



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.

Connect and Be Counted!

Register for DBSA's Advocacy Alerts at www.DBSAAlliance.org/AdvocacySignup to find out when your letters to Congress can make a difference.

Congressman Patrick J. Kennedy to Receive "Legacy of Life" Award

Patrick J. Kennedy (D-R.I.), a national mental health leader and one of the champions of mental health parity on Capitol Hill, will be honored this fall in Chicago with the 2007 "Rebecca's Dream Legacy of Life" Award. Together with DBSA, the Rebecca Lynn Cutler Legacy of Life Foundation will present the award to Congressman Kennedy at the 2nd Annual Rebecca's Dream Gala on Saturday, November 3, at Chicago's Cultural Center. The Cutler Foundation was established in 2005 by the family of Chicago journalist Rebecca Cutler, after she lost her fight with bipolar disorder at age 30. Its mission is to promote awareness and compassionate understanding of depression and bipolar disorder as real diseases. Accordingly, the "Rebecca's Dream Legacy of Life" Award honors someone who, in the public arena, actively speaks out about bipolar disorder and his or her own experience of it, in order to educate, raise awareness and eliminate stigma. As someone living with bipolar disorder, Congressman Kennedy has drawn on his personal experience, and his position as a member of the U.S. House of Representatives, to do just that: educate, raise awareness and eliminate stigma.



Congressman Patrick J. Kennedy

Kennedy entered politics as a young man, elected at age 21 to Rhode Island's House of Representatives. And health care—especially mental health care—has always been a priority for him. Now in his seventh term in the U.S. Congress, he sits as a member of the influential House Appropriations Committee, the panel that has authority over the government's discretionary, or flexible, spending. And he is most recently renowned for helping lead the fight in the House to pass mental health parity. He has worked tirelessly with Senator Pete Domenici (R-N.M.) and others to bring about parity and end health insurance discrimination through the Paul Wellstone Mental Health and Addiction Equity Act.

Some of Kennedy's many other efforts to improve mental health in our country include:

- Introducing legislation to help states address the psychological effects of terrorism, to respond to the severe shortage of mental health providers for children, and to prevent the breaking up of families with severely mentally ill children
- Successfully advocating to increase funds for community mental health and mental health care for seniors
- Strongly endorsing comprehensive prescription drug benefits for the Medicare program and introducing legislation to reduce drug costs
- Appealing for universal coverage and promoting preventive care in the U.S. health care system

Over the years, the professional mental health community has recognized his persistent efforts. In 2003, for example, Kennedy received the American Psychiatric Association (APA) Alliance Award and the 1st Annual DBSA Paul Wellstone Mental Health Award. And this fall, he will be the second recipient of the "Rebecca's Dream Legacy of Life" Award, following last year's inaugural honoree, Patty Duke, the Academy- and Emmy-Award winning actress.

On the award is an emblem of a phoenix, the mythological bird that consumed itself by fire and yet rose renewed from its ashes to live again. For Rebecca Cutler, this legendary bird was a personal symbol of strength and rebirth. One might say that Patrick Kennedy stands as an example of this strength and rebirth as well. As he said in an interview earlier this year with *bp Magazine*, "I knew what it was to suffer, so I knew that it was real ... It was very concrete in my mind that this needed to be worked on. That's why I've always worked on it—and through my own

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To purchase Rebecca's Dream Gala tickets, or to make a donation if unable to attend, please visit www.RebeccasDream.org.

President's Outlook



Sue Bergeson

My C-Span-Worthy Moment

I've never been a political aficionado, but that may have changed after my experience this July in D.C. I was invited to testify before the House Health Subcommittee of the Committee on Veterans Affairs (VA) about mental health care for vets returning from the Iraq war.

You've seen the news coverage on the numbers of veterans returning with serious mental illnesses ... and the woeful lack of easily accessible care available to them. While the VA system has consistently been committed to providing high quality mental health care to vets, it's clearly overloaded. And help is needed fast to meet the demand it's facing as vets come home. The recently created suicide helpline is a good start, but we need better systems, so that vets don't reach the point that they might need to call a suicide hotline.

At any rate, I was honored to testify on behalf of the mental health consumer community about what's needed moving forward. As I prepared to address the committee, I wondered who had sat before me in that same chair. With three microphones in front of me, I was alone at a long wooden table facing the committee. It was both terrifying and thrilling.

