



The Thermometer Times

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

VOL. 17 NO. 9

Out of darkness . . .

September, 2005

Dates to Remember

CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome. Riverside County Mental Health Administration Building (see page 11 for address)

**Every Saturday,
10 am–12 noon, Sept. 3,
10, 17, & 24**

*Don't miss our Halloween Party
Oct. 31st at Jo Ann's
see page 9 for details*

*Guest speaker October 8th
Pam Haas, MSW
"Dealing With Suicidal Feelings"*



Meetings start promptly at 10 am. Do yourself a good turn: Be on time to visit with friends before the meeting starts. If you come late,

please enter quietly. Announcements will be made at the close of the meeting.

Directions to

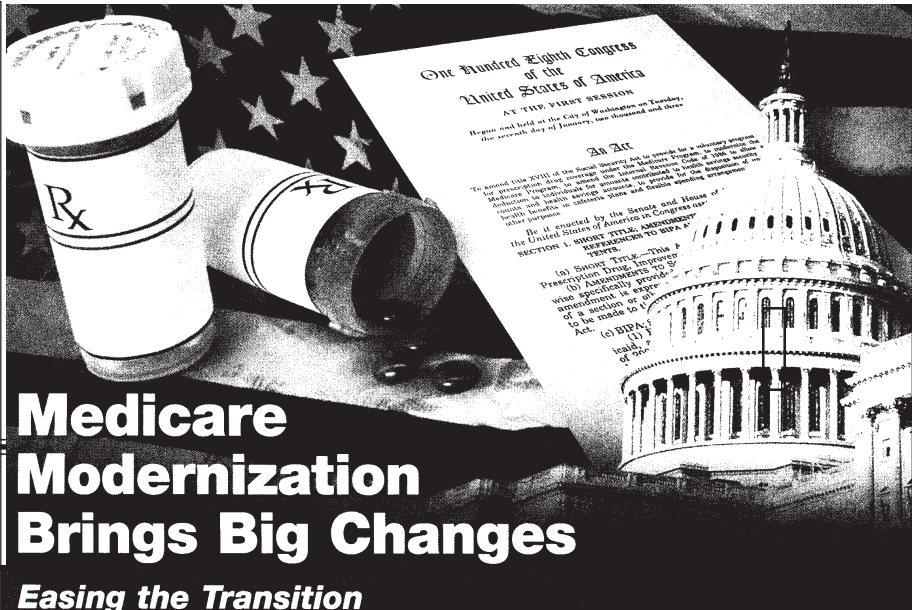
Jo Ann Martin's Home

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



Medicare Modernization Brings Big Changes

Easing the Transition

Medicare—the national health care program for Americans age 65 and older and younger people who qualify because of a physical or mental disability—is about to undergo the most dramatic change in its 40 year history.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 makes many improvements to Medicare. Of note, all 42 million Medicare beneficiaries will have prescription drug coverage for the very first time. That new coverage has important implications, especially for those people eligible for both Medicare and Medicaid.

These 6.3 million dually eligible people—almost 40 percent of whom have serious mental illnesses or cognitive impairments—will receive their prescription medication through Medicare rather than Medicaid starting January 1, 2006.

“The prescription drug coverage coming next year is for everyone in Medicare, regardless of their income or how they get their Medicare,” said Mark B. McClellan, M.D., Ph.D., Administrator of the Centers for Medicare & Medicaid Services (CMS). “At CMS, we are paying particular attention to making sure that those with Medicaid and Medicare have effective, smooth transitions that will be more comprehensive coverage for all medically necessary treatments.”

Whether you’re a state mental health program director, substance abuse program director, treatment provider, advocate, or consumer, you need to know about these changes. And SAMHSA (Substance Abuse and Mental Health Services Administration) is determined to help.

“Although this is a CMS program, it’s a very high priority for us here at SAMHSA as well,” said SAMHSA Administrator Charles C. Curie, MA., A.C.S.W. “We’ve made a commitment to the Secretary of Health and Human Services that we’ll do whatever we can to ensure this program is a success for the vulnerable

Continued on page 3 (MEDICARE)

a note from the Editor

Be sure to save up for our conference coming up in October (see page 5). You should have received your brochures by now with more details on workshops and presenters. It's sure to be a wonderful event. Don't miss it.

