Carol, 51, a licensed clinical social worker in New Jersey.

Despite our best intentions, it's hard to resist the easily available comfort of our particular junk food weakness, whether chocolate, ice cream, potato chips, or fast food—anything that offers a heaping helping of fat, sugar, or salt.

There are a number of reasons to crave junk food, including hormones and lifestyle, but the most common is stress.

When you are stressed, your body produces more of a hormone called cortisol. Its job is to increase sugar in the blood to help fight or flee from an attack. But extra cortisol also blocks the release of the hormones leptin and insulin, and that ends up increasing hunger. Thus stress drives your desire for quick-energy foods such as sweets, super-value meals and soda.

Quite apart from contributing to weight gain and raising your risk for a range of physical ills, when you sate your stress with junk food you also are polluting your brain.

"These empty-calorie, high-fat foods can trigger inflammation that can harm brain cells and lead to poor mental health," says Bonnie J. Kaplan, PhD, of the departments of pediatrics and community health sciences at the University of Calgary.

Studies in Britain, Spain, Australia and Finland have found an association between eating junk food—including commercial baked goods (cakes, doughnuts, etc.) and fast food (hamburgers, hot dogs, pizza)—and developing depression. Even relatively moderate consumption of such foods appears to affect mental health, the Spanish researchers concluded.

Plus, Kaplan adds, when you fill up on those toxic empty-calorie foods, you may skip foods that provide important nutri-

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Brain food *(continued from page 4)*

ents your brain requires for optimal well-being.

Breaking the junk food habit can feel like a Herculean task, especially for people who are more sensitive to stress and anxiety. The winning strategy is not just to cut out the bad stuff, but also to replace it with foods that can improve brain health.

Source: esperanza Magazine, Fall 2013

Viewpoint: When silence isn't golden

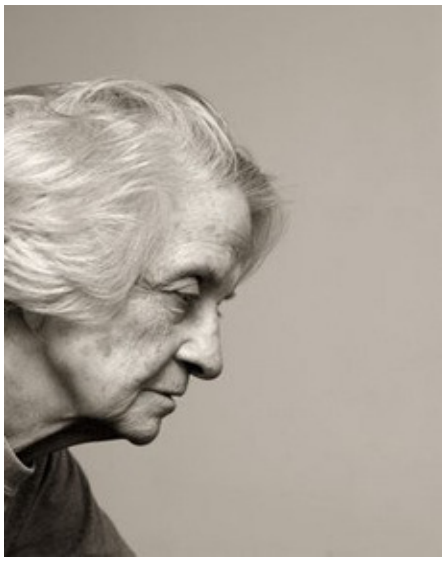
Julia Hess

My Grandma always seemed so strong and spunky, it never dawned on me that she lived with depression. There were brief hints of crisis now and then—whispered conversations between my parents, hurried visits to check on Grandma's welfare—but no one ever discussed the details openly.

If there were other signs, I didn't know enough then to recognize them—and I probably was too consumed with life as a teenager to pay much attention.

Now I would give anything for the opportunity to talk with Grandma about the depression and anxiety that made me feel for so long that I was the odd person out, the black sheep of the family.

If Grandma had shared the truth about her depression, maybe I would have understood my own symptoms more quickly. Maybe I would have accepted treatment earlier and developed a stronger support system, instead of spending so much time and energy hiding my true feelings.



I was fortunate to grow up in a happy, loving, middle-class family, one of the few in our neighborhood that actually shared daily breakfast and supper together at the table. My sister and I were as close as twins, my optimistic mother posted a list of positive thoughts on our bedroom door, and my quiet father conveyed his caring without words. My strong foundation also included Grandma and my wonderful, witty aunts.

All in all, there seemed to be no justification for the depression that hit me when I entered college.

That's when I began living a lie. At celebrations, graduations, weddings, baby showers, I felt guilty that I wasn't as happy as everyone else seemed to be. So I kept my feelings to myself.

Ironically, I was a theater major in college, and a good actress. I made sure no one knew how isolated and different I felt.

It wasn't until Grandma passed away at 92 that I began to see and understand I wasn't so different after all. As a family, we began sharing stories about this special person in our lives as we sorted through her belongings and our memories.

I was surprised to learn my Grandma made weekly trips to a psychiatrist until she was physically unable to leave home. I was even more surprised to learn she felt the two people who knew her best were my Granddaddy and her psychiatrist.

The more I heard, the more I saw clues to the depression I grew up knowing nothing about. I learned that Grandma grieved for my grandfather as deeply as she had loved him, and that her grief lasted many years into her widowhood.