What impressed me most was the seriousness with which the committee members took their work. They asked tough questions of me and others. I had the sense that, despite any political games that were being played, there was a deep sense of purpose and commitment to both the process and, most especially, the outcome. I left feeling that the committee members were very concerned about the issues and very committed to finding solutions.

I've been lucky enough to visit members of Congress and their staff on many occasions. While our meetings don't always result in any immediate action, I always come away knowing that the right to express my opinion is sacred. And that it doesn't matter whether I'm the president of a national mental health organization ... or a teacher, housewife or businessman.

They say it takes as few as five letters from constituents to influence a legislator's stand on a particular bill. You don't have to testify on Capitol Hill to influence how things happen in Washington, D.C. The article "Advocacy 101" later in this newsletter explains the many ways you can make yourself heard on issues such as mental health care for veterans.

We have a lot of work to do in order to meet the needs of the men and women who have served our country in Iraq. But, after my experience this July, I have some optimism that there are people who take this very seriously and are doing their best to make things better.

For Bergeson's testimony, visit <http://veterans.house.gov/hearings>. In the right-hand column, under Subcommittee on Health Hearing, "Vet Centers," for July 19, click on "Witness List" for a link. Read even more about it at www.DBSAlliance.org/support_blog.

DBSA AND ME

When I was thirty-five, I was diagnosed with bipolar disorder, but I had dealt with it since my early teens. Thinking that it was just my personality, I experienced failed marriages, promising but short-lived jobs, educational endeavors and a future in chaos. Frustration and failure pursued me like an attacking dog at my heels. Deep depressions and sudden bursts of energy took me from the highs of Mount Everest to the lows of Dante's Inferno. Life was full of unpredictability. No one could live with, or understand, me.



Henry N. Willey Jr.

At one point, I was prescribed a strong antipsychotic drug; I deteriorated mentally very quickly and was re-diagnosed with Alzheimer's dementia. I lost my apartment, my furniture ... everything except a small box of things and a few clothes. And then, I was placed in a board and care home where I remained for two years.

Somehow, I found a way to change doctors and medication. My condition improved quickly. Soon, I was well enough to leave the home and regain control of my own finances.

How could I really help people with mood disorders, including myself? Back in 2002 in Eureka, California, I started a support group on my own. And for 18 years, I had visited the area's private, locked psychiatric facility as a one-on-one volunteer peer counselor. But I was hungry for more. So, in June 2006, I called DBSA to see if there was a local affiliate. I knew there had been several support groups in the past. But now, there were none.

I was told that the charter was available, and excitedly, I applied for DBSA affiliation. And then, mania hit after all those empty, unproductive years. Although I got an incredible amount of planning done, sleep evaded me for four full nights.

The loss of sleep took its toll on me, and trips to the psychiatrist resulted in more medication. That took its toll on me as well, and I was weak and dizzy.

But after 15 years of chronic depression and halfway functioning, I had found in DBSA what I *knew* was the opportunity of a lifetime. I put together a board of directors and even professional advisors. We started support groups and trained facilitators through DBSA's online support. That was less than a year ago. Now, we have six support groups meeting in our county and detailed bylaws. And I've returned to doing peer counseling, as I can, at our local locked facility.

Northern California doesn't have many DBSA affiliates, but we're hoping to change that. Our partnership with DBSA is extremely rewarding, and I feel privileged to be a part of such a dynamic organization.

Henry N. Willey Jr. is the founding president of DBSA Humboldt County (Calif.), established in July 2006.



Stephen Propst, MBA

Five Ways to Help Change Lives

Do you want to make a real difference in the lives of consumers and family members dealing with bipolar disorder and depression? Do you want to ensure the future of an organization like DBSA that's working to do just that? Allow me to suggest five ways that you can help change lives:

