The Thermometer Times

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

VOL. 21 NO. 10 Out of darkness . . . October 2009

Dates to Remember

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CARE & SHARE GROUPS

Clients, guests and professionals are invited to come and participate.
Riverside County Mental Health Administration Building
(see page 9 for address & map)

Saturday 10:00 am -12 noon
October 3, 10, 17 & 24

Halloween
see page 8

Web Site for DBSA, Riverside:
http://californiadbsa.org
E-mail for DBSA, Riverside:
dbsaofriv1@aol.com
E-mail for DBSA,California:
dbsaofca1@aol.com

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

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

THE MEDICATION EQUATION

Having a troublesome thought stuck in your head is like hearing a scratched record playing the same part of a song over and over. Imagine being forced to listen to the repetition and not being able to reach the turntable. It's an exercise in frustration; your mind screams to lift the needle or turn off the tuner but is unable to do either.

This is the existence of individuals with anxiety disorders. Their minds are stuck on a horrific thought with no ability to flip the switch and make it stop. They don't do this because they want to. There is no secondary gain or desire for attention. The people I know who are trapped in this scenario would give anything to make their thoughts go away.

It is unclear why some get wedged with awful thoughts and others can just say, "Nothing I can do about it now, I'll worry about fixing it tomorrow." In the old days we called them worry-warts. Now we use more descriptive terms like obsession or generalized anxiety. No matter what term is used, trying to get a handle on the worrying is like attempting to stop a sneeze.

If you look inside the thought progression, a concern grows until it becomes a potential catastrophe. Therapists who treat this disorder call this behavior catastrophizing.

It can be very useful to have a vocabulary that describes the process so vividly. By telling the person that what they are doing not only has a name but, vocabulary all its own can be calming. Instead of feeling their life is comprised of apprehension that goes beyond comprehension, cognitive therapy teaches individuals to identify what is happening and uses terms like catastrophizing, mental ritual, avoidance, ruminating, or obsessing.

Small children are encouraged to come up with their own descriptions, and I've heard excessive worry called everything from "that place I go" to "the monster inside my head."

Regardless of the term the child chooses, it is important they view this way of thinking as something they did not cause. This sets up an understanding that the child (or adult) can fight back or gain control of their thinking because they do not wish to be this way. And they don't. I've never treated anyone who enjoyed the worry.

It won't be long before we can identify the exact part of the brain where this occurs and zero in on the absolute most effective treatment. For now there is medication and cognitive therapy. No child or adult should have to suffer with this

*Continued on Page 7 (***Medication Equation***)*

a note from the Editors

We invite you to submit material for review and possible publication in the newsletter. Your 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.

Articles, poetry and/or drawings can be on anything pertaining to your personal experiences with depression and/or bipolar disorder; what it is to live and cope with it; what helps, what doesn't. You may write on any other mental health issue or problem that you are passionate about. You can tell us about yourself and how you spend your time and what's important to you. You may want to write a report on a mental health event you attended or a mental health book you have read. We would appreciate that, too.

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: The Thermometer Times
% Jo Ann Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: joannmartin1@aol.com

FAX to: 951/780-5758

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.

The Editors

Movie Night At Jo Anns*

2nd and 4th Tuesday of October

6:30 PM

Tuesday, October 13

"The Soloist"

Jamie Fox and Robert Downey Jr.

A talented Street Violist and and newspaper reporter make an interesting freindship.

Inspiring!

Tuesday, October 27

Last Chance Harvey

Dustin Hoffman and Emma Thompson

Everything about love, last chances, and everything in between.

Enjoy pizza and friends!

*See page one, left lower corner for directions to Jo Ann's home.

The Thermometer Times
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(951) 780-3366

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Riverside Suicide Crisis Help Line

Call **(951) 686-HELP [686-4357]** if you need to talk to someone. It is available 24 hours - 7 days a week.