I remembered how she believed I didn't want to talk to her when my new phone blocked her calls before I'd programmed her number into my caller ID list. I wasn't calling her because I was in a dark place and couldn't imagine why anyone would want to talk with me. In retrospect, I can see we were each dealing with depression, with similar feelings of worthlessness.

I discovered she saved inspirational poems and newspaper clippings, just as I do. I imagine her reading words of encouragement to remind herself, as I do, that negative thoughts and attitudes are just the depression talking.

In a stack of letters she wrote to me, I found a little book about overcoming depression and the power of prayer and love. It was as if she were still supporting and encouraging me.

With that love and strength—my Grandma's ultimate gift—I find the courage to open up to family and friends with the truth about my past 20 years of depression. Over the coming months, I began telling my story, although I still felt somehow "wrong" for having depression and I was uncertain what reactions I would get.

The positive response was overwhelming. And once the secret was out, other relatives began sharing instead of hiding their emotions. The shuttered silence in our family is now an open door of communication, admitting others among us who had been living silently with depression.

Now that the stigma is removed, I no longer feel so alone, so apart. I can enjoy events with my family more freely without the burden of covering up who I really am. They support me with a deeper understanding, knowing I need them even when I can't say so.

It turns out I was never alone after all.

Julia Hess, a registered nurse, lives in North Carolina.

Source: esperanza Magazine, Fall 2013

What is dialectical behavior therapy (DBT) for bipolar disorder?

Sheri Van Dijk, Social Worker

Dialectical behavior therapy (DBT) is a treatment that was created by Marsha Linehan in 1993 and was the first therapy that was proven to be effective in treating an illness called borderline personality disorder. This personality disorder shares many symptoms with bipolar disorder, including problems regulating emotions, impulsivity, unstable relationships, and unhealthy or self-destructive coping skills. In fact, these two illnesses can look so similar to each other that defining the boundary between them "has been particularly controversial, given the extent to which the symptoms of these two disorders overlap." Some authors have proposed that the difference between the two illnesses is only a matter of degree, and that borderline personality disorder should actually be considered to be part of the bipolar spectrum.

So if these illnesses are so much alike and DBT has been researched extensively and found to be helpful for the treatment of borderline personality disorder, it only makes sense that DBT will also be helpful in treating bipolar disorder. Even if the two illnesses are not one and the same, the many shared symptoms and the fact that there is a high rate of co-occurrence of the two disorders (meaning people diagnosed with one often also have the other) suggests that DBT is an effective treatment for bipolar.

Since its beginnings, DBT has also been successfully used to treat many other illnesses, such as other personality disorders, depression, substance abuse and dependence, eating disorders, and self-harming and suicidal behaviors. People with bipolar disorder can also face these problems, and DBT can help.

There has been only one published study on the use of DBT for bipolar disorder. The authors of the study reported that the results were positive, with the participants exhibiting significant improvement in suicidality, self-harming behavior, regulation of emotions, and symptoms of depression.

Source: sharecare.com

The Carpenter

An elderly carpenter was ready to retire. He told his employer-contractor of his plans to leave the house-building business and live a more leisurely life with his wife enjoying his extended family. He would miss the paycheck, but he needed to retire. They could get by. The contractor was sorry to see his good worker go and asked if he could build just one more house as a personal favor. The carpenter said yes, but in time it was easy to see that his heart was not in his work. He resorted to shoddy workmanship and used inferior materials. It was an unfortunate way to end a dedicated career. When the carpenter finished his work the employer came to inspect the house. He handed the front-door key to the carpenter. "This is your house," he said, "my gift to you." The carpenter was shocked! What a shame! If he had only known he was building his own house, he would have done it all so differently. So it is with us. We build our lives, a day at a time, often putting less than our best into the building. Then with a shock we realize we have to live in the house we have built. If we could do it over, we'd do it much differently. But we cannot go back. You are the carpenter. Each day you hammer a nail, place a board, or erect a wall. "Life is a do-it-yourself project," someone has said. Your attitudes and the choices you make today, build the "house" you live in tomorrow. Build wisely!

- •Remember...
- •Work like you don't need the money.
- •Love like you've never been hurt.
- •Dance like nobody is watching :-)

Advocate speaks to put face on mental illness

By KATHRYN WINIARSKI

It is a story that is not easy to hear, but one that emphasizes the horrors that can grip the mentally ill. That's why Michelle Lee tells her personal story again and again as she travels around the state in her position as a

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Advocate speaks *(continued from page 6)*

consumer advocate for mental health clients.

