OUTREACH . . .

Spring 2004

Newsletter of the

Depression and Bipolar Support Alliance

INSIDE



MISSION

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

# DBSA Takes the Next Step in Peer Support

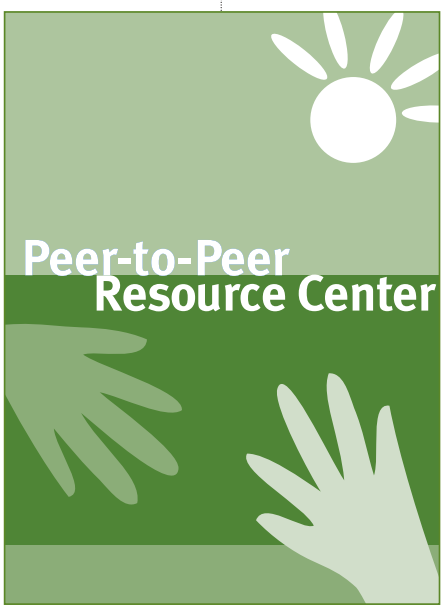
DBSA is proud to announce receipt of a one-year National Consumer Self-Help Technical Assistance Center grant. The grant, from the Center for Mental Health Services (CMHS), U. S. Department of Health and Human Services, is helping DBSA establish a Peer-to-Peer Resource Center. The primary goal of the Center is to foster self-help and self-management as effective wellness tools.

"As a peer-directed organization, we believe that DBSA is uniquely positioned to promote self-help in the mental health arena," said DBSA President Lydia Lewis.

Peer support has long been a central part of DBSA's mission. Strength, knowledge and compassion from people who understand are very helpful to people and families living with mood disorders. With the Center, DBSA will continue to raise awareness of the power of peer support. DBSA will also make efforts to incorporate peer-to-peer outreach into community health programs.

"The way many people think about treatment and recovery from mental illness is changing," said Lisa Goodale, DBSA's Peer Services Director. "People are realizing that recovery is much more likely when consumers are involved in developing their own treatment and support systems."

DBSA Board member Larry Fricks explained it this way. "If there were two doors – one medication and symptom reduction, and the other recovery and a meaningful, quality life in the community – which door do you think a person would pick? They want to go through that second door - recovery and a meaningful life." Fricks believes that peers are ideally suited to deliver a message of hope and be role models for recovery, because they've walked the same path. "When I help someone else in recovery, it strengthens my own recovery," he continued. "It gives meaning to the hopelessness I once felt."




**Peers are ideally suited to deliver a message of hope and be role models for recovery, because they've walked the same path.**

The goals of the Center are to:

- Help peer support become widely recognized as an integral part of mental health treatment.
- Help consumers become skilled in self-sufficiency, self-advocacy, health maintenance and support system development.
- Provide strong, dependable role models for successful self-directed recovery.
- Design nationwide training for individuals to become DBSA Certified Peer Specialists. They will promote self-directed recovery in the public and private sectors of behavioral health care.

DBSA is selecting a small group of chapter leaders to participate in a training program this summer. For more information, visit the Center's web site, www.peersupport.org, where you'll find recovery and self-determination tools. Or e-mail the Center at peersupport@DBSAlliance.org.

**www.peersupport.org**

## President's Outlook

*Lydia Lewis*

Spring is a time of growth and renewal. At DBSA, it's a time of great possibility. With the tireless dedication of our Board, staff, supporters, volunteers and DBSA support group members, we have the wisdom to set positive goals and the strength to reach them.

For some people, the improving weather and increasing daylight of spring bring welcome improvements to their mental health. Others still face many challenges. As always, we need to be vigilant about all aspects of our health in order to stay well. One promise I made to myself this year was to set a steady sleep schedule and stick to it. This hasn't been easy, for a number of reasons. But no amount of excuses for neglecting my sleep needs will make those needs any less important. In fact, the more hectic my life becomes, the more I need to make time to rest and relax.