- 1. Get educated.** Learn how to make your recovery real through DBSA's online Recovery Education Center. You'll find multimedia tools like Living Successfully training courses, videos, *Real Recovery*® podcasts and more. Visit our website's home page and click on "DBSA Recovery Education Center."
- 2. Get empowered.** Get involved with a support group in your area. These peer-led groups are the hallmark of DBSA. Our nationwide network of 1,000 support groups and more than 400 chapters helps people at the grassroots level. Are you currently attending a support group? If not, make a commitment to do so. If you already do, consider taking on a leadership role. If there's not one in your area, maybe you're just the person to start it. Go to our home page and click on "Find Support."
- 3. Get enthusiastic.** Spread the word. If we're ever going to eliminate the stigma surrounding mental illness, we have to be bold, step out and raise awareness. Consumers and family members with real stories are in a unique position to explain what it's like living with a mood disorder. Take advantage of everyday situations to spread your powerful message. On our home page, click on "Get Involved."
- 4. Get engaged.** Take an active role in learning more about issues that matter. Then, take action to

bring about important changes in public policy and legislation. Be an advocate. On our website, learn more about current issues and the legislation that DBSA supports. Send a message to your representatives in Congress. Sign up to receive Advocacy Alerts. Positive change—for example, enacting a real form of national parity—will become a reality only when folks like you and I take a stand. Our elected representatives must come to appreciate the genuine need for laws that improve options for the millions of people impacted by mood disorders. Visit our home page and click on "Advocacy in Action."

5. Get "en-vested." Offer your support. Donating to DBSA enables us to continue producing programs, publishing pamphlets and providing much-needed resources to people who need hope, help and support. Our ability to equip, educate and empower people depends on your generosity. I entreat you to help DBSA keep doing such tremendous work. It's a wise investment. On our home page, click on "Donate Now."

So, now you know at least five ways you can help change lives. Whether you get **educated, empowered, enthused, engaged** or **"en-vested"**—or do it all—you'll be helping advance our mission: to improve the lives of people living with mood disorders. More information is just a click away at www.DBSAAlliance.org.

Can you envision a future where mood disorders are understood ... where quality, compassionate care is available and accessible ... where discrimination and stigma no longer exist? Each of us must choose to do our share to make that future a reality. It's as easy as 1, 2, 3....

DBSA's New Executive Vice President and Vice President of Peer Services

This August, DBSA welcomed **Peter C. Ashenden** as its new executive vice president and **Larry Fricks** as vice president of peer services. Both Ashenden and Fricks stepped down from positions on DBSA's board of directors to assume their new roles.



Ashenden Fricks

Ashenden will be primarily responsible for strategic planning and the coordination marketing of revenue-generating products, programs and services. Formerly, he served as executive director of the Mental Health Empowerment Project (MHEP) Inc., a not-for-profit that develops and enhances self-help, mutual support and recovery activities for consumers throughout New York State and the U.S. Ashenden is a frequent speaker at mental health and recovery conferences and, as a

consumer/survivor, he brings firsthand insights to his presentations and consulting services.

Fricks will develop and implement new peer-led programs focusing on issues such as whole health, the metabolic syndrome, the relaxation response and other recovery-oriented services. He will help DBSA expand its certified peer specialists work throughout the U.S., the Department of Veterans Affairs and private insurance companies. In addition, he will continue as director of the Appalachian Consulting Group, Inc., a peer-led, recovery-oriented organization based in Georgia. Fricks is internationally known for his work designing the first Medicaid-billable certified peer specialists program in the U.S.

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Scientific Advisory Board Update

Antidepressants and Suicide

Greg Simon, MD, MPH
SAB Chair



If you're not confused about the relationship between antidepressant medications and suicide, then you probably haven't been reading the newspapers.

The current controversy began in 2004 when the Food and Drug Administration (FDA) warned that antidepressants might increase the risk of suicidal thoughts or behaviors. In clinical trials, four percent of children and teens taking antidepressants had suicidal thoughts, compared to two percent of those taking placebos. Fortunately, there were no serious suicide attempts or suicide deaths in those trials. But that meant that those studies couldn't tell us whether antidepressants increase the risk of actual suicide attempts.

The FDA warning prompted studies of the risk of suicide in large groups of people who were starting antidepressants. In children, adolescents and adults alike, the pattern was the same: the risk of suicide attempt is highest just before starting medication, and it declines steadily over the next several months.

In late 2006, the FDA looked again at the results of clinical trials across all ages. In children, teens and young adults, it found an increased risk of having suicidal thoughts after starting antidepressants (compared to placebo).

Starting in 2004, DBSA and other organizations expressed concern that the FDA warning might frighten consumers and parents away from helpful treatment. Several recent reports suggest that warnings might have had that unintended negative effect. The FDA didn't advise *against* using antidepressants, but it did advise consumers to have more frequent follow-up visits with their doctors during the first few weeks of treatment. Sadly, the use of antidepressants by

children and teens dropped significantly after the FDA warning, and follow-up care didn't improve at all. More troubling, the suicide rate among children and teens went up by about 15 percent in 2004—the first increase after 10 years of steady decline.

