



Newsletter of the

## Depression and Bipolar Support Alliance

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### MISSION

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

#### Did You Know ...

that you can create a personalized CareCentral<sup>SM</sup> website that gives friends/families a convenient way to share support during important life events?

To learn how, visit [www.DBSAAlliance.org/MyCareCentral](http://www.DBSAAlliance.org/MyCareCentral).

## DBSA Certified Peer Specialists: Crossing the Threshold

Thomas Jefferson once said, "Who then can so softly bind up the wound of another as he who has felt the same wound himself?" More than 200 years later, these words resonate deeply with many people who have experienced the powerful healing effects of working with a certified peer specialist. This healing that DBSA and others in the consumer community have promoted for years is finally being recognized on a national level. This past August, the Center for Medicare and Medicaid Services (CMS, a division of the U.S. Department of Health and Human Services) issued a landmark letter to Medicaid directors in all 50 states, granting "the option to offer peer support services as a component of a comprehensive mental health and substance use delivery system." Before August, only seven states had peer specialist services that were reimbursable through Medicaid. But now, that is a possibility that exists in **every** state. And that possibility is an absolutely monumental victory for consumers and DBSA.



DBSA began a certified peer specialist (CPS) training program in 2004, using a curriculum developed through a cooperative agreement with the Center for Mental Health Services (CMHS) and based, in part, on the curriculum used in Georgia, the state that pioneered the idea of trained peer providers. Striving for systematic change, DBSA has offered CPS training, as well as consulting, across the country to a variety of community, state and government organizations. And moving ahead, we are proud to announce a CPS Continuing Education Program that will be available beginning this November on our website at [www.DBSAAlliance.org/CPSce](http://www.DBSAAlliance.org/CPSce).

In addition to our efforts on the state level, DBSA has also worked diligently on the federal level, with the House of Representatives, the Senate and the U.S. Department of Veterans Affairs (VA). We have testified in Congress on the important role peer specialist programs have in helping the massive numbers of veterans who return from Iraq and Afghanistan facing mental health problems. And we have provided CPS training to VA networks across the country.

Why does DBSA do this work to promote CPS programs? Research shows time and again that they are cost effective and successful in helping our peers develop their self-management skills, motivate themselves to seek more effective care and reintegrate themselves into work and social settings. A certified peer specialist can be a critical partner in an individual's treatment and recovery plan, along with (but *not* substituting for) the professional care given by physicians and other providers.

A CPS goes through a rigorous training and certification program and works for pay in either public or private health care setting, as well as in outpatient, inpatient and agency settings. The role of a CPS is to support, encourage and model recovery from mental illness. When struggling with their illness, consumers often feel isolated (from their family, work, social and faith communities). Certified peer specialists are natural support experts in this area, because they know—and understand—this pain. This common lived experience, combined with formal training, enables a CPS to help individuals feel less alienated, which in turn helps them re-engage in their communities. In addition to interacting with the consumer more regularly than the usually overworked traditional health care staff, a CPS can also offer a culturally sensitive approach to care. Speaking the same language and sharing similar life experiences, a CPS can relate to the individual in ways that most traditional health care providers cannot.

Anita Overturf, a DBSA-trained certified peer specialist from Sauget, Illinois, and Sheila Kraft, one of the peers she has supported, are one example of how effective peer services can be. The guidance from Anita helped Sheila, as she herself says, to "see my future now and past my problems. I was staggering along and not getting anywhere. Peer counseling has helped me move on—and to better things." And Anita says Sheila has indeed worked hard to forge ahead: "She is now taking college courses, selling Avon and working with the

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## President's Outlook



**Sue Bergeson**

As many as 25 million Americans live with the chronic conditions of depression or bipolar disorder. If you add to that the number of people who live with a chronic physical condition—arthritis, diabetes, heart disease, etc.—the numbers get truly staggering.

In her book, *Living a Healthy Life with Chronic Conditions*, Kate Lorig, RN, DrPH, outlines what 19 physical illnesses have in common and identifies the successful tools people use to cope with them. While Lorig's book doesn't discuss mental illnesses, many types of depression and all forms of bipolar disorder are considered chronic conditions.

Lorig explains the difference between "acute" and "chronic" illnesses. An acute illness has a fast onset, an easily diagnosed cause, is treatable and people can be "cured" by a specific treatment. A "chronic" illness, in contrast, usually has a gradual onset, may have many causes, is harder to diagnose and takes lifelong treatment. You don't stop treating diabetes, for example; it's always present.