This month our "Monthly Featured Member" is Jo Ann Martin, our founder and leader. She is a fascinating person and you can get to know her better by reading her article on page 6.

We invite you to submit similar material for review and possible publication in the newsletter. These kinds of articles allow us to get to know one another in greater depth and to learn of the many talents, interests and assets of our members.

We again want to solicit articles and poetry from our members for publication in the newsletter.

Articles, poetry and/or drawings can be on anything pertaining to:

* Depression and/or Bipolar Disorder: what it is to live/cope with it; how you learned of it, what helps, what doesn't, etc., etc., etc.

* Any other mental health issue or problem that you are passionate about.

* Tell us about yourself and how you spend your time and what's important to you.

* A report on a mental health event you attended or a mental health book you have read.

Drawings should be black and white, line or half-tone.

Your work may be submitted to JoAnn, Leroy or Lynne at DBSA Riverside meetings.

It may be mailed to:
JoAnn Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: joannmartin1@aol.com

FAX to: 909/780-5758 (if you have a problem with that FAX call JoAnn at 909/841-4774 and she will turn on another FAX machine.

Materials submitted may or may not be published, at the discretion of the editors, and may be edited for length.

Get your creative juices flowing and share your knowledge and experience with your DBSA friends through the Thermometer Times.

Thank you.

Lynne Stewart,
Senior Editor

What you can do to fight suicidal thoughts

- Keep a journal to write down your thoughts. Each day, write about your hopes for the future and the people you value in your life. Read what you've written when you need to remind yourself why your own life is important.
- Go out with friends and family. When we are well, we enjoy spending time with friends and family. When we're depressed, it becomes more difficult, but it is still important. Visiting or allowing visits by family and friends who are caring and can understand may help you feel better.
- Avoid drugs and alcohol. Most deaths by suicide result from sudden, uncontrolled impulses. Since drugs and alcohol contribute to such impulses, it is essential to avoid them. Drugs and alcohol also interfere with the effectiveness of medications prescribed for depression.
- Learn to recognize the earliest warning signs of a suicidal episode. There are often subtle warning signs your body will give you when an episode is developing. As you learn to manage your illness, you will learn how to be sensitive to them. This is a signal to treat yourself with the utmost care, as opposed to becoming angry or disgusted with yourself.
- Talk about suicide. Your ability to explore the feelings, thoughts, and reactions associated with depression can provide valuable perspective and reassurance to your friend or loved one who may be depressed. Talking about suicide does not plant the idea in someone's head. Not everyone who thinks of suicide attempts it. For many, it's a passing thought that lessens over time. For a significant number of people, however, the hopelessness and exaggerated anxiety brought on by untreated or under-treated depression may create suicidal thoughts that they cannot easily manage on their own. For this reason, take any mention of suicide seriously.

If someone you know is very close to suicide, direct questions about how, when, and where he or she intends to commit suicide can provide valuable information that may help prevent the attempt. Do not promise confidentiality in these circumstances. It is important for you to share this information with the person's doctor.

*Source: Sad and Glad Times,
DBSA-Quad Cities, Ia,
Summer 2005*

MEDICARE *(Continued from page 1)*

populations we jointly serve.”

The Basics

To understand the key changes ahead, the following elements are important:

- **Shift to Medicare Prescription Drug Coverage.**

Starting in January, 2006, every person with Medicare will be eligible for coverage to help pay for prescription drugs. For many people, this means they will have prescription drug coverage for the first time. For people with both Medicare and Medicaid (MediCal in California) it means that Medicare—not Medicaid—will pay for their prescription drugs starting January 1. However, Medicaid will continue to pay other mental health and substance abuse treatment costs for dually eligible individuals.

- **New prescription drug plans.** Under the new program, dozens of prescription drug plans, insurance companies, and other private organizations approved by Medicare will negotiate with pharmaceutical manufacturers to offer Medicare prescription drug plans at the most affordable prices. Every beneficiary will have a choice of at least two plans in his or her community. Information about the prescription drug plans will be available in the *Medicare & You 2006* handbook mailed to all people with Medicare this October.