For many of us who live with mood disorders, nighttime sleep has never been easy. Throughout our lives, we may have tried many methods to get to sleep. We may have used alcohol. We may have skipped a night's sleep hoping we could catch up the following night. If these things worked, they didn't work for long. It can be hard to accept nighttime sleep and daytime wakefulness. It's easy to dread the sunrise. But life is easier to face when we are well rested.

Many people have told me they miss their manias. Losing the racing thoughts and feelings of invincibility can be painful. But our loved ones and others with bipolar disorder will tell us, *stability is worth it.*

Sometimes wellness feels worse before it feels better. We know this because we've felt the side effects of a treatment before the benefits, coped with changes in work or lifestyle, and left unhealthy relationships. With guidance from concerned health care providers and supportive friends, we can work toward lasting wellness, even if we don't feel better right away. Any change is difficult, but changes toward better mental health will bring more benefits than we ever imagined.

Life changes are most effective when we work to understand ourselves, our illness, and our mental and physical signs and triggers. This spring, ask yourself: what do you need to achieve stability? What habits are doing you more harm than good? What healthy things can you bring into your life to replace those habits? Remember that we all can feel good, stable, healthy, content, and even happy while staying within the boundaries of a healthy lifestyle.

## DBSA and Me

***Rita Cronise DBSA Canandaigua, NY***

They say leaders come in all shapes and sizes, but I never expected people to start calling me a leader.

Being a leader was the farthest thing from my mind when I was 17. I swallowed a bottle of painkillers with a pint of liquor in an effort to end it all. On my 21st birthday I signed a consent form for electro-convulsive therapy (ECT). I had stopped eating for a month and that had led to paranoid hallucinations. At that time, I was diagnosed with anorexia. In the early 1980s there was an unbearable stigma on any kind of psychiatric hospitalization. My treatments were never mentioned outside my immediate family.

In my case, ECT was a miracle treatment. I stabilized for more than a dozen years. During that time, I completed a master's degree and started my own training development business with Fortune 500 clients. I certainly experienced ups and downs, but nothing that ever became unmanageable.

In 1993, I unknowingly climbed aboard the psychiatric roller coaster again with the birth of my son. A year later, following an intense psychotic episode and hospitalization, I was diagnosed with bipolar disorder. I was hospitalized for several psychotic breaks between 1995 and 1997. I switched doctors, therapists and medications until I found a treatment team I felt I could trust.

Today my treatment includes:

- **Meditations:** Daily prayer and weekly church attendance help develop my spiritual life.
- **Medications:** I take them as prescribed and see my psychiatrist regularly.
- **Exercises:** Daily movement for at least 15-20 minutes gets my heart rate up and oxygen to my brain.
- **Life management skills:** Regular visits with my psychotherapist help me manage life events and issues.
- **Family conversations:** My family gets together weekly to tell each other what we appreciate about each other, our concerns, what we're celebrating, and what we're most grateful for. This is followed by a fun activity.

In 2000, I added a new dimension to my treatment by attending a meeting of DBSA Rochester. Though I had been stable for awhile, hearing from others reminded me how vulnerable I still was. But I also realized that this group knew what I had been through and accepted me not in spite of it but because of it. Since then, I have become a facilitator of our chapter's support groups. With the help of a good friend, I started a satellite group in our hometown.

If I am a leader, it is because DBSA helps people like me develop leadership skills. I am deeply grateful for the assistance and encouragement that is freely given to us as we strive to improve life for people with mood disorders and their loved ones.

# Letter from the Chair

***William P. Ashdown***

After a long and difficult winter like the one we have just gone through, we look forward to the first signs of spring. It is a time of new beginnings and new hope. Many of us with mood disorders need that first taste of warmth, physically and emotionally. Spring has been described as nature's therapy.

The coming of spring also highlights the need for DBSA support groups. When we have changes in mood, good or bad, it helps to be surrounded by peers who understand. Our fellow support group members can enjoy the season with us. They can also give us "reality checks" if the changing weather makes our moods fluctuate too sharply.