Lorig points out that most chronic conditions benefit from some combination of pain management, breathing techniques, relaxation, as well as managing nutrition, exercise and medications. Most of these techniques are ones that many of us are using to move toward recovery.

About these kinds of self-management skills, Lorig writes, "What you do about something is largely determined by how you think about it; for example, if you think that having a chronic illness is like falling into a deep pit, you may have a hard time motivating yourself to crawl out, or you may even think the task is impossible. The thoughts you have can greatly determine what happens to you and how you handle your health problems." She continues, "Some of the most successful self-managers are people who think of their illness as a path. This path, like any other, goes up and down.... To negotiate this path, one has to use many strategies." Remember, Lorig's talking about physical illnesses like cancer—not depression or bipolar disorder. But doesn't this sound familiar? Whether it's heart disease, cancer or bipolar disorder, these basic tools make sense. Those with mood disorders are in good company—the company of millions of others who rely on many of the same techniques we do to get through the day.

Lorig highlights three skills people with chronic illnesses need in order to negotiate the path: **(1)** skills to deal with the illnesses (how to communicate with your doctor, remembering to take medications, figuring out how to navigate the health care billing system); **(2)** skills to continue your normal life (how to manage a job, interact with family, make and keep friends) and **(3)** skills to deal with emotions (the grief/anger of having to live with the illness, the desire for isolation, the frustration of obstacles that appear because of the illness).

When I reframe my illness as having a lot in common with other chronic illnesses (that seem to be less stigmatized), I somehow feel better. And I like the idea that mental health consumers share the same perspective on wellness—managing diet, exercise, stress, etc.—as those living with other chronic illnesses. We all have some things in common, and we can learn so much from that.

## DBSA AND ME

I first learned about DBSA when it was still NDMDA, back in the mid 1990s, at an annual convention in Chicago that I was privileged to attend. I was welcomed into our local Gold Coast Chapter support group meetings in Florida in the late '90s and have recently started attending again.



**Jana Spalding**

In 2002, an instructor from DBSA Boston traveled to Florida and gave the first training I ever received in group facilitating. In 2004, I was fortunate to present at the Alternatives Conference in Denver; there I met Lisa Goodale from DBSA's Peer-to-Peer Center. Lisa remembered me and has included me in many DBSA activities since then, most notably the training and certification of consumers as peer specialists. She seemed, from the very beginning, to see me as someone who could be an asset and an effective resource for others. Our interactions have always been that of professionals, of equals, of capable people engaged together in productive work. That patronizing condescension that is so prevalent among mental health professionals towards consumers is just not there with her—or with any of the people I've met through DBSA over the years, from psychiatrists to office staff to trainers to administrators.

DBSA also allowed me the honor of sharing my recovery story as part of its *State of Depression in America* DVD. To my delight, DBSA invited all of us interviewees to attend the unveiling of *The State of Depression in America* at the National Press Club in Washington, D.C. That led to my meeting veteran CBS journalist Mike Wallace, who narrates the video. I had always admired his candid stance on his illness and meeting him was one of the most outstanding experiences of my life. He was sitting at the end of a table in the National Press Club before the press conference. I just wanted to meet him—maybe say hello, shake his hand. As I approached, he invited me to sit down. We shared his muffin, and I almost spilled my coffee! I couldn't believe I was actually having breakfast with Mike Wallace. He spoke about his friend, Art Buchwald, who was sick at the time. Gracious and down to earth, he asked about my life also. DBSA gave me the opportunity to meet one of the great journalists of our time—and a fellow consumer.

My DBSA story continues. I have been trained as a certified peer specialist *and* as a trainer of peer specialists. I had the opportunity to participate with a team of trainers in Orlando this summer at the post-conference institute and am looking forward to another training this November. DBSA has provided me many opportunities to grow in my personal recovery, to meet others who are also pursuing this path and to share the experiences we've all lived along the way.