National Suicide Prevention Hotline

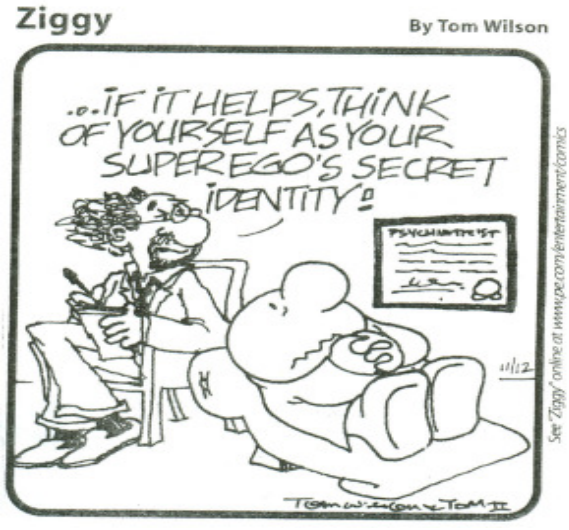
Call **1-800-273-TALK (8255)** if you need to talk to someone in any of 109 crisis centers in 42 states. The National Suicide Prevention Lifeline has just been launched by SAMHSA (Substance Abuse and Mental Health Services Administration) as part of the National Suicide Prevention Initiative (NSPI).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

Tips About Self-Advocacy

1. The first step to become an effective self-advocate is to believe in yourself.
2. Define and write down the problem/complaint. Write down a list of possible solutions to your problems.
3. Get the facts. You have to know what you are talking about. You need to gather accurate information about the issues and possibly your legal rights.
4. Plan your strategy. You may want to set a timeline and even small goals to achieve by certain dates Ask supporters for suggestions and get their feedback.
5. Ask for what you want. Make an appointment, make eye contact and address the person(s) by their formal name(s). Be brief, concise and clear. Give only the information the other person(s) needs to know. Assert yourself calmly. Stick to the point. Don't let yourself be diverted.
6. You need to make sure that you document all of your efforts. Write down your questions before a meeting or making your phone calls. Have pen and paper ready. Write down the date, time, the name of the people you talk to and the name of the place you are calling. Write down what he/she says. Keep all letters you receive and send. Get and keep copies of any forms you sign. Get and keep copies of records such as treatment plans and medical records. You have a right to have copies of these. Then continue to keep documenting everything.
7. Don't give up. It is important not to give up if your first attempt to change something doesn't work out. Review and evaluate what you have done. You may have to try other strategies to get what you want. The important thing to remember is to keep trying until you are satisfied.

--Summarized from www.mentalhelp.net and www.disabilityrightsca.org

Source: Life in Balance
July 2009



6 hours of sleep? It's not enough

By Elizabeth Wale., USA TODAY

SAN FRANCISCO — Scientists have good and bad news for hard workring people who boast they need only six hours of sleep a night.

The good news Is a few may be right: Researchers at the University of California-San Francisco have identified a family with a genetic mutation that causes members to require only six hours sleep a night. The bad news? The gene is vanishingly rare in humans, found in less than 3% of people.

So almost everyone who says he needs only six hours' sleep is kidding himself. And the consequences of chronic sleep deprivation are serious, says Clete Kushida, president of the American Academy of Sleep Medicine and director of Stanford Unlversity's Sleep Medicine Center. Sleep deprivation has been linked to an increase in motor vehicle accidents, deficiencies in short-term memory, focus and attention. It's also tied to depressed mood and a decrease in the ability to control appetite.

The family members — a mother and daughter with the gene mutation — were discovered by researchers at UCSF studying circadian rhythms, the waxing and waning biochemical cycles that govern sleep, hunger and activity. Neither woman needed more than six to 6 1/2 hours of sleep a night, and yet both were well-rested, healthy and energetic.

"One of them is over 70, always traveling internationally and extremely active. She dances three or four nights a week," says Ying-Hui Fu, a professor of neurology at UCSF. When scientists examined the pair's DNA, they found a mutation in a gene called DEC2, which governs cell production and circadian rhythm.

The mutation seems to result in people who need much less than the normal eight to 8 3/4 hours that most humans require for well-rested functioning, according to the paper, which is published in today's edition of the journal *Science*. The research by Fu and her colleagues determined that humans and mice that carry the mutation get more intense sleep, as measured by slow-wave electrical activity in the brain, and so they need less of it.

But Fu estimates that only about 3% of the population is likely to have this gene and cautions that most people who habitually get less than eight hours sleep a night are only building up a large, and dangerous, sleep debt.

Fu says her lab is investigating whether it might be possible to mimic the effects of the gene with therapeutic compounds, but she cautions the research is only at the very beginning. For now, the only real answer to true productivity is to sleep as much as your body needs, she says.