- **Coverage.** The prescription drug plans will cover both generic and brand-name medications. Their formularies—lists of medications available—must include at least two medications within each class of drug. For the six drug classes CMS calls “of special interest,” the formularies will include virtually all medications.

Three of these drug categories affect consumers with mental illness:

antidepressants, used to treat depression; antipsychotics, used to treat schizophrenia and psychosis; and anticonvulsants, used to treat bipolar disorders. “By far and away most people will be able to stay on their current medicines,” said Anita Everett, MD., Senior Medical Advisor at SAMHSA.

- **Costs.** Costs are another area of difference between dually eligible people and other beneficiaries. While most beneficiaries will have to pay a premium, dually eligible consumers won’t. Beneficiaries whose income and resources are limited, but not low enough to qualify for Medicaid can apply for extra help, which dually eligible beneficiaries will receive automatically. Dually eligible people will, however, have to make copayments on individual prescriptions. For persons who have both Medicare and Medicaid, the copayments per prescription will be no more than \$1 for generic and \$3 for brand name. Those with limited income will pay no more than \$2 for generic and \$5 for brand-name medications.

- **Choice.** Dually eligible people don’t have to stick with the plan CMS assigns them. Unlike most beneficiaries who can change drug plans only once a year, people with both

Medicare and Medicaid will be allowed to change plans any time. “If dually eligible consumers don’t like the plan they’re assigned to or feel it isn’t the best fit in terms of their needs or preferences, they can switch,” said Dr. Everett.

- **Substance abuse.** Medication is sometimes used in specific situations in substance abuse treatment, and prescription drug plans may cover such medication. Plans must cover at least two medications in the alcohol aversion category, which includes naltrexone (Rivial®, Trexanl®), acamprosate (Canipral®), and disulfiram (Antibusel®). In addition, plans are required to cover smoking cessation medication

Plans also may cover buprenorphine, a medication used for treating opioid addiction.

- **A seamless transition.** Most beneficiaries’s will have to research the prescription drug plans in their area and select the one that meets their needs. To ensure continuity of care, CMS will enroll dually eligible people automatically in a Medicare prescription drug plan if they don’t join one on their own by December 31, 2005. “Many of the dually eligible consumers have serious mental illnesses or cognitive impairments,” explained Dr. Everett. “There was a concern that they would fall through the cracks if they weren’t automatically enrolled.” This automatic enrollment helps to ensure that individuals with both Medicare and Medicaid don’t miss a day of coverage

Addressing Concerns

Some observers are worried about the impact of the new Medicare prescription drug coverage.

“We’re concerned about the implementation of the Medicare Modernization Act and its impact on providers and the consumers they serve,” said Linda Rosenberg, M.S.W., President and Chief Executive Officer of the National Council for Community Behavioral Healthcare. “We have been working closely with CMS and SAMHSA and have appreciated their leadership in efforts to make this a smooth transition for everyone.”

Major concerns include the following:

- **Cost-containment measures.** “It’s important to keep in mind that Medicare—including this new prescription drug coverage—is an insurance plan. As such, Medicare uses the same cost-containment and quality assurance measures used by private insurance companies,” said Dr. Everett.

Some observers are concerned that those measures could make it harder for beneficiaries to obtain specific medications. “We’re concerned about individuals who are clinically stabilized who might have to switch medications,” said Sam Muszynski, J.D., Director of the Office of Healthcare Systems and Financing at the American Psychiatric Association.

CMS, working closely with SAMHSA as well as stakeholder groups, has developed a set of checks and balances to protect patients with mental illnesses. For example, Medicare will use “risk adjustment”—whereby prescription

Continued on page 8 (MEDICARE)

Two New Clearinghouses National Suicide Prevention Hotline

Call 1-800-273-TALK (8255) if you need to talk to someone in any of 109 crisis centers in 42 states. The National Suicide Prevention Lifeline has just been launched by SAMHSA (Substance Abuse and Mental Health Services Administration) as part of the National Suicide Prevention Initiative (NSPI). In addition, a new Web site has been established at www.suicidepreventionlifeline.org.