*Jana Spalding works as a certified peer specialist in the mental health unit of the Broward County Jail in Ft. Lauderdale, Fla. She's active in the DBSA Gold Coast chapter.*



**Stephen Propst, MBA**

## The Impact of Support Groups

Although serving as board chair is a wonderful opportunity, staying in touch with other consumers at the grassroots level is still my first love. As many of you know, my first contact with DBSA was as a support group attendee. Before

my initial visit, I was no different than many first-timers: I was fearful, uneasy and skeptical of what I would find. Instead, I found a group of fellow strugglers with whom I could relate. They had been there, and they understood what I was facing. Hearing their stories, I realized there was hope, even for me!

I continue to facilitate groups for DBSA Metro Atlanta. You learn so much. At a recent meeting, I asked folks to share what insight they gained that night. Here are some of the responses:

- I learned that other conditions, like anxiety or alcohol addiction, can accompany a mood disorder, making recovery more complex.
- I learned that family members need to take care of their own recovery, so that they are better equipped to help their loved one.
- I learned I need to be more aware of what people, incidents or circumstances trigger my mood changes.
- I learned the importance of keeping a journal or mood calendar in preparation for my doctor visits.
- I learned there are no quick fixes, but there are proven strategies to employ that help you get your life back.

- I learned to quit beating myself up so much for having an illness I didn't cause.
- I learned the importance of surrounding myself with support on a daily basis.
- I learned I have to be in charge of my own recovery.

Although I've been leading groups for years, I always seem to learn more than anyone else. And, sometimes, the person who teaches me the most is the one who has just been diagnosed and mustered up the courage to attend that first meeting. But I'm not the only one who finds value in attending these groups. Here are some recent comments from our Atlanta group:

*I just wanted to say thank you. I went to a support group tonight, and it helped just knowing I'm not alone. There are other people with the same problem as me.*

*We can't begin to thank DBSA Metro Atlanta... It was so good for my husband to hear some positive feedback because, in his eyes, he's been such a failure. It was the most productive and worthwhile hour and a half we've had in a long time.*

There's power in peers helping peers. And empowering individuals to champion their own recovery and help others do the same is what DBSA is all about. And our Metro Atlanta group is just one of the more than 1,000 support groups we have that offer mutual encouragement, education and enlightenment. I'm honored to be part of an organization that's helping make recovery real—and reachable.

## OK With Dying 25 Years Early?

What would you do if you learned that your mom, best friend or even you yourself would probably not live past the age of 50? This year, the National Association of Mental Health Care Directors reported that those living with a mental illness are dying 25 years earlier than the average life span. It's hard to comprehend the reality of that statistic: perhaps not seeing your daughter's wedding ... never meeting your grandchildren. These are things no one wants to think about. It would be nice to think that this just *can't* be true, that surely, "something" will change. But the only real change will come not from something but from someone.

**So, what would you do? You'd fight! You'd demand action—from yourself and others!**

**DBSA is fighting ...** to inform health care systems and professionals about the need to truly integrate mental health treatment into overall care. Most individuals receive mental health care in a "silo"—completely separate from treatment of their physical health. But mental and physical illnesses don't exist in "silos" in our bodies; research shows how interconnected they are. For example, an increased risk of heart disease, diabetes and cancer exists among those living with mental illness due to the high rate of cigarette smoking within this community. Combined with the stress the illness itself takes on the body, that's just the tip of the iceberg. **Join the fight! Your financial support is critical** to enable us

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# DBSA 2007 Board of Directors

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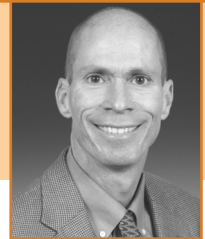
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# Scientific Advisory Board Update

## Mood Disorder Research: Turning the Tide

**Greg Simon, MD, MPH**  
**SAB Chair**



For children with cancer, long-term survival rates were nearly zero 25 years ago. But now, nearly 75 percent of kids with cancer survive for five years. For adults, the rate has increased as well. One key reason for this improvement is the high rate of participation in clinical trials. More than one-third of young children with cancer receive treatment through clinical trials. And oncologists, even those far from research centers, are expected to participate in clinical trials as part of modern practice. Each new generation of researchers compares possible new treatments to those currently considered cutting-edge.

In contrast, advancement in the care of mood disorders over the last 20 years has been modest. Several new medications have been proven effective in long-term prevention, as well as in treating acute mood episodes. And specific forms of psychotherapy have been shown to treat depression and reduce relapse. Still, the long-term prognosis hasn't changed dramatically. Fewer than half of those who start treatment for an acute episode actually reach remission. And we lack answers to basic questions including: How do we select the best initial treatment for a mood disorder? How do we choose the best second- or third-line treatment? And do the long-term benefits of combining treatments outweigh the added risks or side effects?