Source: USA TODAY.com
8/13/209

DEVOTION

She walks into the dining room with me in tow. There are about ten patients sitting around the table, most with bowed heads. She spots him right away. He has a bib on with food all over it and he is sleeping. "Bill it's me, wake up" she says with a smile. He looks up, sleepy eyes opening, pursed lips for want of water. "Come on, let me wheel you to your room and get your dentures in. You look better with them in. First, let's finish your meal." He willingly raises his head with each bite. The nurse at the end of the table says "He wouldn't let *me* do that. " Scoop, scoop, of pureed turkey and something green. I felt so sad. . . my Dad. This is my Dad!

Mom has a routine down pat. She wheels him to his room, pulls out his dirty clothes, and hangs up his clean clothes she has brought from home. She˜s been laundering his clothes for sixty-one years, so why should she stop now? Most of the residents are in gowns. She caresses his head and says "I love you, you need a shave." She reaches into one of her bags and pulls out an electric razor and blows on it. There are hardly any whiskers on his face but she wants him **to** be clean-shaven. "Oh, your hair's a little long, I'll do that tomorrow." She visits him everyday.

He looks at her puzzled; she caresses his head, and gives him a kiss on the mouth. He thinks for a while then kisses her on the cheek with a mischievous smile. We didn't think he knew who she was. Mom and I surprised, look at one another and say "Hey!"

I'm feeling more relaxed about this shadow of my Dad because I had 'iisited him three weeks before. He had seemed more perky then.

We wheel him out to the hallway to look at the cheery Christmas lights. "Yeah, 'cheery, I think. That's my Mom, 'cheery, the 'Rock of Gibraltar. She moved through her life with dogged determination to overcome every obstacle. -

I've sometimes thought her cheerfulness was a mask she put on herself to cover up her sadness. I've imagined the pain she must've faced when coming to the United States via Ellis Island. She experienced the soon divorce of her parents, after two years of discord. She had to grow up fast. She went to school and was placed in the foreigners' class. Eventually she worked in a department store. She related to me that as a child in Italy she had believed that America's streets were " paved with gold." Later, as an adult, she believed the "gold" to be "opportunity."

Stroke, stroke, on his head, smiling at him. "I love you. See the lights?" "Hi Isabel." Isabel cruises by in her wheelchair. Ray wheels over and asks how long Bill has been like this. My Mom answers, "Five years." My Mom says to me, "Dad's been here nine months. I know all the day staff by name and they're great! I know most of the patients too." The first time I had gone there I noticed the truth of that. The staff smiled, to her, said "Hi Julie." And to me, "Your Mom˜s incredible!" "I know," I said with a smile. 'Rock of Gibraltar, maybe, but with a heart of wisdom and compassion. I helped my Dad look at a sailboat magazine I had brought him. It made me feel good that he liked it. He would pour over each page, make an attempt to turn each page, and I would do it for him.

Sixty-one years ago they were a young couple, each 20 years old, ready to embark on an adventure called marriage. Their future was bright before them. As children we had poured over their black and white wedding pictures and swore our Mom was the most beautiful bride in the world.

The word I keep thinking about when I think about my Mom is "devotion."

P. S. Dad died March 12th, 2009

Susie Phillips

What Next?

by Charles M. Sakai

Is there life after the prison cell or the psychiatric hospital? The short answer is a resounding "Yes!" — the long answer requires a little more time to explain and elaborate upon.

A search of the literature suggests that most experts agree that providing proper followup mental health care after one is released from jail or a hospital is desirable. Sadly, there are few long-term studies that explore the benefits of providing professional, targeted healthcare to people with these specialized needs, and even fewer accounts of anyone taking action on this propositon.

Two years ago, Dr. Jerome Groopman published an intriguing book, *How Doctors Think,* that many of you will find informative and helpful. The work of a physician is both an art and a science, and even they differ in how to go about arriving at a diagnosis. Many of them have been trained to think in terms of algorithms and decision trees, and *visualize* boxes with symptoms that branch out to other boxes, like a flowchart. Unfortunately, mental illnesses do not lend themselves to easy classification, as so many symptoms are overlapping. Another school of thought calls itself "evidence-based," and "treatments outside the statistically proven are considered taboo until a sufficient body of data can be generated from clinical trials. Of course, every doctor should consider research studies in choosing a therapy. But today's rigid reliance on evidence-based medicine risks having the doctor choose care passively, solely by the numbers. Statistics cannot substitute for the human being before you; statistics embody averages, not individuals." Groopman also noticed that many doctors stop listening to their patients in only 18 seconds, and rapidly switch to the "this is what I believe you have, and what I think you should do" mode.