So, what are we to think about antidepressants? Are they lifesaving? Or possibly dangerous?

On average, antidepressant drugs do reduce the symptoms of depression. But there is strong evidence that antidepressants can sometimes cause agitation, worsening depression and suicidal thoughts. We have no evidence, though, that they increase the risk of actual suicide attempts or suicide deaths. In fact, we have some circumstantial evidence that they might actually lower that risk. In the end, it's the familiar paradox of the average and the individual: even if a drug is helpful on average, for most people, it still might be ineffective, or even harmful, for some individuals.

The most reasonable response to the controversy and confusion is to follow the advice that the FDA gave back in 2004. Close follow-up with your doctor after starting antidepressants is essential—for children, adolescents *and* adults. But that's *not* because antidepressants are dangerous. Instead, close follow-up is important for three reasons: (1) a third of people who start antidepressants stop taking them before they have a chance to work; (2) another third don't get much benefit from the first medication they try; and (3) nearly half of those who start medication don't return for a single follow-up visit at all.

We simply must do better than that.

DBSA Launches National "Facing Us" Campaign

This August at its National Conference in Orlando, DBSA unveiled "phase one" of an innovative, new national campaign, "Facing Us:" three video and art contests for consumers and film students. The contests, offering 29 cash prizes (totaling more than \$7,000), solicit personal video stories, artwork and PSAs that will

- Show the world the real **face** of depression and bipolar disorder.
- Support those diagnosed to create, and **face**, a better future.
- Help people understand and **face** the reality that these are real, treatable illnesses.

The Facing Us website explains contest instructions in full detail. It also hosts promotional video clips, which can also be seen on popular websites like YouTube and MySpace. And the FacingUs site

showcases, among others, a promotional clip by award-winning actress and playwright Victoria Maxwell—a witty, "face first" monologue about facing relationships with bipolar disorder.

On November 15, DBSA will launch "phase two" of the campaign: an online "clubsite" for consumers with everything from the winning entries to online wellness books, journals, recovery tips and plans, e-cards ... and so much more for consumers to share with each other.

FACING US



Visit www.FacingUs.org
to find out more, view clips ...
and "face the camera."

Chapter Highlights

DBSA Chapters Offer Two New Courses in their Communities

In August 2006, DBSA staff delivered a new educational program, "Living Successfully with a Mood Disorder," to chapter leaders from across the country. Leaders came to Chicago to learn the DBSA-designed curriculum for this four-week course, so that they could deliver it in their own communities.

"Living Successfully" serves as an introduction to mood disorders. It provides information on diagnosis, treatments and relationships and helps participants develop their own "Living Successfully" plan for a healthy, full and meaningful life with depression or bipolar disorder.

This course is now being offered by some local chapters in their own communities, including DBSA St. Petersburg (Fla.), DBSA Southbridge-Sturbridge (Mass.) and DBSA Falls Church (Va.).

Contact your chapter to see if it's offering this new course. You can also take "Living Successfully" online by visiting www.DBSAAlliance.org/livingsuccessfully.

In addition, DBSA brought chapter leaders together last November for training on a DBSA-modified, eight-week "Pathways to Recovery" curriculum. Participants learned facilitation and teaching skills as well as the "Pathways to Recovery" model.

"Pathways to Recovery" is a model of self-assessment, self-discovery and planning that helps individuals set life goals and realize their dreams. Participants in a "Pathways" group explore motivation, self-responsibility, the "turnaround" toward recovery and attitudes and behaviors to enhance their lives. Group members also examine the common roadblocks to recovery and develop strategies to overcome them.

Chapters are now putting on "Pathways" in their locales; some of these chapters include DBSA New Focus (Mich.), DBSA Succasunna (N.J.), DBSA Middletown (Ohio) and DBSA Augusta (Maine).

Contact your chapter to find out if it's offering "Pathways to Recovery".