Among those living with mood disorders, there aren't nearly as many participants in clinical trials as there are among cancer patients. Even large federally-funded research and trials such as STEP-BD (for bipolar disorder) or STAR\*D (for depression) include only a handful of academic physicians and just a few thousand consumers out of the millions living with severe mood disorders.

Making research the norm, rather than the exception, would mean significant cultural changes for both consumers and mental health providers. To involve more providers in research, a considerable shift in atti-

tude is needed. We'd find it strange for an oncologist or cardiologist to say "What I do is an art; it's not possible to study it." Studying the treatment process of mental illness is no less important than studying the treatment process of cancer or heart disease. We should expect just as much accountability in mental health research.

Consumers must recognize that being a "guinea pig" can be a good thing. Clinical trials typically offer more organized treatment, more frequent monitoring and better education about good self-care than the standard treatments. The truth is that treating mood disorders is often experimental. We live in uncertainty, trying what we hope will help. If we're experimenting anyway, why not organize our experiments, so we'll learn something important?

Finally, we must acknowledge that funding for mood disorder research and treatment falls far behind what's available for physical illnesses. If treatment for children with cancer were limited by discriminatory insurance or inadequate staffing, our society would find that simply unacceptable. But it remains acceptable that children and adults with severe mood disorders lack access to basic care, not to mention the excellent care often available through research.

Our efforts to educate policy makers and the public about mood disorders and their treatment must continue. Those living with these illnesses shouldn't have to wait 25 years for improvement like cancer patients did. We can turn the tide, so things will be different 25 years from now—or sooner.

**To learn about clinical trials and research**

**studies, visit [www.DBSAlliance.org/ClinicalTrials](http://www.DBSAlliance.org/ClinicalTrials).**

*Before participating in a study, talk with your health care provider(s).*



## Fulfilling Rebecca's Dream in 2007

The success of last year's Inaugural Rebecca's Dream Gala rippled out to touch many lives this past year. The 2006 Gala provided the money needed in 2007 to:

- Award **10 scholarships to the DBSA National Conference** in August, helping alleviate the costs of registration, accommodations and transportation for individuals who would have been otherwise unable to attend.
- Fund the **Parents of Children with Mood Disorders Institute** held before the DBSA National Conference.
- Fund the **DBSA Certified Peer Specialist (CPS) Training Institute** that took place after the DBSA National Conference and award 15 of the 34 participants with partial scholarships to this five-day seminar.

These events directly impacted individuals, and in 2008, the funds raised at this year's Gala will enable DBSA to once again fulfill Rebecca's Dream. As a 2007 CPS Training Institute participant said, "This has been a wonderful week—excellent trainers, good content, supportive atmosphere....I leave feeling greatly encouraged by humanity's potential to heal and grow....Thank you so very much



Rebecca's Dream



### The 2nd Annual Rebecca's Dream Gala

In Chicago this November 3, Congressman Patrick J. Kennedy (D-R.I.) became the second recipient of the "Legacy of Life" Award from the Rebecca Lynn Cutler Legacy of Life Foundation and DBSA. The long-awaited 2nd Annual Rebecca's Dream Gala was generously made possible by Presenting Sponsor Abbott Laboratories; Platinum Sponsors Organon and Pfizer; Diamond

Sponsors AstraZeneca, Eli Lilly and Janssen, LP; Gold Sponsor Parachute Marketing Group, LLC.; and Silver Sponsor Wyeth. The full story on this evening of giving will be available on [www.RebeccasDream.org](http://www.RebeccasDream.org) and in the next editions of e-Update and *Outreach*, so stay tuned!

for providing the opportunity, and for caring so much—the dedication and commitment to well-being shows."

# Chapter Highlights

## Giving Back

People often find that giving back to others can be an important part of their own personal recovery. While DBSA chapters are best known for support group meetings that empower their participants with hope, many of them also do so much to help, educate and support not only themselves but also their larger communities. Shared at this year's Chapter Leadership Forum, these "Chapter Successes" are some of the unique ways that chapters reach out to the broader community, going above and beyond the personal touch that support groups provide.