At age 13, Lee lost her grandmother. Her mother died on the day of the funeral. Compounding the devastation, Lee's father married her mom's best friend two weeks later.

Lee ended up in foster care. She recalls being an extremely angry child, fighting and getting into trouble that landed her in a juvenile justice facility.

At the age of 14, she attempted suicide.

"My dad said, 'She's crazy. She needs to be in an institution,'" said Lee, a Columbia resident who works with the Mental Health Association.

Lee was admitted to a mental hospital in Florida, the state where she was born and raised. She said she was put into seclusion in a 10-by-4-foot room for 72 hours, with her arms and feet strapped down, and clad in a diaper.

A doctor who did not know her but who peered into her room as he passed by one day ended up to be her savior. He noticed Lee was sitting in her own waste and had wounds and sores on her body. He telephoned Lee's aunt, who took her home and got her professional help.

Doctors diagnosed Lee with clinical depression, a common mental illness. She began taking prescription medication and ultimately went on to college. At times during her schooling she could not keep her mental illness under control.

"I was having extreme mood swings," Lee said.

But at her roommate's urging, she again sought professional help. Doctors rediagnosed her as suffering from bipolar disorder, also known as manic depression. Today Lee is on two medications and is a functioning member of society.

To pass her on the street, you would see Lee as an attractive, vivacious, caring woman. There are no outward signs of the inner demons she has battled.

That's exactly the point she emphasizes to the thousands of mentally ill around the state with whom she speaks.

Get help, and you can live a functional life.

"I try to make people realize the face of mental illness is not necessarily looking like a homeless person, or someone who is incapable of managing their illness," Lee said. "It's almost a hidden illness for me, because folks can't immediately tell I have this illness when they meet me."

Source: Kathi's Mental Health Review

Adult Children's Bill of Rights

You Have A Right To:

Put yourself first.
Make mistakes.
Accept all your feelings as valid.
Your opinions and convictions.
Change your mind or behavior.
Protest unfair treatment.
Negotiate for change.
Express yourself.
Ask for help or emotional support.
Ignore advice.
Say "No"
Be alone, even if others prefer your company.
Not take responsibility for another's problem

It Is Not Your Responsibility To:

Give what you can't or don't wish to give.
Sacrifice your integrity to any cause or person.
Drain yourself in caring for others.
Put up with unfair treatment.
Conform to unreasonable demands.
Be perfect.
Follow the crowd.
Feel guilty for inner desires.
Bear the burden of another's misbehavior.
Meekly let life pass you by.
Be anyone but exactly who you are.

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:

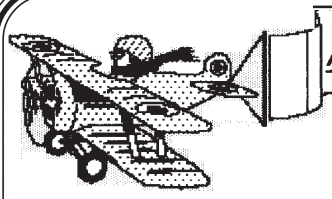
Riverside Co. Dept. of Mental Health
The Family Advocate Program
951 358-4987/1-800-330-4522

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



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

NAMI Recovery Support Group
(Various Mental Illnesses)
951/361-2721

Stigma Reduction and Suicide Prevention
AdEase/Riv.Cou.Mental Health:
Julia Sullivan 619 / 243 - 2290
www.adeaseonline.com

DBSA Temecula
Mike Clark @ 951 / 551-1186

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

Rialto SPPT GR
Keith Vaughn
909 / 820-4944

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

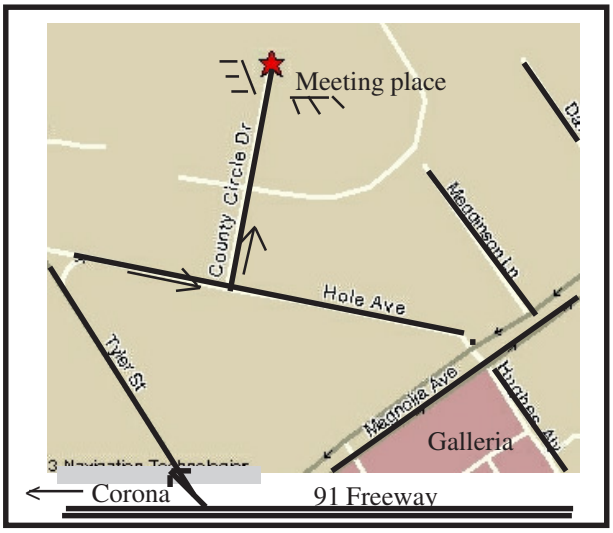
DBSA– Riverside

Map Legend

★ Meeting Location

⌐¬⌐¬ = 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.

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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).

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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.