

OUTREACH



Newsletter of the

Depression and Bipolar Support Alliance

INSIDE

3

**DBSA
Unveils
New Website**

4

**Bipolar
Indicators
Aid Diagnosis**

5

**See What
Local DBSA
Chapters are Doing**

6

**New Treatment
Option for
Depression**

MISSION

The mission of the
Depression and Bipolar
Support Alliance (DBSA)
is to improve the
lives of people living with
mood disorders.

**An estimated 20%
of older Americans
experience a mental
health problem
that is not a normal
part of aging.
Support H.R. 2629/
S. 1116, the Positive
Aging Act. Go to:
<http://capwiz.com/ndmda/home/>.**

DBSA's New Training Services are *Making Recovery Real*

This summer DBSA is launching a new arm of innovative services for the greater mental health community. Making Recovery Real, a training and consultation service of DBSA, provides recovery education and training for both people living with mental illness and health care professionals. DBSA is breaking new ground by providing comprehensive training services that are designed and delivered from the perspective of people living with mental illness.

These new training services allow DBSA to provide recovery education to people outside of its local chapter grassroots network. Now DBSA is providing its unique perspective and expertise as a nationwide consumer-run organization to health care professionals and other grassroots leaders in the mental health community.

"What's so exciting about our new training services is that it allows us to provide recovery education to so many people," DBSA Director of Training Matt Mattson said. "I encourage all of our constituents to talk to their health care providers and extended peer networks to let them know about this ground-breaking training model."

DBSA is targeting your health care professionals to help them maximize their limited time with patients, enhance patient/doctor communication and understand how to help you achieve recovery. The Making Recovery Real training services allow health

care professionals to learn directly from people living with mental illnesses about what they truly need, want and hope for.

Training for grassroots consumer leaders and community organizations includes DBSA's popular

Certified Peer Specialist Training which has been a leading example of preparing consumers to serve as providers with their peers. Peer Specialists are people living in recovery with mental illnesses who have been trained to help their peers progress in their recovery by promoting hope and by helping to identify and achieve their personal recovery goals.

The Institute of Medicine, The President's New Freedom Commission, The U.S. Surgeon General, consumer leaders and most advocacy groups all agree: treatment for mental health must become patient-centered in new ways and RECOVERY must be the

goal. Health care professionals, consumer leaders and systems of care can strengthen their role in improving treatment and support for people living with mental illness by partnering with DBSA for their training and consultation needs.

"What's so exciting about our new training services is that it allows us to provide recovery education to so many people. I encourage all of our constituents to talk to their health care providers and extended peer networks to let them know about this ground-breaking training model."

— Matt Mattson
DBSA Director of Training

**To find more information or to
request training services:
www.MakingRecoveryReal.org.**



Don't Miss DBSA's Conferences!
September 9 – San Mateo, CA • October 21 – Chicago, IL

President's Outlook



Sue Bergeson

At a recent meeting of clinicians and researchers I was once again discussing recovery and our need for conversation with health care providers (i.e. doctors, nurses, case managers) that focuses on a full life in the community – not simply symptom management.

It can be hard for well-meaning providers to think about recovery as a life-state beyond the absence of symptoms because much of their training uses symptom reduction as measurement for wellness. For most of us living with these illnesses, however, that is simply not good enough. Success cannot be determined by only having two symptoms for a period of two weeks. If those two symptoms keep me from engaging in meaningful work, having friends and/or a family and having a place I can call home, then that treatment cannot be called a success.

Meaningful work, friends and family and a home may not be your definition of recovery but many of us use these criteria as an easy way to talk about the complexity of recovery. A more thoughtful definition of recovery can be located at the SAMHSA web site: <http://www.samhsa.gov/>. This definition is based on meetings with consumers and providers throughout the country and represents a good place to begin when thinking about your own recovery.

During that recent meeting of clinicians and researchers, I was struck by how open many providers are to a definition of wellness that goes beyond symptom reduction. It takes time, however, to engage in enough conversation with providers to help the concept take root and to make sense within their frame of reference. This is one of the things we are facilitating with DBSA's new training service, "Making Recovery Real." Who better than people like you and me to teach our providers what we need?