- **DBSA Colorado Springs** (Colo.) held "Faces of Recovery," a community outreach event this summer featuring six chapter participants (five adults and one teen) who publicly shared their personal stories of recovery with 60 guests.
- **DBSA Gold Coast** (Fla.) recognizes the many talented musicians living with bipolar disorder—such as Billy Joel, Elton John and Peter Gabriel—by offering a selection of music videos on their website, [www.goldcoastdbsa.com](http://www.goldcoastdbsa.com).
- **DBSA Upper Valley** (N.H.) donated a number of DBSA-recommended books to the Consumer Health Library, part of the Matthews-Fuller Health Sciences Library at Dartmouth-Hitchcock Medical Center in Lebanon, N.H.
- **MDDA Boston** (Mass.) held several art shows and poetry readings showcasing the collected works from chapter participants living with, or affected by, mood disorders.
- **DBSA Central New York** (N.Y.) gave an interview with PBS and released a PSA (public service announcement) to local radio stations relaying DBSA's messages of hope, help and support for people living with depression and bipolar disorder.

In addition to special efforts like these, many local DBSA chapters offer an educational speaker series to their local communities, hosting different health experts to address and answer questions about specific topics such as new and alternative treatment options, as well as relationships and learning how to connect with others.

The personal empowerment and public outreach that chapters offer is invaluable ... and DBSA counts on donor contributions to help us keep our grassroots growing, so that chapters like these can continue to be a source of hope, help and support for those who need it.

To find a chapter near you, visit [www.DBSAAlliance.org/FindSupport](http://www.DBSAAlliance.org/FindSupport).



### New Chapters — Chapters affiliating between August 1, 2007, and October 1, 2007

#### U.S. Chapters

DBSA Camden (Ark.)	DBSA Jacksonville Northside (Fla.)	DBSA Clark County (Ore.)
DBSA Malvern (Ark.)	DBSA Chicago South (Ill.)	DBSA Ambler (Penn.)
DBSA Mercy's Cross (Ark.)	DBSA Muncie (Ind.)	DBSA Scranton (Penn.)
DBSA Paragould (Ark.)	DBSA Southeastern Indiana (Ind.)	DBSA South Central PA (Penn.)
DBSA Pocahontas (Ark.)	DBSA Leavenworth (Kan.)	DBSA Bremerton (Wash.)
DBSA Southeast Arkansas (Ark.)	DBSA Emmanuel Baptist Church (Okla.)	DBSA Tri-Cities, WA (Wash.)
DBSA Colusa County (Calif.)	DBSA Carroll County (Md.)	
DBSA Ripon (Calif.)	DBSA Frederick (Md.)	<b>International Chapters</b>
DBSA Ventura (Calif.)	DBSA Haverhill (Mass.)	Geelong Mood Disorder Support Group (Victoria, Australia)
DBSA West Hills (Calif.)	DBSA Concord (N.H.)	
DBSA Connecticut Shoreline (Conn.)	DBSA Rio Rancho (N.M.)	
	DBSA Yates County (N.Y.)	

### 2007 Chapter Leadership Forum

—This past August, more than 100 DBSA chapter leaders from across the country came together at the 2007 Chapter Leadership Forum to learn from each other, as well as delve into a wide variety of workshops designed to cultivate growth and ensure the best outcomes for all chapter participants.

This fun-filled day included information on building leadership, facilitating recovery-oriented support groups and fundraising on the local level. Each session brought up excellent questions, engaging dialogue and the chance to network with other chapter leaders. Chapters can access copies of all session handouts by visiting the DBSA website's Chapter Management section.

## DBSA's New Online Wellness "Clubsite"

As part of our national "Facing Us" campaign, this November DBSA debuts an innovative website where



individuals living with a mood disorder can find personal wellness tools to help them on their recovery journey. The new "Facing Us Clubhouse" will be an encouraging home for those seeking daily/weekly strategies for living well. Among the many tools that visitors will find are

- personal, private journals
- an interactive recovery plan
- an audiovisual room with art, comedy, meditations and more!
- an e-card library
- a place where individuals can create a personal wellness book for themselves or a friend, filled with their own wellness tips and/or tips provided by peers—like you!

On **November 28**, [www.FacingUs.org](http://www.FacingUs.org) transforms from the "Facing Us" video/PSA/art contest site to the new "clubsite." In addition to the wellness tools highlighted above, the site will also showcase the "Facing Us" contest winners.