DBSA Ohio Hosts Statewide Conference, Establishes Scholarship Fund

DBSA Ohio has been a very active state organization within the DBSA and greater mental health network. Many new Ohio chapters have formed in the last few years with the state organization's assistance. Several of these new chapters serve specific populations such as veterans and people with a dual diagnosis. There's also a youth group providing advocacy, support and suicide prevention. This June, DBSA Ohio held a two-day statewide conference on a variety of mental health and recovery topics. Sessions were presented by representatives from different local, regional and national organizations. Among the presenters was DBSA Director of Advocacy and Public Policy Gloria Pope who opened and closed the conference. Workshops included:

- "The State of Mental Health in America: If You're Not at the Table, You're Not Going to Eat"
- "Wellness Recovery Action Plans for Adults, Youth, Veterans and Military"
- "The Status of the State Budget"

DBSA Ohio has also recently created the Judith Alford Memorial Scholarship Fund in honor of a beloved local mental health advocate. Judith Alford founded the DBSA Toledo Families chapter, was instrumental in starting DBSA Toledo's Generation Y youth group

Support Groups in All 50 States!

This June, a support group in Bennington, Vt., made DBSA history: for the first time, there are now support groups in all 50 states. DBSA welcomes the Bennington group and wishes it much success!

and served support groups as a tireless volunteer facilitator. The inaugural scholarship recipient, Elizabeth Treece, received her award at a special dinner ceremony at this June's state conference. The scholarship provides DBSA Ohio members the opportunity to attend DBSA conferences and other related educational events.

For more information on DBSA Ohio, please contact Dorene Sherman at dbsaohio@buckeye-express.com.

New Chapter Sparks Immediate Growth

In April 2007, a new DBSA chapter began in Santa Barbara, Calif., and the response to their efforts was astounding. After meeting for just two months, the chapter was already offering five weekly support groups.

Many people have stepped up to the plate and offered to help the rapidly growing chapter in their community. One volunteer even translates a support group from Spanish to English to eliminate the language barrier so that everyone can understand the thoughts, feelings and concerns expressed.

For more information on DBSA Santa Barbara, contact Tina Jougla at (805) 566-9492 or tinajougla@yahoo.com.

New Chapters — Chapters affiliating between February 16, 2007, and July 31, 2007

DBSA Malvern (Ark.)	DBSA McDuffie and Warren Counties (Ga.)
DBSA Paragould (Ark.)	DBSA Chicago Lakeview Center (Ill.)
DBSA Pocahontas (Ark.)	DBSA St. Clair County (Ill.)
DBSA Southeast Arkansas (Ark.)	DBSA Owensboro (Ky.)
DBSA Chicago South (Ill.)	DBSA Owensboro Mid-Town (Ky.)
DBSA Muncie (Ind.)	DBSA Big Rapids (Mich.)
DBSA Bremerton (Wash.)	DBSA Maple Grove (Minn.)
DBSA Tri-Cities, WA (Wash.)	DBSA Hunterdon County (N.J.)
DBSA Fresno/Clovis (Calif.)	DBSA Niagara Falls (N.Y.)
DBSA Monterey Peninsula (Calif.)	DBSA Foundations (Ohio)
DBSA Palo Alto (Calif.)	DBSA Anderson (S.C.)
DBSA Santa Barbara (Calif.)	DBSA Dallas Bilingual (Tex.)
DBSA Torrance (Calif.)	DBSA Fort Hood-Killeen (Tex.)
DBSA Putnam (Conn.)	DBSA Lubbock (Tex.)
DBSA Central Pinellas County (Fla.)	DBSA Bennington (Vt.)
DBSA Clay County (Fla.)	DBSA Marion County (W.V.)
DBSA Manatee County (Fla.)	DBSA Waukesha (Wisc.)
DBSA Rockledge (Fla.)	DBSA Cheyenne (Wyo.)

Startling Statistics: Smoking and Mental Health

More than half of those living with depression or bipolar disorder smoke.

44% of cigarettes smoked in the U.S. are consumed by individuals with a serious mental illness and/or substance use disorders.

One in three people who seek help to quit smoking have a history of depression.

Those with a serious mental illness die an average of 25 years earlier than the rest of the population, due to obesity, inadequate access to health care, substance use ... and smoking.

As you can see from the statistics above, if you live with depression or bipolar disorder and smoke, you aren't alone. And if you want to quit, you're not alone either: about one third of smokers try every year. Writer Mark Twain once quipped, "Quitting smoking is easy. I've done it a thousand times." If you've tried yourself to quit, you probably find Twain's comment both funny and frustrating in its truth.