For most of us, simply taking a medication or combination of medications will not be enough to reach recovery. Most of us will need to be engaged in a series of wellness activities like identifying our triggers, monitoring our moods, maintaining a routine sleep pattern, reaching out to develop friendships and having fun. One provider recently quoted this figure from his practice: before working with consumers on wellness strategies, only 20% got any symptom remission, but after encouraging consumers to add a series of wellness strategies to their treatment, those numbers shot sky high.

DBSA is spending a lot of time working on a variety of resources, tools, strategies and services that we think will help all of us Make Recovery Real. The training services outlined in this newsletter are one example of these new offerings. Our upcoming conferences in Chicago and San Mateo feature practical, recovery-oriented sessions led by some of the brightest lights in the consumer community. Chapter leaders have received an invitation to apply to become trainers for two new chapter based programs: Living Successfully with Depression and Bipolar Disorder and Pathways to Recovery. These programs along with our new website, our upcoming Sleepless in America events, our weekly blogs and upcoming podcasts all focus on the same thing: Making Recovery Real. Each of us deserves a full life where our illness does not get in the way of achieving our dreams and goals. We deserve recovery.

DBSA AND ME

The Road to Recovery

I was recently working from home when I noticed my dog, Falcon, throwing up nearby. Ever the stoic dog, Falcon was smiling and laughing within seconds but the mess on the floor suggested that things were not good.



Jayson Blair
(former NYT reporter)

In the two years since I had returned to Virginia from New York City, Falcon had lost an eye because of cataracts, been diagnosed with diabetes and in recent months had lost the strength, if not the desire, to make it up the stairs on his own. Officially, Falcon was not my dog but since the life-changing crisis I had in 2003, he had become the rock I leaned on. He tended to me when I was ill, warned my relatives when I was manic or depressed and reminded me that unconditional love exists. This gave me a reason, however silly this might sound, to go on. He was my one-dog support group until the last days when my parents noted Falcon wasn't eating because of the pain of a tumor. We reluctantly came to the decision that Falcon was just suffering too much and should be put to sleep. After that painful experience, my parents told me that during the weeks leading up to his death Falcon would limp over to the couch where I was sleeping and lick me and stare at me, as if his only concern, up until his death, was to make sure I was all right.

The notion and value of support were not new to me with my relationship with Falcon or even with my diagnosis of bipolar disorder in a very public crisis in 2003. Before I left *The New York Times* because I fabricated and plagiarized articles during a long stretch of rapid cycling, I had been a part of support groups as a recovering drug addict and alcoholic. The people whom I had relied on as my unofficial support group – friends from AA and a few friends from work, college and my apartment building – were the ones who tirelessly supported me when my world was collapsing around the time of my resignation and subsequent diagnosis. Later, some of those who were hospitalized with me at Silver Hill Hospital in New Canaan, Conn., became a part of that network.

In 2004, it was time to leave New York. One of the very few reasons not to go, however, was that my support network there was strong. There was nothing back home. My friends had either left Centreville, Va., where I had gone to high school, or they were not going to be the beacons of hope and help when it came to mental health. I was, for all intents and purposes, alone. Then came Falcon (this is not to discount my parents, brother or sister-in-law, but,

continued on page 7



Miriam Johnson-Hoyte, Esq.

Working Our Way to Recovery

Help me find my way back to a normal life. As patients and as self-advocates the path to recovery is what is most important. Medications offer part of the solution, but even with medications, there is no magical "cure." A medication that once controlled symptoms can become less

effective. Likewise therapeutic support, which is really important, may feel like it isn't as effective as it once was. Yet the challenges continue.

What about work? Mood disorders can make working seem impossible. The stress of an ordinary job can become overwhelming. Activities that were once enjoyable become a chore. A hobby that once brought relief from stress is now a joyless task. Even reading or watching TV is made difficult by symptoms like distractibility and lack of focus.

Losing a job is stressful and humiliating under the best circumstances, but when combined with a mood disorder it can be devastating. Job interviews are stressful and getting the job is not rewarding when ongoing symptoms cause us to quit or get fired. The cycle of repeated job attempts that fail after time lead to decreased self-confidence and increased hopelessness.