One-Stop Shop for Prescription Assistance

The number to call is 1-888-4PPA-NOW (1-888-477-2669) if you are seeking answers to questions on prescription assistance programs sponsored by government agencies and pharmaceutical companies. The Partnership for Prescription Assistance is a coalition consisting of the NAACP (National Association for the Advancement of Colored People), National Mental Health Association, American Academy of Family Physicians, and others. You can also visit their Web site at www.pparx.org.

Source: *The Initiative, Summer 2005*

GAY, LESBIAN, BISEXUAL AND TRANSGENDERED
FRIENDS OF THE INLAND EMPIRE
Gay Depression Bipolar Support Alliance (GDBSA)



Gays In Search of Hope

<http://www.geocities.com/mddariv/gayhope.html>
(use lowercase letters only in web address)

THIS IS A GAY, LESBIAN, BISEXUAL
AND TRANSGENDERED SUPPORT GROUP.
Parents, family and friends are welcome here and are
encouraged to participate in the support group in a relaxed non-
threatening atmosphere. Please join us!

No One Should Suffer in Silence!!!

Where: County of Riverside,
Mental Health Administration Building
4095 County Circle Drive, Room A
Riverside, CA

When: Saturdays from 1 pm to 2:30 pm
Call or email us for the current dates.

Kevin / Jeffrey: (951) 787-8651
E-Mail: gdbsa@aol.com

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<http://www.geocities.com/mddariv>

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Do you have a Medic Alert Bracelet?

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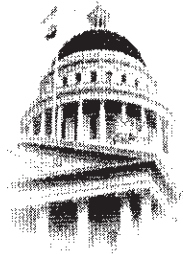
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medication you are taking and why?

Always wear your
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If you don't have one,
ORDER ONE TODAY!



(Available through most pharmacies)



SAVE THE DATE

October 28-29, 2005

Mental Health, A Capital Idea

Depression and Bipolar Support Alliance of California

15th Annual Conference

Keynote speakers:

**Darrell Steinberg, author of the Mental Health Services Act, former
Assemblyman**

Dr. Stephen Mayberg, Director, California Department of Mental Health

Rusty Selix, Director, California Mental Health Association

Donald M. Hilty, M.D., Associate Professor of Clinical Psychiatry, UC Davis

**Featuring: Self-Help workshops, Panel Discussions, Art Show, Talent Show and
much more**

Location: The Holiday Inn (Downtown Sacramento)

For more info: 951/780-3366

METRO EDITION

THE PRESS-ENTERPRISE

Sunday, March 3, 1991 • Serving Riverside County, California Since 1878 - One Dollar

Making a Difference

Helping to ease the depression

Jo Ann Martin, 53, taught vocal music to blind students in Iowa, and was a vocalist and pianist for 17 years in Atlanta and Detroit. She moved to Woodcrest in 1985 and works for the Life Extension Foundation. A board member of the Orange County Depressive and Manic Depressive Association, she is organizing the associations' statewide division. She is married to Saul Kent and has two grown daughters, Emily McCue and Nathalie Martin.

“Jo Ann Martin is truly a person who makes a difference. She founded the Manic Depressive and Depressive Association of Riverside* (MDDA) 2½ years ago, a non-profit support group for manic depressives and depressives who have sought or are seeking treatment.

Jo Ann has dedicated her life to helping others with manic depression or depression and in educating society about the disorder. She is a manic-depressive who suffered for 20 years before finding effective treatment. This led to her starting the Manic-Depressive and Depressive Association of Metropolitan Detroit before moving to California. She has said, “I want everyone who suffers from depression or manic depression to have the opportunity to live a normal life. A support group would have helped me tremendously 20 years ago.”

Jo Ann selects speakers for our educational meetings, provides reading materials, publishes the newsletter, sets up meetings, spends long hours on the phone to members and prospective members.