Not being a physician or psychologist, I either tend to apply my training in business management or the military to the problems of life. Here's what my business-like mind would propose:

1. There is no single information-gathering stage; it is a continuous process that can go on even after the patient is dead, since the need to add to scientific knowledge is ongoing.
2. Decisions should never be made in ignorance, but follow a methodical approach for acting on a clear-cut knowledge base.
3. Information is valuable insofar as it can be used to support a Plan of Action.
4. My business and military training come together when I urge everyone to look at the whole person, not the symptoms. Everyone is a collection of strengths and vulnerabilities, exists in a culture that can either help or hinder recovery, possesses core competencies that should be harnessed to achieve an objective, and should develop a mission statement, vision statement, and marketing plan. Sometimes the biggest marketing challenge is selling the patient on the idea that their illness is not a personal reflection on them, and that it is possible to rebuild a new life, possibly a better life.
5. Setting up a sustainable treatment model is just as important to success in medical treatment as building a sustainable business model is to the entrepreneur. This is largely virgin territory for the researcher, and not just in the psychiatric field. We need to be constantly asking ourselves: does the cost (side effects, inconvenience, expense of treatment) exceed the anticipated benefit?
6. If current trends continue, and the government takes over an increasing percentage of the healthcare industry, the established model it is likely to follow is the system set up for the military. In order to survive in such an environment, higher-functioning patients have to engage in what is to a large extent do-it-yourself medicine, convincing the medical profession that they have something more than terminal hypochondria, and lend a helping hand to fellow patients who have trouble articulating whatever ails them.

Intangible elements such as faith, hope, confidence of success, spirituality, and self-esteem, need to be taken into consideration. None of these alone will provide a definitive answer, but each of them should be addressed *regardless of the personal biases of the practitioner.*

The time has come for us to wake up and recognize that our current method of treating mental illness is broken. For many of our people, living on the streets or ending up behind bars is a common fate; in neither environment can one feel safe or make any progress towards recovery. I, who never spent a day in jail, find common cause with those who have been branded for life through no choice of their own. With the economy being in such sad shape, we can no longer afford to support such a dysfunctional model indefinitely. As a former employee of the Colorado Department of "Corrections," I know from first-hand observation how they tend to regard their activity as a growth industry, regardless of the cost to the rest of society. As long as that revolving door keeps turning, and fresh meat is delivered to them in handcuffs, they are content. My faith and sense of values dictate otherwise. No matter how deep in despair one may be, no matter how low they have sunk in life, it doesn't change their status as human beings. We have an obligation to study, analyze, teach, and lend a helping hand to those who have fallen by the wayside because of their psychiatric disabilities.

Source: The Initiative,
DBSA-Colorado Springs - Fall 2009

Life After Incarceration

My name is Phillip Schultz. I am 29 years old. My Colorado Department of Corrections number is 130160. I received this number in 2005. I served 2 years in prison and I have just under a year to go until I finish my parole. I am also diagnosed with bi-polar, panic/anxiety attacks, depression, PTSD, and insomnia.

I was sitting in group just a couple of weeks ago and our facilitator asked a very good question, "Is there life after incarceration?" I emphatically responded, yes, there is! The fact of the matter is that life does go on. The only thing that changes from person to person is the quality of life we decide to live.

Today, for example, I am sitting here watching "Marley and Me" with my girlfriend and my children. It's something I actually thought of doing quite often when I was in prison. Many times I thought of the world I was missing and I felt that I was not allowed to share with others because I chose to make the wrong decisions in life. But today I get to sit here and enjoy a great dinner, a good movie, and the company of the people that I choose to spend time with.

Living with bi-polar, and its many symptoms is a very difficult task — even for those of us who are not on the wrong side of the law. It sometimes takes everything I have in me to get up and go to my little four hour a day job. Sometimes I can't find the energy to be with the people who matter to me the most. And sometimes I have to seclude myself from the ones I love because my emotions are just too much for them to be subjected to.

Whatever my mood is from day to day, this is the life that I live. I try not to let my D.O.C. number be just another one of my disabilities. I have the ability to at least try to be a functioning citizen in society. That's not to say that I don't have trouble with housing, and employment, and with everyday life. I simply choose not to let those things be the reason why my life cannot be whatever I make of it.

For those of us out there that are dealing with bi-polar, and whatever other mental disabilities we may suffer from as well as dealing with parole or probation, there is hope. Life is hard, and there are few breaks in life as it is, but we are in control of our own actions. We cannot afford to let ourselves give away that control. It is, after all, all that we have in life.