The pressure to keep a roof over our heads and eat is immense. This pressure is made worse if there is a family to provide for from day-to-day. To further complicate matters, therapists and counselors urge that a job is necessary for "recovery!" Work is therapeutic. This can become an impossible bind. The same work that provides for our needs and promises recovery can be stressful, can

increase symptoms and can even prolong illness. Family members who need support and/or want to encourage recovery can become another source of stress. How is it possible to reconcile this conflict?

What was work meant to be? Work is activity that generates income. It should be an activity we enjoy for income that is sufficient to provide independent support. Work should be meaningful – at least it shouldn't be harmful. For example, working a high-pressure retail job can quickly become overwhelming. With a mood disorder, even what others consider ordinary pressure on the job often means failure.

Consider positions that have less stress and some flexibility in hours to help you accommodate "bad days." It won't be easy, but it's important to recognize that mood disorders can and do impose serious limitations on work function. Use your support group and therapy to work out issues on the job and remember that not everyone will support your choices.

Unlike other illnesses, mood disorders do not require the use of a cane or heroic medical interventions. People look at us and say, "You look fine." Symptoms are sometimes hidden from view but they are real. The decision to take a lower stress position may be met with skepticism. Use your head when you talk to people about your job decisions.

Working while suffering from a mood disorder is a complicated subject, but it is possible to find work that is meaningful and that pays the bills. It requires persistence, emotional support and awareness of your symptoms. As always, negative self-talk can be a real enemy to success. Support groups are a critical component of success because, *We've been there, we can help.*

Coming This Fall . . . A New Look & New Functionality for www.DBSAAlliance.org!

In addition to easier navigation and a sharp new look, our new website will have many exciting ways to get more involved to help you jump start your recovery. Highlights of some new features include:

- **Personalized content:** Our website will offer you the ability to register on our site. Why? Because registering gives you the chance to determine what you see on our site. This means the content of what you, as a registrant, see will be tailored to your unique interests!
- **Tributes:** Our new tributes section will allow you to create your own web page in honor or memory of a friend or loved one. You will have your own page to share your personal story and track the progress of your fundraising goals. You can even send e-mails, directing friends and family to your tribute page, encouraging them to help by donating to your fund.
- **Chapter Pages:** DBSA Chapters will have the

opportunity to create a single web page on our site to feature information and events specific to their Chapter. Tell us about you, share exciting news about Chapter success and post local events!

Our new website will still have many of the unique features you have come to rely on:

- **Learn About Mood Disorders:** A wealth of information regarding depression and bipolar disorder as well as helpful tools for screening.
- **Advocacy in Action:** Stay informed about hot topics affecting the mental health community and immediately take action by contacting your legislator with only one click!
- **Share Your Story:** Find stories of hope and encouragement and offer the same to others by sharing your personal story of recovery.
- **DBSA Store:** A variety of books on mental illness and recovery as well as DBSA apparel and accessories.

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Scientific Advisory Board Update

Seasons Change to Recovery

Ellen Frank, Ph.D.
SAB Chair



Fall has always signified the beginning of the year for me. The fall leaves turning colors combined with students starting school has always made it feel like a time of renewal. In my faith tradition, Judaism, this is literally the beginning of a new year, a time of year for making a fresh start. Rosh Hashanah is the Jewish New Year. It is followed ten days later by Yom Kippur, our day of atonement. It is a day meant for self-reflection, but is also a day of new beginnings.

As I think about the year that has passed and begin to look at what the next year will bring I am struck by how the field of mental health is changing. I recently presented a seminar to fellow researchers and clinicians about rethinking our expectations of what successful outcomes are. In my presentation I talked about recovery as the goal of treatment and asked how we can move from measuring symptom reduction to measuring more patient-centered, recovery-oriented outcomes.

The good news is that clinicians in the meeting were positive, open, receptive – even excited – about considering this approach. The bad news is that we have a long way to go to create more patient-centered, recovery-oriented measurements to help reposition treatment to be more recovery oriented. But it is an exciting journey and with the new year, it is an exciting task to take on.

DBSA is working very hard to make recovery a realistic goal for everyone living with a mood disorder. Through its new training program, Making Recovery Real, DBSA is aiming to provide a wide range of health professionals, community leaders and consumers with the tools to help others attain wellness through recovery.