We need the wisdom, support and advice of others who understand the challenges we face. In past generations, this kind of support was natural and well understood. But recently, the emphasis when treating mood disorders has often been on medication. Self-help and psychotherapy have not received the same amount of attention. However, these supports are not only desirable, but also necessary for lasting recovery. Medications help many of us take enormous strides, but the best treatment involves a combination of approaches. The best treatment involves the mind, body and spirit. Our new Peer-to-Peer Resource Center is a clear recognition that this approach – including self-help, support groups, and strategies focused on recovery and wellness – is being increasingly valued.

This spring also brings change to DBSA's own family, with new Board members joining us, and old members moving towards other challenges. I want to thank those Board members who have served us so well in the past years: John Bush, who served so well as our Chair, Dennis Charney, M.D. who ably headed our Scientific Advisory Board, and Adrian Mosley, M.S.W., who brought great wisdom to our Board. They will be missed.

I welcome our new Board members, including Cynthia Ford, the First Lady of Toledo, OH, and an alcohol awareness and prevention coordinator; and Miriam Johnson-Hoyte, J.D., a disability attorney and longtime mental health advocate. I especially wish to welcome Ellen Frank, Ph.D., who will be chairing our Scientific Advisory Board. She is one of the leading authorities on psychotherapy for mood disorders, and will be an enormous asset to DBSA.

## How You Can Help DBSA

DBSA's efforts to meet our mission start with you — a person who cares about improving the lives of people with mood disorders.

Here are some ways to help:

- **Donate by phone or mail:** Call us or use the form and envelope provided in this newsletter. Give a gift to remember a loved one, to commemorate a special event, or just because.
- **Secure online donation:** Visit https://www.DBSAlliance.org/donateonline.asp.
- **Give the gift of DBSA:** What better way to make someone feel special than by helping others in their name? Call or visit https://www.DBSAlliance.org/giftonline.asp.
- **iGive.com:** Donate to DBSA while shopping online.
- **Workplace giving:** Find out if your workplace offers matching gifts to charities. If not, urge them to do so. Or, if your workplace is part of the Combined Federal Campaign or Community Health Charities, check 0581 to support DBSA.
- **New! Buy or sell items on eBay to support DBSA!** Visit www.ebay.com/givingworks or www.missionfish.org for more information.
- **Help your local chapter** or start one of your own.
- **Promote education** by distributing brochures at your local library, community health center or place of worship.
- **Organize a local event** to raise awareness and/or funds.
- **Enlist health care professionals' help:** Give your doctor(s) educational materials or ask your local hospital to host a DBSA group.
- **Write letters** to local newspapers or radio stations when you see stigma in your community.

DBSA greatly appreciates any size gifts of time, effort or money. Thank you for helping us touch and save lives every day.

## DBSA 2004 Board of Directors

## Scientific Advisory Board UPDATE

*Ellen Frank, Ph.D.*

I feel truly honored to begin my term as chair of DBSA's talented, dedicated Scientific Advisory Board (SAB). Mood disorder treatment and recovery have been the central theme of my research and practice throughout my professional life. For more than 15 years, my involvement with local support group members and with DBSA's national office has been the inspiration for my work. It has kept me going when our work became difficult or funding hard to obtain.

All 65 of our SAB members and their colleagues are constantly in search of new ways to recognize, treat and prevent mood disorders. Not all of our work will produce groundbreaking new treatments. Sometimes it will give us new knowledge about brain chemistry or allow us to rule out a treatment that doesn't work. As we move toward new and meaningful discoveries, we must also make sure that people are educated about mood disorders. We must do everything in our power to reduce stigma. Greater acceptance of mood disorders can lead to increased research funding, and appropriate insurance coverage. It can also motivate more patients and families to seek help sooner.

The effect of antidepressant medications on young people has been in the news often in recent weeks. We know that mood disorders can lead to suicide. This is especially tragic when it happens to a child, but this tragedy can no more be traced to one cause than it can be solved with one answer.