"They told me they didn't see any symptoms. And if they don't see it, they don't do anything, I think they thought I was drug seeking" - Lisa Dang, age 38, a frequent guest of the Iowa correctional system

Source: The Initiative,
DBSA-Colorado Springs - Fall 2009

"Everyone in need must have access to high-qualify, effective, and affordable mental health services. Too often, our mental health problems are left to play themselves out in the nation's streets, homeless centers .. and prisons."
-David Satcher, M.D., Ph.D., former U.S. Surgeon General

Depression affects 1 in 20 in U.S.

A report last year from the Centers for Disease Control and Prevention˜s National Center for Health Statistics shows that during any two-week period, *5.4* percent of Americans age 12 and older are depressed.

Hardest hit are women, non-Hispanic blacks and those in middle age (40 to *59),* where rates are higher than among other demographic groups. Americans living below the poverty level were more likely to be depressed than those with higher incomes. Rates for this population were I in 7 instead of I in 20.

"Approximately 80 percent of the people with depression reported that their symptoms interfered with their ability to work, maintain a home and be socially active," authors Laura Pratt, Ph.D., and Debra Brody, write in their report.

However, only about 29 percent of those with depression said they contacted a mental health professional within the past year.

Source: ADAMhs Advantage, fall 2009

Antidepressant Use in U.S. Has Almost Doubled

Study also finds increases in use of other psychotropic medications

By Amanda Gardner, HealthDay Reporter
Posted Monday, August 3, 2009

Antidepressant use among U.S. residents almost doubled between 1996 and 2005, along with a concurrent rise in the use of psychotropic medications, a new report shows. The increase seemed to span virtually all demographic groups.

"Over 10 percent of people over the age of 6 were receiving anti-depression medication. That strikes me as significant," said study author, Dr. Mark Olfson, a professor of clinical psychiatry at Columbia University/New York State Psychiatric Institute in New York City.

According to background information in the study, antidepressants are now the most widely prescribed class of drugs in the United States. The expansion in use dates back to the 1980s, with the introduction of the antidepressant Prozac (fluoxetine).

The study found that 5.84 percent of U.S. residents aged 6 and over were using antidepressants in 1996, compared with 10.12 percent in 2005. That's 13.3 million people, up to 27 million people. "This is a 20-year trend and it's very powerful," remarked Dr. Eric Caine, chair of the department of psychiatry and co-director of the Center for the Study of Prevention of Suicide at the University of Rochester Medical Center.

This happened despite a "black box" warning mandated for many antidepressant medications by the U.S. Food and Drug Administration in 2004, the study authors noted.

Lower rates of increases in antidepressant use were seen in blacks (3.61 percent in 1996 versus 4.5 1 percent in 2005) and in Hispanics (3.72 percent in 1996 versus 5.21 percent in 2005), the researchers found.

Still, about the same number of people were being treated for depression (26.25 percent in 1996 versus 26.85 percent in 2005), indicating that the drugs were being used to treat other diagnoses, such as anxiety and other mood disorders.

At the same time, those receiving antipsychotic medications increased from 5.46 percent to 8.86 percent, and the proportion of people using psychotherapy dropped from 31.5 percent to 19.87 percent.

"The reasons for the growth] are unclear but they may include the introduction of new antidepressants over the last 10 to 12 years or so and a broadening in the clinical indications of antidepressant treatment. Years ago, these drugs were largely focused on depression. Today, more different conditions are treated with antidepressants," Olfson said. "There's also been an increase in direct-to-consumer advertising and a lessening of the stigma associated with seeking mental health."

Indeed, a study released last week found that roughly five of six Americans now have a positive opinion on psychiatric medications, a marked increase from about a decade ago.

Depression may also be common in the population. or at least more people may be acknowledging it and seeking help, the authors suggested.

"It is encouraging that there is apparently an increased awareness and increased willingness to seek assistance for emotional distress. . . and that is a big step forward," said Dr. Kathryn J. Kotrla, chairwoman and associate professor of psychiatry and behavioral science at Texas A & M Health Science Center College of Medicine.

"I think part of the increased rate is increased awareness, as well as national depression screening all over the country," added Dr. M. Beatriz Currier, an associate professor of clinical psychiatry at the University of Miami Miller School of Medicine. "Education and screening decrease stigma."

Of concern, however, was the finding that the majority of Americans taking antidepressants were not receiving care from a psychiatrist.

Also troubling was not knowing what the prescriptions were being written for exactly. "One wonders if the medication is being used as a possible panacea for a number of psychosocial issues which might be better served by counseling," Kotrla said.