DBSA Podcasts Available in October

Opportunity to have your questions answered!

Keeping in step with new technology, DBSA will begin offering podcasts in October. Podcasts, audio files downloadable to MP3 players, will begin appearing on our website in mid-October. Two podcasts will be produced each month that will have the following themes:

- Practical recovery tips
- Clarified understanding of complicated new technology
- Messages of hope from others living with a mood disorder
- Patient success stories

One of the first podcasts will be a question-and-answer session with leading experts. The theme will be treatment-resistant depression and new technological advances in treatment options. We welcome your questions and will try to answer as many as possible in the podcast. Please e-mail your questions to discuss@DBSAlliance.org.

If you have a topic that you would like to hear addressed in a podcast, please let us know by e-mailing your ideas to the same address, discuss@DBSAlliance.org. Don't worry if you don't have an MP3 player, you will be able to listen to the audio files on our website, www.DBSAlliance.org.

DBSA's conferences in Chicago and San Mateo are a wonderful way to learn about the many different tools to help you with your recovery. You might find that yoga is a great way to reduce stress or that spending time talking one-on-one with a peer specialist helps you to clear your mind. With programs like these available, I urge you to take a look at all of your options to make sure you are doing all that you can to move yourself through your recovery journey.

I firmly believe that there is strength in knowledge. This is certainly true with your mental health. Researchers and doctors are always looking to find better medications, causes and indicators of mental illness to help better people's lives. That is why the accompanying article about the five predictors of bipolar disorder is an important finding. If you are suffering from depression and just cannot seem to get a handle on your illness even though you are doing a comprehensive wellness plan, take a look at the five indicators. Discuss the article with your doctor if you think that it applies to you. It is crucial to get the correct diagnosis as soon as possible to begin your recovery.

After living with a mood disorder for years, many individuals may think about recovery or wellness as an unattainable state. I would like to remind you that every individual living with a mood disorder should expect to achieve wellness and recovery. I encourage you to reflect on your own recovery and the steps you can take to make your recovery attainable.

Five Predictors of Bipolar Disorder

Scientists have identified five risk factors for bipolar disorder in people who have already been diagnosed with depression. These people, who have been unsuccessfully treated with antidepressants, should talk with their doctors if they recognize any of the following:

- anxiety
- feelings of people being unfriendly
- family history of bipolar disorder
- a recent diagnosis of depression
- legal problems

The good news about the survey, which was released at the 2006 American Psychiatric Association meeting in Toronto, Canada, is that it can help reduce the misdiagnosis that is often seen with bipolar disorder. Because many people who are diagnosed with depression spend years living with an incorrect diagnosis, identifying these predictors and sharing the information with your doctor can help you get the correct diagnosis and effective treatment.

The sooner a correct diagnosis is reached, the sooner an individual can begin his/her journey on the road to recovery.

Chapter Highlights

DBSA Southbridge/Sturbridge Hosts "Raise Awareness Night"

DBSA Southbridge/Sturbridge (MA) celebrated "May Is Mental Health Month" by holding a "Raise Awareness Night." By sending letters and calling area businesses, they were able to secure donations and raffle prizes to make their event a success. The local VFW was kind enough to donate their hall. In addition, chapter members created gift baskets of bath necessities, candles and sheet sets to be raffled off and raise much needed funds.

DBSA Southbridge/Sturbridge promoted the event by hanging flyers in the community, asking businesses to tell their employees about the event and advertising on Southbridge's community television channel.

Raise Awareness Night featured speakers from the department of mental health who explained local governmental services. Later in the evening, the group held a Ceremony of Hope to celebrate life, recovery and each other.

For more information, contact Janna Haas-Dietrich: (508) 765-4895, dbsouthbridge@yahoo.com.