# When “Us” Becomes “Them”

Ask any group of peer specialists what challenges they face to remain truly peer-focused in their work, and they'll no doubt start by mentioning the danger of being “co-opted.” *Co-optation* is losing sight of one's role as a peer and taking on the characteristics and behaviors of traditional health care providers. It can happen easily to even the most well-intentioned peer specialist working as an employee or volunteer in a service delivery setting.

Why does this phenomenon occur? Consumers working in their new role as peer specialists want to fit in as good employees and a legitimate part of the service delivery team. They're anxious to prove their expertise in ways that their coworkers understand. Their coworkers might relate more easily to someone who speaks their traditional, clinically-focused language. In settings that are less recovery-oriented, it becomes an ongoing challenge for peer specialists to stay centered on the goals and desires of the person served.

Sometimes co-optation becomes evident in the language that peer specialists begin to use when talking about those they serve. In his article, “The Language of Us and Them,” psycholinguist Mayer Shevin, PhD ([www.shevin.org](http://www.shevin.org)), illustrates—with just a few short words—how

consumers' behavior can be viewed by non-recovery focused individuals—including consumers working as peer specialists who lose sight of their unique role as peers:

The consumer view:	The non-recovery focused view:
We try to make friends.	They display attention-seeking behaviors.
We stand up for ourselves.	They are noncompliant.
We choose our friends wisely.	They display poor peer socialization.
We insist.	They tantrum.
We change our minds.	They are disoriented and have short attention spans.

The keystone of peer support is the partnership of equals. While consumers might take on new roles as peer providers in the mental health system, their responsibilities do not include diagnosing or judging their peers. Their role is to support others, using their shared experiences. By using the same person-centered language for all individuals, the peer service provider becomes an empowering agent of change and a role model not only to their peers but also to their coworkers.

## OK with Dying 25 Years Early?

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to work with mental health researchers and providers to change the focus of care.

**DBSA is fighting ...** to spread the word to consumers about new ways to think about—and approach—their illness. We advocate a balanced treatment program that integrates medicine, professional talk therapy, peer support AND a great deal of self-care to maintain a healthy mind, body and spirit. **Join the fight! Your financial support is critical** to allow us to provide the information and tools people need to live better, fuller and longer lives!

**DBSA is fighting ...** to let members of Congress know that all individuals need access to mental health care. We're speaking out so that that veterans of past, current, and unfortunately future, wars have access to the treatment and support they need to rebuild their lives ... and so that low-income children don't slip through the cracks of the insurance/Medicaid system. **Join the fight! Your financial support is critical** to allow us to shout louder and more often ... to pursue working with the U.S. Department of Veterans Affairs to provide certified peer specialists to returning vets ... and to advocate for access to mental health care on behalf of any man, woman or child.

**DBSA is fighting!** We've been there. We can help! No matter

how much people might want to help, it's hard for someone—even a family member—without the lived experience to truly understand the challenges facing those living with mood disorders. Nationwide, more than 70,000 people find help at DBSA support groups. And we will continue reaching out. This year, we have more than 30 new chapters and offer peer-led support groups in all 50 states. And we're zealous in our efforts to train and promote the use of certified peer specialists (CPSs) as a key component of successful treatment. CPS services are widely recognized for their enormously positive impact on treatment outcomes. As critical, hard-won proof of this, the federal government recently granted every state the option to offer Medicaid-covered CPS services. **Join the fight! Your financial support is critical** to enable us to develop new chapters and provide more tools and training to the leaders of those chapters. Your support also allows us to train hundreds of CPSs nationwide, including many within the VA system.

**Please join us in this fight!** Let the world know it's *not* OK to die 25 years early. Your contributions have tremendous power: to give voice to those who haven't been heard ... to provide hope, help and support to those reaching for a lifeline ... and to empower those looking for a better—and longer—life!

**Join the fight** by sending a donation to DBSA with the envelope in the center of this newsletter or with the form on the back cover, or by visiting [www.DBSAAlliance.org/donate](http://www.DBSAAlliance.org/donate).

# Our 2007 Legislative Milestones

This year, DBSA has made legislative advocacy a special priority—both through our presence on Capitol Hill and our outreach to the consumer community. On Capitol Hill, DBSA has become increasingly recognized as an important voice on legislative and public policy issues. We have presented oral and written testimony to Congress and built alliances through our membership in national coalitions such as the Campaign for Mental Health Reform and the Mental Health Liaison Group. Additionally, in many strategic meetings in Washington, DC, our president, Sue Bergeson, presented the consumer perspective to sponsors of critical mental health legislation as well as those serving on influential Congressional committees such as Appropriations and Veterans Affairs.