"Who's really taking these medications?" Caine said. "It's not clear that it makes anyone healthier. That's a fundamental issue that we don't know. We don't have any way of telling if this made people's lives better."

A second study in the same issue of the journal followed 306 preschoolers aged 3 to 6 years for 24 months and found that depression in this group tends not to just go away as the child gets older, but can linger as a chronic condition.

"This is exciting because it gives us an opportunity for early intervention," Kotrla said.

www.health.usnews.com

Source: Life In Balance, DBSA-Metro Detroit, Sept, 2009

MEDICATION EQUATION *(Cont'd from pg. 1)*

type of anxiety. It may be embarrassing to acknowledge how powerful the mind can be but the prevalence of this disorder is not small.

One of the toughest aspects of treatment is explaining to the client or their parent how and why medication may be an essential part of getting better. No ones like to take pills and even fewer parents want to place their child on medicine, but if you have ever seen an individual plagued by their own thoughts, it is heart-breaking.

In my experience, some people can be treated with therapy alone. But, there are a percentage of individuals who, for lack of a better phrase, have a hard wiring problem that requires medication. No doctor, no therapist is going to force anything down anyone's throat but continuing to suffer when treatments are available is unnecessary and leaves a person feeling like they are stuck on that scratched record.

Mitchell Rosen, M.A., is a licensed marriage and family therapist with practices in Corona and Temecula. Contact him at family@PE.com

Source: Riverside Press-Enterprise 7/26/09

IT'S HALLOWEEN!

7:00 pm till ???

Join Your DBSA Friends

at Jo Ann Martin's home
for a truly scary evening.

Shanti will do readings

and lots of frightening decorations will be in sight.

WIN A PRIZE WITH YOUR COSTUME

Children welcome

See directions to Jo Ann's
on the front page of this newsletter
(lower left corner)

16280 Whispering Spur
Riverside, California

for more info: 951 / 780 - 3366

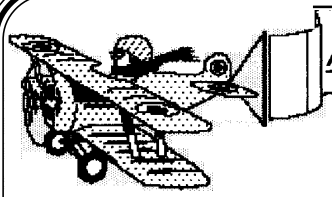
Phone Phriends

If you need someone to talk with:

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

Roger and Lorraine
daytime 909 / 399 - 5759

Andie (Amanda)
9:30 a.m. to 7:30 p.m. 909 / 824 - 5385



ANNOUNCEMENTS

TEMECULA DMDA
Mark Monroe
951/926-8393

UPLAND DMDA
Meet Thursday evenings
Call David or Samantha Johns
909/944-1964 OR
e-Mail dmjbf@aol.com

DBSA - Rancho Cucamonga
Roger or Lorraine
909/980-3692

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
19900 Grove Community Drive
(off Trautwein) Riv. 92508
- meets 1st & 3rd Saturday,
Room # D-4.
Contact Sheri 951/565-8131
sheri.matsumoto@gmail.com

DBSA - Loma Linda
909/528-9438

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

Calling all interested consumers!

NAMI—In Our Own Voice:

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 a component 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:
Angela Sandoval, IOOV Coordinator
(951)686-5484, ext. 120

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

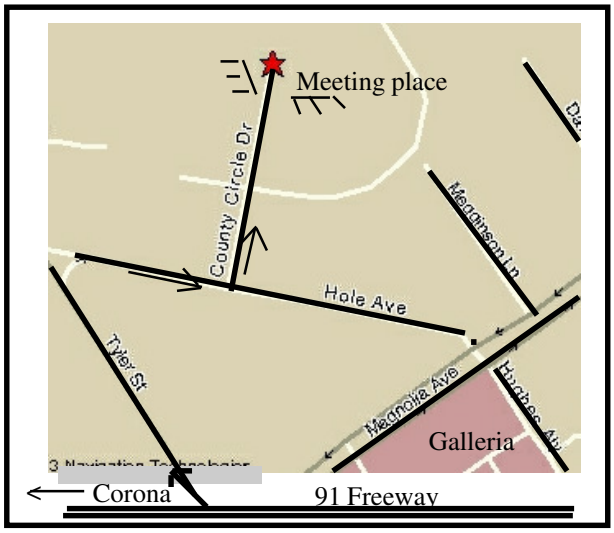
DBSA– Riverside

Map Legend

★ Meeting Location

⌐¬⌐¬ = Parking

Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For meeting-day route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.



About DBSA-Riverside

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