We all know about the many negative sides to smoking. One is the expense; if you smoke a pack a day, you could easily spend more than \$1,000 a year on cigarettes. And we know about the more harmful, physical effects of smoking: the risk of cancer, heart attacks and strokes, as well as the dangers of second-hand smoke (asthma, heart disease, etc.). But there are also other damaging side effects: smoking harms nearly every organ in the body ... it can mean an increased risk of diabetes ... and if you're living with depression or bipolar disorder, it can cause even more problems. The tar and toxic substances inhaled in smoke can interfere with many drugs used to treat mood disorders. It's these substances, not the nicotine, that lead to most of smoking's harmful effects (like cancer).

If there are so many good reasons to quit smoking, why is it so hard? There are many good reasons for that as well, especially if you live with a mood disorder. You don't simply flip a switch and "feel better," and neither do you just flip a switch and stop smoking. The difficulty may lie partly in the genes; studies have found a genetic link between smoking and depression. Another reason is that some people become dependent on nicotine very easily. It's important to remember that nicotine is a highly *physical* addiction—the body craves it just like it would the narcotic, heroin. Quitting can also be difficult, because individuals with mood disorders may use smoking as a way to self-medicate. Smoking can temporarily provide an escape from the symptoms of depression or bipolar disorder, from the unpleasant side effects of medication and also from anxiety (although research suggests that it actually *increases* anxiety). People with mood disorders often aren't encouraged, or helped, to quit smoking by their doctors. Reasons for this might be that the doctor doesn't think that they can "handle" trying to quit, or they don't think they have enough time to talk about quitting. And they might feel that they can't help, because they themselves smoke.

Though the odds might seem to be against you, quitting and recovery are both possible if you smoke and live with a mood disorder. Quitting can actually be an important part of recovery. Talk with your doctor; it's important to seek help for both the mood disorder and the smoking problem. (Studies show that people are twice as successful in quitting if they involve their doctor.) With your doctor, you can work on treating the nicotine addiction, as well as changing the behavior that caused you to smoke. Many proven therapies are now available, including nicotine replacement therapy (NRT) and other FDA-approved medications. Talk to your doctor about which treatment might be best for you, and start making a plan to quit today.

Other important tools for quitting are support groups and quitlines. Quitlines are toll-free hotlines that offer counseling and information like **(800) QUIT-NOW** (North American Quitline, www.naquitline.org). And DBSA is working on a resource for quitting as well, as part of our commitment to improving the lives of those living with mood disorders. Look for a new section of our website in the coming months devoted to smoking cessation for individuals living with mental illness.

It isn't easy to quit smoking, especially while managing a mood disorder, and it often takes several attempts. But it probably won't take a thousand times, like Twain jokes ... and it will definitely help you breathe a little easier along the road to recovery.



For additional information on tobacco abuse/addiction, visit www.smoking.drugabuse.gov

"Rebecca's Dream Legacy of Life" Award

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personal suffering." This year, Kennedy has spoken many times to the public on mental health parity with fellow Representative Jim Ramstad (R-N.M.), each telling his own story of recovery. In response, they have heard from others, encouraged by these two men to tell their own stories of ashes and rebirth. And, as he told *bp Magazine*, this has been "one of the most rewarding experiences" in his entire public career.

The 2nd Annual Rebecca's Dream Gala on Saturday, November 3, will honor both the work of Patrick J. Kennedy and the lives of individuals with bipolar disorder. The proceeds from this evening of tribute will promote public outreach through the media, health fairs, school, health professionals and the DBSA Speakers Bureau. And the hope is that, through this outreach, others living with this illness might uncover the phoenix that resides within each of them.



What does it mean to be an advocate who actively works to influence important mental health policies? It doesn't have to be hard or intimidating.

Advocacy is crucial to improving the lives of those of us with mood disorders. Being an advocate doesn't mean you have to quit your job, rush to Washington, D.C. and write big checks. It doesn't mean you have to be an expert on depression and bipolar disorder or know every law ever written on the subject.

Being an advocate simply means using your voice to make a difference for the millions of Americans living with mental illness. There are professional lobbyists who meet with legislators and try to bring about changes to mental health policies. Many of them, though, don't have something that you do: personal experience with mental illness.

Individuals with mental illness are entitled to the same rights and services as everyone else. Often, people with other agendas push lawmakers to make decisions that might not have the mental health consumers' best interests at heart.

That's why **your voice is critical.** It's the foundation of our democracy. You can (and should) tell your elected officials how to vote for laws, budgets and policies that work.