Dual Diagnosis Hospitalization/Treatment Center Program

Energetic DBSA chapters are expanding their efforts to help people with a dual diagnosis (mood disorder and substance abuse problem) and their family members cope with in-patient treatment and continue working toward wellness after they are discharged. The chapters implementing these programs in their local hospitals and treatment centers are:

- DBSA Colorado Springs (CO)
- DBSA East Bay (RI)
- DBSA Gold Coast (FL)
- DBSA Mendocino County (CA)
- DBSA North Mississippi (MS)
- DBSA Northwest Michigan (MI)
- DBSA Northwest Ohio Dual Diagnosis (OH)
- DBSA of Baltimore County (MD)
- DBSA of Belleville (IL)
- DBSA of Greater Orlando (FL)
- DBSA Salina (KS)
- DBSA Southbridge/Sturbridge (MA)
- DBSA Woman to Woman (IL)

Raising Awareness on the Importance of Brain Research

DBSA Colorado Springs (CO) hosts an annual open house in its resource center and lending library the second week of March during Brain Awareness Week (BAW). BAW is an international effort organized by the Dana Alliance for Brain Initiatives, a nonprofit organization comprised of over 250 leading neuroscientists, including ten Nobel laureates. Among the many free resource materials made available is the much-anticipated annual Dana Progress Report on Brain Research, outlining the latest advancements made in the treatment of brain disorders.

Each year, the Dana Alliance is joined in its campaign by DBSA Colorado Springs and other outreach partners in the United States and around the world, including medical and research organizations, patient advocacy groups, the National Institute of Health and other government agencies, service groups, hospitals and universities, K-12 schools and professional organizations. DBSA Colorado Springs continues to receive media coverage of this annual event and each year attendance numbers increase.

For more information about the Dana Alliance and how your group can get involved in this year's Brain Awareness Week, contact Karen Fallahi: (719) 477-1515, help@dbsacoloradosprings.org. Information on BAW is also available on the web at www.dana.org/brainweek.

Community Growing Support

A long-standing community health advocate, the Howard Brown Health Center of Chicago, generously hosts a new chapter, DBSA GLBT Chicago. This chapter was created to specifically serve the gay, lesbian, bisexual and transgendered (GLBT) community in the greater Chicago area. The Howard Brown Health Center is a familiar name in the GLBT community and a perfect location for a support group for those suffering with mental illness.

The chapter began in October 2005 and now gathers almost two dozen people per support group meeting. Beyond serving

New Chapters

Call (800) 826-3632 or visit DBSA's web site for group contact information.

U.S.

- DBSA Homer (AK)
- DBSA Clarksville (AR)
- DBSA Mountain Home (AR)
- DBSA Sherwood (AR)
- DBSA Linn County (IA)
- DBSA Cook & DuPage Counties (IL)
- DBSA North Shore Evanston (IL)
- DBSA Johnson County (IN)
- DBSA South Gulf Parents (LA)
- DBSA Merrimack Valley (MA)
- DBSA Western Massachusetts (MA)
- DBSA Augusta (ME)
- DBSA Oakland County (MI)
- DBSA Western Triangle (NC)
- DBSA Santa Fe (NM)
- DBSA Northeast Ohio (OH)
- DBSA Spearfish (SD)
- DBSA Fort Bend (TX)
- DBSA Richmond – Henrico County (VA)
- DBSA Eastern State Hospital (WA)

those diagnosed, the group also welcomes partners, friends and family. The GLBT community is often underserved due to the stigma surrounding sexual orientation but this chapter opens its arms and embraces everyone who is affected by mental illness.

From family to medications, careers to hospitalizations, functioning on a day-to-day basis and being part of the GLBT community, this group covers it all. In conjunction with Howard Brown, DBSA GLBT Chicago hopes to continue to grow and be a beacon of support for those living with mental illness in Chicago's gay, lesbian, bisexual and transgendered community.

For more information, contact: Bill Siwicki, bill@sculptor-writer.com.

Vagus Nerve Stimulation Brings Hope for Those Living with Depression

A new therapy option, vagus nerve stimulation (VNS), is bringing help to individuals living with treatment-resistant depression (TRD). VNS is delivered by a packemaker-like device that is inserted under the skin on the left side of the chest. It has been successfully used for some forms of epilepsy for years. In July 2005, the Food and Drug Administration approved VNS for patients with chronic or recurrent unipolar or bipolar depression.