DBSA was honored to be asked personally by Senator Dick Durbin (D-Ill.) and Representative Bobby Rush (D-Ill.) to help introduce the postpartum legislation in Illinois. DBSA was also invited by Representative Michael Michaud (D-Maine), chair of the House of Representative's Health Subcommittee on Veterans Affairs, to testify before the Subcommittee about the need for peer-to-peer services for the many veterans suffering from PTSD and depression. The only advocacy group present during the hearing, DBSA was asked to present oral testimony, rather than written testimony which would have included many other mental health organizations. This was a major milestone, not just for DBSA as an organization but also for all of those individuals nationwide living with mood disorders—members of Congress wanted to hear what **we**, the consumers, had to say.

DBSA strives to help the consumer community realize that what we have to say is indeed important ... that knowledge is power and that being empowered makes each of us a strong voice for change. Through web-based efforts like Advocacy Alerts, DBSA reaches more than 8,000 people each month, with information about important mental health legislation, to both educate and motivate consumers ... motivate them not only take action but also to learn more about the legislative process as each bill moves through Congress.

This year, through DBSA's Legislative Action Center, LAC (<http://capwiz.com/ndmda>), constituents can do more than in the past: send letters targeted to legislators serving on Senate and House subcommittees

(where a bill goes for a vote) and contact legislators about an upcoming vote on a bill rather than simply about the bill itself. Through the LAC, they can also send letters customized to address their legislators' voting records, thanking them for their support or expressing dissatisfaction that the legislator did not vote at all.

To date, more than 9,500 letters have been sent through the LAC (compared to 3,000 last year) about critical issues like Mental Health Parity, the State Children's Health Insurance Program (SCHIP) and the proposed \$76 million budget cuts to social service programs. And with more than 3,500 letters sent in support of the parity bill, there's no doubt that DBSA constitu-



ents have helped "move the needle" for its passage in the Senate and its growing momentum in the House.

Through formal meetings on Capitol Hill and thousands of individual voters' letters to Congress, DBSA and its constituents are ensuring that legislators hear what the consumer community needs to live a life in recovery. Together, we really **can** make a difference.



## Headline News

**DBSA Appointed to Joint Commission's Behavioral Health Advisory Committee**  
[www.DBSAlliance.org/JointCommission](http://www.DBSAlliance.org/JointCommission)

**SAMHSA Awards DBSA 3-Year Mental Assistance Center Grant**  
[www.DBSAlliance.org/SAMHSA](http://www.DBSAlliance.org/SAMHSA)

## DBSA Certified Peer Specialists

*continued from page 1*

Department of Rehabilitation Services on the pursuit of a full-time job. She also attends a weekly support group." Anita continues, "As a CPS, I have witnessed quicker results in building the consumer's self-esteem and setting and attaining goals. This is a direct result of providing a unique opportunity to work with someone in a non-intimidating environment, free of judgment, and with someone who has walked in your shoes. I have a sign in my office ... which I refer to daily: 'Inspire those who have lost their way to happiness' ... peer counseling makes this possible."

This past May in New Orleans, CMHS Director A. Kathryn Power said, "Never before have consumers and their families rightfully been allowed to demonstrate the amazing healing power of self-direction

and peer support. We stand now at the threshold of a system of care in which recovery—not disability—is the expected outcome. That is truly great progress." DBSA will continue to work to bring the healing power of certified peer specialists into our mainstream mental health system, taking some of the first steps across that threshold.

**To learn how to walk with others along their road to recovery as a DBSA certified peer specialist—or to sponsor CPS training in your area—please visit**  
[www.PeerSupport.org](http://www.PeerSupport.org)  
**or call (800) 826-3632.**





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DBSA does not endorse or recommend the use of any specific treatment or medication. For advice about specific treatments or medications, patients should consult their health care providers.

**Editor:** Karen M. Kraft



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DBSA GRATEFULLY ACKNOWLEDGES  
 ITS LEADERSHIP CIRCLE,  
 ORGANIZATIONS THAT CONTRIBUTED  
 A MINIMUM OF \$150,000  
 DURING 2007.



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