Jo Ann comforts members of the group when they are depressed and helps calm us down when we become too manic. She is our friend, leader and confidante. The atmosphere she has created for the group is wonderful. Often it is the one place we are really accepted and understood. Best of all, Jo Ann has given us the gift of each other. Within the support group, we form friendships and thus create our individual support group...Thanks for all you do, Jo Ann. You have made a difference in our lives.”

** now known as DBSA of Riverside*



Jo Ann Martin is the founder of the Manic Depressive and Depressive Association of Riverside

Terry Badon

and the members of the Manic Depressive and Depressive Association of Riverside.

Jo Ann Ruth Martin

from “America’s 1000 Most Notable Women”, 1996

Advocate. Personal: Born October 27, 1936; Daughter of Rial Eston and Ruth Alice Kellogg; Married Saul Kent; Mother of Nathalie Martin & Emily McCue.

Education: Special Education for Visually Impaired 1966-67, B.A. in Public School Music in 1960, Michigan State University.

Career: Mental Health Advocate; Entertainer, 1966-86; Music Educator for the Blind, 1964-65.

Organizational Memberships: California Depressive & Manic-Depressive Association (founder/president, 1989 to present; state conference chairperson, 1990-to present); Manic-Depressive & Depressive Association (Riverside founder/president 1988-96; Detroit founder/president 1981-85). Community Activities: Riverside Mental Health (board member, 1992-95; president 1994-95); United Way (review team, 1994).

Published Works: Editor, California Depressive and Manic-Depressive Association News, 1996; Editor-in-Chief, Thermometer Times.

Continued on page 7, (Martin)

MARTIN (continued from page 6)

Honors and Awards: Distinguished Service Award, National Depressive & Manic-Depressive Association Award 1992 and National Depressive & Manic-Depressive Association Board of Directors 1986 -1989; People Who Make A Difference Award, Greater Riverside Chamber of Commerce, 1991; Special Tribute Award, State of Michigan, 1987; Van Gogh Award, Outstanding Leadership, Detroit Manic-Depressive & Depressive Association, 1987. The Dorothy Jefferson Lifetime Achievement Award, 2000, The California State Assembly Certificate of Recognition, 2000, The Certificate of Special Congressional Recognition, 2000, and The Certificate of Special Recognition for Dedication in the Mental Health Community of Riverside, California, 2002.

A note from Jo Ann

Since this article appeared in the newspaper, many others have helped immensely. Leroy answers the phone and contacts speakers or finds others to do this. He tirelessly assists persons with rides, and a myriad of other tasks. Lynne is responsible for our fine newsletter. Gerogia consults about entitlements. Others lead the sharing meetings. Our state-wide conferences reach out to persons all over the state and surrounding states. This year will be our fifteenth! We have grown from three support groups in the entire state to 60.

My thanks to all of you.

Bipolar Disorder and Migraines

Alexis Maislen

In an October 2000 study, headache specialist Dr. Lawrence Robbins found that there is a comorbidity between migraine headaches and bipolar disorder.

Dr. Robbins spoke at the DBSA-GC educational meeting on June 9 about the inter-relatedness as well as new medications for bipolar disorder and headaches.

In the study, 1,000 consecutive migraineurs were assessed for bipolar disorder. The results were: Bipolar I: 2.1 percent; Bipolar 2: 24 percent; Cyclothymic Disorder I: .3 percent; Bipolar Not Otherwise Specified: 2.8 percent; Total Bipolar Spectrum: 8.6 percent

Robbins said that Depakote, Topamax and Trileptal may be used to improve moods as well as treat headaches. Lamictal, although it can cause a slight headache, is also very effective at stabilizing moods.

He said that more and more people have bipolar disorder and more and more people have headaches. They are not being diagnosed as such. He said that aggressive treatment at younger ages can prevent

Continued on page 10 (Migraines)

Jean

There is nothing quite like the feeling of saving someone's life. I was living in Dearborn, Michigan and had started the MDDA (Manic Depressive & Depressive Association) in that area a few years earlier. I was still not stabilized on my medications, but managed to continue my work as an entertainer. I loved my work and would go to my job regardless of my mood swings, knowing that if I didn't, someone else would easily move in and take my place.