Therapy works by sending mild electrical impulses along the vagus nerve which travels along each side of the neck and connects directly into the brain. The VNS device weighs only two ounces and consists of a small circular pulse generator and an insulated electrical lead. The device is programmed and adjusted by a doctor and can be turned on and off using a special magnet.

Dr. William McDonald, JP Chair for Late-Life Depression and Director of the Fuqua Center for Late-Life Depression at Emory University's Wesley Woods Geriatric Hospital in Atlanta explained, in one of DBSA's "Ask the Doctors" chats, that results are not immediately evident with VNS.

"Clinical studies showed that to get a true effect from VNS it is necessary to use it for a year," he said. "A doctor programs the device every month or so just to make sure it is working optimally. Doctors can do that with a computer in their office and it takes about 15–20 minutes."

VNS triggers electrical activity in the brain which has been shown to elevate levels of serotonin and other chemical modulators linked to mood regulations. VNS therapy has proven to be safe and tolerable for most patients. Common side effects related

to VNS include hoarseness, sore throat and shortness of breath.

Discuss with your doctor whether VNS could be a treatment option for you. A complete transcript of Dr. McDonald's DBSA Ask the Doctors chat can be found at <http://www.dbsalliance.org/AskTheDocs/chatTranscript8-24-05.html>.

DBSA's Conferences — Living Well: Making Recovery Real

Can you believe it has already been a year since last year's DBSA Conferences? As the summer draws to a close it means that DBSA is getting ready – and excited – for 2006's Conferences, to be held in San Mateo, CA and Chicago, IL.

This year's theme of "Living Well: Making Recovery Real" means the conferences will be filled with inspirational advice for empowerment as well as practical advice for recovery. The two keynote speakers, Victoria Maxwell and Randy Revelle, embody DBSA's message of hope and recovery.

Maxwell, one of North America's most sought-after consultants and speakers on workplace depression and bipolar disorder, is best-known for her one-woman show *Crazy for Life*, her true-life story about accepting and living with her illness. Her honest, often hilarious and irreverent approach to her own experiences disarms the prejudices often associated with mental illness while providing crucial information on how to deal with it openly and effectively.

Revelle, a knowledgeable and outspoken advocate who lives with bipolar disorder, is

a recognized leader of healthcare reform. The former Executive of King County Washington is credited with creating insurance parity in the state of Washington. An accomplished speaker, his personal story and his message are both inspiring and energizing. At the 2006 DBSA National Conference, Revelle will present "Overcoming the Stigma: A Personal Story of Recovery from Mental Illness." Revelle's powerful story of his recovery journey will inspire and motivate all of us to continue on our own journey.

In addition to the outstanding keynote speakers, the conferences are packed with practical and empowering break-out sessions that focus on living successfully and making recovery real. DBSA is honored to have many nationally-recognized consumer advocates, mental health experts and authors who will share their personal stories of hope and recovery.

Registration is still open for both conferences.

www.DBSAlliance.org



See a Performance and Meet Conference Speakers at the DBSA Friends Reception

Sometimes we need to look at our lives and just laugh. How did I get here anyway? What's up with living with these illnesses? Victoria Maxwell has made an art of finding the funny side to her own mood disorder and you are invited to participate.

Are you looking for a way to maximize your time at this year's annual conference? DBSA would like to invite you to the Annual Friends of DBSA Reception. Opening keynote speaker Victoria Maxwell will give an exclusive performance seen only by those in attendance at the Friends Reception.

At the reception, you will also have the opportunity to mingle with conference speakers, DBSA board members and senior staff. This year's Friends of DBSA fundraiser also features a silent auction with wonderful items up for bid.

By signing up for this unique opportunity, you will help kick-start our newly-created Chapter Leadership Forum Scholarship Fund which aids Chapter leaders who otherwise would be financially unable to attend a DBSA Conference. In turn, these Chapter Leaders will be empowered to improve hundreds of the lives of other individuals in their communities.

Tickets are \$35 and may be purchased along with, or separate from, your conference registration. DBSA hopes you are able to attend this special night and help build this important scholarship fund.

DBSA, The Rebecca Lynn Cutler Legacy of Life Foundation Aim to Prevent Suicide

For those who live with a mood disorder, the day-to-day reality of living with the illness is well-known. For friends and family members, however, many aspects of the illnesses are unknown, confusing or hard-to-understand.