It's always important to inform yourself about current mental health laws, but if you want to try to change their consequences—how they affect those living with mood disorders—you'll want to do more. **If you want to help fix problems and right wrongs, get involved as an advocate.**

These tips will start you on the road to becoming a legislative advocate:

1. Become familiar with the federal laws about mental health.

You don't need to go to law school to do this. All you have to do is visit DBSA's Legislative Action Center (LAC) at <http://capwiz.com/ndmda> and click on the left-hand link "DBSA endorsed legislation."

2. Get on DBSA's mailing list.

Stay informed about important issues and legislation by signing up for DBSA's Advocacy Alerts at <http://capwiz.com/ndmda/mlm/verify>.

3. Call your legislators.

If mental illness doesn't touch your legislators' lives, they might not fully understand the importance of their votes the way you do. You can find your federal representatives' phone numbers in the blue section of your phone book or online at DBSA's Legislative Action Center. You don't need to know

the law's or bill's name or number, and you don't need to be part of a large organization to be heard. Your legislators want to hear from you. And if there's a pending mental health bill, they'd rather hear your opinion before a big vote than get an angry call afterwards.

4. Write a letter.

Your elected officials welcome letters from you, just like phone calls. Tell them how a certain law will affect you and others living with a mood disorder. Stories from constituents like you are always helpful to policymakers. In return, you can usually expect a letter explaining the issue more fully and what they intend to do about it.

5. Talk about what you know.

Talk to family, friends and even people you randomly meet about your concerns and what can be done. If you happen to meet someone running for office, ask what he or she intends to do for those living with a men-

tal illness—and always say what you think.

6. Go public.

Call a radio station or write a letter to your local newspaper editor. Explain why mental health legislation is important and how things can be changed for the better. Put up signs and call a meeting in your neighborhood to discuss mental health policies. And remember, you don't have to go it alone. There's always strength in numbers; try to get as many people as you can motivated and active.

7. Vote.

It sounds basic, but it's vital that you exercise this right. If you don't take the time to vote, you don't have the right to complain if the wrong candidate gets into office. You can even go one step further: help candidates who support mental health issues with their campaigns. Sharing your personal knowledge and experience can help a candidate clarify his or her position on important issues.



To learn more, visit www.DBSAlliance.org/advocacycenter, or listen to the *Real Recovery*® Podcast, "Advocacy 101," at www.DBSAlliance.org/podcasts

Peer Specialists and Peer Support: What's the Difference?

Since DBSA is a leader in both peer support groups and certified peer specialist training, we're often asked, "What's the difference between what peer specialists do and what happens between peers in a DBSA support group?"

At the core, the two types of support have a lot in common. Neither is clinical support from a doctor or social worker, for example. Instead, in both situations, people use their own experiences as a foundation to reach out to others. The participants share similar, although not identical, experiences. Whether peer support comes through a support group or through a peer specialist, it does not involve advice-giving or telling someone else what to do.

DBSA support groups are based on mutuality—that is, both participating parties give and receive support. No one is in a position of power over anyone else (although one or more individuals facilitate the discussion to keep it moving and focused), and the emphasis is on shared experiences and recovery. Anyone with

an interest can participate, in any role.

When people become peer specialists, they step into the role of service providers, a different type of peer supporter. Peer specialists' work is based on a defined set of competencies, or skills. To learn these skills, they complete a structured training program and pass a certification exam. The training gives them a set of tools and techniques to help others focus on their hopes and dreams and move toward those. The peer specialists' purpose is to help others, rather than further their own recovery. Most peer specialists would agree, though, that the satisfaction of helping other people find meaning and purpose in their lives gives a boost to their *own* lives as well.



For more information on
■ **DBSA support groups, visit** www.DBSAlliance.org/support
■ **Peer specialists, visit** www.peersupport.org



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Non-Profit Organization
 U.S. Postage
 P A I D
 Chicago, IL
 Permit No. 8331

DBSA Outreach is a quarterly publication serving supporters and constituents of the organization.

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DBSA GRATEFULLY ACKNOWLEDGES ITS ALLIANCE LEAGUE, ORGANIZATIONS THAT CONTRIBUTED A MINIMUM OF \$500,000 AND ITS LEADERSHIP CIRCLE, THOSE THAT CONTRIBUTED A MINIMUM OF \$150,000 DURING 2006.



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