One day, Jean called and told me she was extremely depressed and was planning to shoot herself on Halloween. I, of course, tried to convince her to "hang on" and inquired about how much sleep she was getting and how much she was eating. I asked if she had a therapist and if she were on medications. I also told her I wanted to talk to her the next morning. She confided in me that she was not eating and was getting no sleep. She was living in a small college town nearby in a half-way house and her "new meds" had not kicked in. She was not sure if they would do so before she became too weak to help herself.

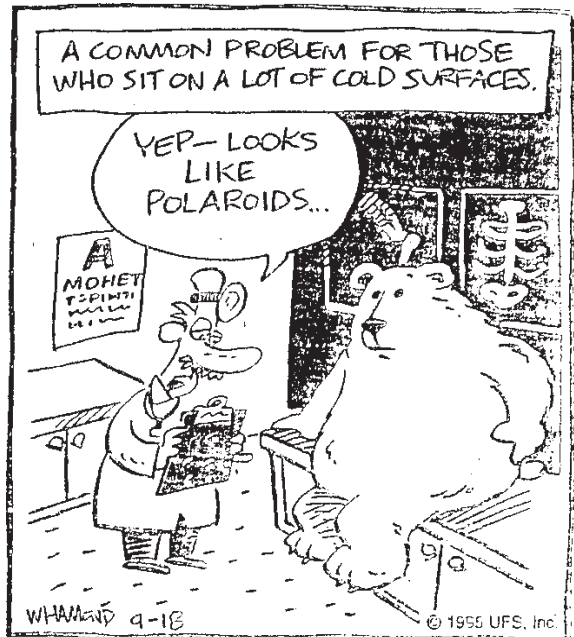
We continued to communicate...sometimes only by my message machine. I picked up messages between jobs or after work. Sometimes, I worked a luncheon, cocktail hour, and then from 9 to 2 am in one day.

Eventually, I heard her say "I ate a half a slice of bread" or "I'm not sure if I slept or not." I figured this was a good sign. I went out to see her and on one occasion, and while walking around the block, she became so weak she started to fall. I caught her. She laughed, saying "Oh, everybody in town knows that I am a lesbian and now they will think you are too. To that I replied, "I don't really care...I just want you to get better." It was the first time I heard her laugh.

As Halloween approached, I hoped her meds would start to work. One evening, I picked up a message from Jean. She said, "Jo Ann, I feel so good...I am scrubbing the walls." The irony for me was that our last speaker at one of our meetings had mentioned that people in the hospitals love the manic-depressives (now called bipolars), because they were always so full of energy when manic that they would scrub the walls and clean like crazy while they were there. This was just shortly before the deadline of Halloween.

I loved being an entertainer, but saving someone's life gave me a unique feeling and there is nothing quite like it.

Jo Ann
Martin



MEDICARE *(Continued from page 3)*

drug plans are compensated differentially for certain high-risk users—to reduce incentives for plans to deny specific medications or benefits to certain beneficiaries as a way to reduce costs. Comparative analyses will be conducted between plans to assure that drug use patterns do not represent discrimination against high-cost categories of illnesses.

Among other protections, CMS will require every Medicare prescription drug plan to establish a transition procedure for accommodating individual medical needs. This procedure must ensure that consumers have access to medications that work for them, even if those medications are not on the formulary.

CMS also created an appeals process. Prescription drug plans are required to respond to an enrollee's request for a decision within 24 hours under an expedited coverage determination and within 72 hours for a standard coverage determination. CMS established a Medicare Beneficiary Ombudsman Office to provide a troubleshooting mechanism for beneficiaries

“Overall, NAMI is pleased with the collaboration and cooperation of SAMHSA and CMS to make this transition as smooth as possible.” said Andrew Sperling, Director of Legislative Advocacy at the National Association for the Mentally Ill (NAMI).

- **Benzodiazepines.** Currently, Medicare Part A covers benzodiazepines for detox purposes in an inpatient setting. However, by law the new Medicare prescription drug coverage (Medicare Part D) must exclude coverage of benzodiazepines, often used for treating anxiety and panic disorders.