No one understands this disconnect better than the family of Rebecca Lynn Cutler. Rebecca – a beautiful, gifted, talented, funny young woman, best friend to many and wonderful daughter who loved her family – lived with bipolar disorder. She talked about her illness to bring light and hope into the lives of those she cared about.

Rebecca's family, while always supportive of her dreams and goals, was uneasy about others' reaction to the disclosure that she lived with bipolar disorder. This changed when they lost Rebecca to suicide in June of 2004. Since then her family has increased its efforts to encourage people to talk about bipolar disorder and its effects on individuals, family, friends and co-workers by founding The Rebecca Lynn Cutler Legacy of Life Foundation, a part of DBSA.

Rebecca's Dream, the Foundation's inaugural gala will take place Saturday, November 11, 2006 at the Chicago Cultural Center. Tickets and sponsorship opportunities are available. The gala's honorary committee members include: actor/author Patty Duke,



actor Harrison Ford, newscaster Mike Wallace, Senator Dick Durbin, Senator Barack Obama, Representative Patrick Kennedy, Representative Jesse Jackson Jr., Representative Jan Schakowsky and Chicago Mayor Richard M. Daley.

The Rebecca Lynn Cutler Legacy of Life Foundation and DBSA are working to erase the stigma associated with mood disorders and to prevent suicide by speaking candidly about the illnesses. By fostering an open dialogue about the facts of living with a mood disorder, DBSA and the

Cutler Foundation aim to prevent the more than 30,000 suicides that occur each year.

By donating to the Foundation, you will help to fund support groups as well as provide information and hope for millions of people living with depression and bipolar disorder and their families. Help Rebecca's legacy live on by contributing today online, or by calling (800) 826-3632.

www.rebeccasdream.org



The Road to Recovery

continued from page 2

honestly, who else is going to stay up with you 48 hours straight or when you need coffee at 3 a.m.?). He became my constant companion and support, an advocate and defender. He was even my early warning system, he would bark for help when I was manic, depressed or appeared to be on the verge of hurting myself.

There is no way for him to know this – although I told him the words before he passed on – but there were three things that I would ask myself when lost in thoughts of wanting to harm myself: Who would take care of Falcon? What would Falcon feel? And how could I give into my pain when he lived so happily with his? He was my one-dog support group, my lifeline.

I did not help start the Bipolar Support Group for Northern Virginia, a DBSA chapter based here, for myself. A friend who lives with bipolar became manic in the summer of 2005 and I saw that she and her family had no one to turn to for the support that I enjoyed from my friends in New York and later from Falcon. In the fall, my family began making plans for two support groups – one for those with bipolar and another for their loved ones. Toward the end of the year, we connected with a newly-started health ministry at Centreville United Methodist Church which offered space for the group for those with bipolar. We planned small, but the results were much bigger than anyone in my family expected. Between the two groups, more than one hundred people have attended meetings in the past six months, reaching a countless number of people in total. My mother and father facilitate an active group of loved ones while I help smooth the way for those with bipolar.

I was recently surprised when, coming from the perspective of a person who saw himself as less a member of the group and more a facilitator, I realized that I have been given the gift of a new support group – one as good as the network I had in New York. And, as it turns out, it has proven to be fortuitous timing with the death of my beloved Falcon. I have a new reason to go on and new rocks to lean on.

The beauty of a support group like DBSA, made up of those who suffer from the same illness, is that we can all relate to each other on a level that goes far beyond the clinical. Just as my bipolar disorder helped me understand my dog's suffering with diabetes and reminded me of the reason we both needed to take our medications, so too the struggles of my compatriots in the support group remind me of the perils that are potentially around the corner. Just as my dog's good disposition through pain gave me hope and made me focus on what could be achieved through adversity in life, the members of the support group remind me that being diagnosed with bipolar does not rule out a healthy and happy life. Some members of my group see me as the leader but that is a bit of an illusion when it comes to a support group made up entirely of people who suffer with the same affliction. They have breathed as much life into me as I into them, and perhaps more, just in the nick of time.

So, Falcon, I am sure, is resting easy knowing that I am in good hands.



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Editor: Maria Heim



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