“That was in the actual legislation, so there's nothing CMS can do about that,” explained Dr. Everett, Legislation was introduced in Congress in July to remove the exclusion of

benzodiazepines from Medicare prescription drug coverage. As *SAMHSA News* was going to press, no conclusive action had been taken yet.

- **Possible confusion.** “Navigating benefit programs is not an easy thing, especially with a brand-new program,” said Andrew D. Hyman, J.D., Director of Government Relations and Legislative Counsel at the National Association of State Mental Health Directors. In addition, he noted that many individuals with mental illness are “poor and ill”, increasing their vulnerability.

Recognizing the need for clear and accessible explanations, SAMHSA has been working with a number of advocacy groups, such as the National Association of State Mental Health Program Directors, to provide specific information to people with mental illness and substance use disorders.

- **Getting Help.** “The Federal Government will work hard to ensure that Medicare beneficiaries understand their options,” said President Bush in a recent address on Medicare.

By now, people with both Medicare and Medicaid should have received a letter from CMS explaining that they automatically qualify for extra help. And in the fall, CMS will also send *Medicare & You 2006* to all Medicare beneficiaries. The handbook explains Medicare prescription drug coverage and contains a list of plans available in the area.

CMS will also partner with more than 90 patient, consumer, advocacy, and support organizations—the Access to Benefits Coalition—to provide personalized assistance.

SAMHSA is working with advocacy groups, provider groups, and other stakeholders to educate their members about the changes ahead. SAMHSA is also working with CMS to develop fact sheets and other materials.

SAMHSA News will report on continuing developments as they unfold. •

—By Rebecca A. Clay

Surprises

Reaping Pleasure From Life's Uncertainties



IT MAY BE that mystery, not variety, is the spice of life. According to a new study, the natural tendency of the human brain to reduce life's uncertainties also saps everyday experience of its poignancy.

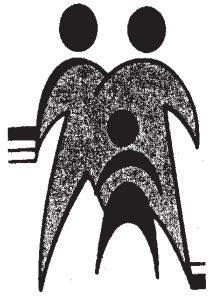
In the experiment, study participants watched an abridged version of *Rudy*, an uplifting film about a determined football player. The subjects then read two stories about what happened to Rudy later in life; half were told which story was true, while the other half were left in the dark. Even though both stories had happy endings, the group that found out the truth felt less cheerful than the group left wondering. In other words, the more people understood, the less pleasure they felt.

Researchers chalk up their results to what they call the “pleasure paradox:” The urge to understand events may reduce the joy we take in them.

“A wonderful thing about the human mind is its ability to make sense of a complex world,” says Timothy D. Wilson, a psychologist at the University of Virginia and lead author of the study, which appeared in the *Journal of Personality and Social Psychology*. When we confront negative experiences, our knack for finding meaning helps us cope. But on the flip side, Wilson says, we rationalize positive experiences; as they come to seem more predictable, they lose their emotional intensity.

Yet small surprises may safely and simply boost your happiness, according to Wilson.

Source: *Psychology Today* May/June 2005



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
(909) 358-4987/1-800-330-4522

**The Starting Point SUPPORT GROUP FOR
DEPRESSIVES AND BIPOLARS**
Mesa Clinic, 850 Foothill Blvd., Rialto
Mondays from 10:30 to 12:10
For more info: *82 (909) 864-4404

ORIGINAL MATERIAL WANTED

Do you have a story to tell, or a poem or art work?



We welcome submissions
to our newsletter.
If you have something you think
we could use, please send it to:



EDITOR
DBSA P.O. Box 51597 Riverside, CA 92517-2597
FAX 951/780-5758

Join us for the Halloween Party

6:00 pm at Jo Ann's

You may come in costume, although it is not manda-
tory.



Shauna will do readings.
Lots of scary sights and "treats".

Other holidays include: Memorial Day,
4th of July, Labor Day,
Thanksgiving, and Christmas.
See lower front column of this
newsletter for directions.

Alliance Library

DeAnza Professional bldg
225 N. San Jacinto Ave., Ste. 8
Hemet, CA 92543

NEW BORROWERS MUST REGISTER FIRST

The public is invited to check out books,
videos, audio tapes and materials on
emotional disorders, their causes and
treatments. Education and knowledge
are powerful tools to develop
understanding and compassion.

For further information or registration,
please call
at 951/652-2811, Ext. 5762



Phone Friends

If you need someone to talk with, you may call one of the following members at the specified time.

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

Yen
951/315-7315

Kevin
kevin2004n@aol.com

“ Para personas que hablan español:

Sandra B.
951/736-0069
Mon. thru Sat. 7pm to 8:30 pm
Sun. 1 pm to 3 pm

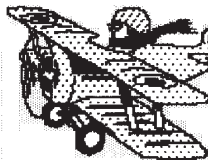
Migraines (Continued from page 7)
worsened episodes of both bipolar disorder and headaches.

Some causes of migraines are not getting enough sleep, menstruation (in women), certain foods, and too much caffeine (one should only have 200mg a day). A large Starbucks has 400mg.

Chronic daily headaches are a problem now. There has been an increase in disability because of them. Headaches cost this country \$17 billion in missed work and poor job performance. Biofeedback (breathing exercises), yoga, and other forms of exercise can decrease headaches. Certain herbs such as St. John's Wort, Omega 3 fatty acids, and flaxseed oil can also help with headaches and moods.

For more information, visit **Robbins's web site** www.headachedrugs.com. He also has a medical talk show on the radio up in Lake County. WKRS AM 1220. It airs Saturdays from 2:00 p.m. to 3:00 p.m..

*Source: Sad and Glad Times,
DBSA-Quad Cities, Ia, Summer 2005*



ANNOUNCEMENTS

TEMECULA DMDA
Mark Monroe
951/926-8393

UPLAND DMDA
FONTANA DMDA
Meet Thursday evenings
Call David or Samantha Johns
909/947-1307 OR
e-Mail dmjbf@aol.com

HEMET SUPPORT GROUP
Hemet Support group meets at
Trinity Lutheran Church
Tuesdays, 7 to 9 pm. Fridays,
1:30 to 3:30 pm
Please call 951/658-0181 (Lyla)

THE UPLIFTERS
(Christian emphasis) meets at
The Grove Community Church
Contact Sheri 951/784-7402
S1-matsumoto@sbcglobal.net

For Support People:

NAMI - Riverside Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month 951/369-1913 - Rosanna
No meeting July or August

Calling all interested consumers!

NAMI-In Our Own Voice: Living With Mental

Illness

We are looking for consumers who are interested in sharing their personal recovery stories. In Our Own Voice: Living With Mental Illness (IOOV) is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have "been there."
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as the cornerstone for recovery
- ▶ They periodically present at 1 1/2-2 hour workshops, during working hrs.



Stipends will be paid for presentations.



For more information, or to be put on a waiting list, please call:

Allison Hoover, IOOV Coordinator
951/ 686-5484

A collaborative effort brought to you by:
—The Riverside County Mental Health Department—
—NAMI, Western Riverside County—
—Jefferson Transitional Programs—

DBSA-Riverside

Map Legend

★ Meeting Location

TTTT = Parking

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

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.




About DBSA-Riverside

DBSA of Riverside is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning, and planning. A work time is held at the home of Jo Ann Martin on the Saturday afternoon following the last sharing meeting of each month to assemble the the newsletter for mailing. Directions to Jo Ann's are printed on the lower left corner of the front page of this newsletter. You may reach Jo Ann or Leroy at 951/780-3366. Our sharing meetings are every Saturday of the week from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A. We welcome professional care providers and adult family members and friends. Please note our new area code (951), effective July 17, 2004



MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance of Riverside is \$20.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is \$10.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, please indicate below. 

Mail to DBSA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ **Please Print** New Renewal

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ E-MAIL ADDRESS _____

Please check one of the following:

I have: Bipolar Disorder (Manic-Depression) Depression

I am a Family Member Professional

None of the above

Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for DBSA Membership _____ \$20.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. \$10.00 (12 issues per year).

I would like to volunteer my time and talent to help.