One thing is certain: children with mood disorders need treatments that will help them to lead stable, healthy lives. Their parents and health care providers need as many options as possible. They need the information necessary to make informed, educated choices.

Many people became concerned late in 2003, when the British Regulatory Agency recommended against the use of selective serotonin reuptake inhibitor (SSRI) antidepressants in patients under the age of 18. In response to this ruling, the American College of Neuropsychopharmacology (ACNP) formed a task force to examine this issue. In a review of all available data from published clinical trials conducted in young people, the ACNP task force failed to find any statistically significant increase in suicide attempts, self-harm or suicidal thinking related to SSRI treatment. They also pointed out that in the relatively few years since prescribing of these medications has become widespread, there has been an unprecedented decline – averaging 33% – in rates of youth suicide in 15 countries.

However, in a public meeting held on February 2, the Food and Drug Administration (FDA) noted that only a few of the trials of SSRIs in youth showed clear superiority to placebo. Many trials showed no difference. The FDA also examined a large database of unpublished trials, which suggested that there may be an increased rate of suicidality in young people taking these SSRIs. This led the FDA's Psychopharmacologic Drugs Advisory Panel to recommend stronger warnings about the use of SSRIs in youth. In the meantime, they are analyzing the unpublished data more closely.

The decision to take SSRIs, or any other type of treatment, is one that must be made individually by each patient and his or her family and health care providers. It is important that every individual have as many safe, effective choices as possible. It is also essential that patients, family members and health care providers have sufficient information to be able to weigh the potential benefits against any possible risks.

Even today's reduced incidence of suicide and self-harm in young people is clear evidence of critical unmet needs. Our children need more specialized health care providers. Primary care providers, as well as educational, juvenile justice and foster care systems should have knowledge of mood disorders and treatments. Everyone concerned with the welfare of our children must make special efforts to meet these needs.

Children deserve wellness as much, if not more, than adults do. The fact that this wellness is often even more difficult to reach than it is for adults means that it is even more important that we remain steadfast and dedicated to maximizing every child's chance to achieve it.

## Using Brain Imaging to Examine the Effects of Medication and Talk Therapy

Depression is not caused by a single brain malfunction at a single spot. It is more likely the result of problems in a set of brain regions arranged as a network or circuit. The ideal treatment for these problems involves talk therapy and medication, along with peer support. Why do these treatments complement each other so well? It may be because each treatment affects a different part of this depression network.

At the Rotman Research Institute at Baycrest Centre for Geriatric Care and the Centre for Addiction and Mental Health in Toronto, studies were conducted using positron emission tomography (PET) scans to study changes in the brain activity of people receiving cognitive therapy. These were compared to PET scans showing changes in the brain activity of people taking medication. This provided insight into the biological effects of both treatment methods.

Everyone's brain activity is constantly changing, whether or not they have a mental illness. Any activity – a conversation, a meal, a walk – will cause some sort of change. Depression is associated with abnormalities in brain activity that may explain why a person with depression is not able to cope with day-to-day life. Treatment modifies these abnormalities and returns the brain activity to a state that helps the person function more normally.

Cognitive therapy and medication work in unique and specific ways. Cognitive therapy helps relieve depression by helping patients identify the negative thoughts that lead to feelings of depression. Patients learn to replace these thoughts with thoughts that are realistic and positive. The antidepressant medications used in this study, selective serotonin reuptake inhibitors (SSRIs)

*(continues on page 6)*

# Chapter Highlights

## New Groups

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

- DBSA Greater Denali (AK)
- DBSA We've Been There Bakersfield, CA
- DBSA Marin Chapter, San Rafael, CA
- DBSA Castle Rock/Parker (CO)
- DBSA Island Bipolar Support Group Merritt Island, FL
- DBSA Heaven Sent, Titusville, FL
- DBSA Parental Support For Kids Valrico, FL
- DBSA Southern Illinois, Swansea, IL
- DBSA Heartland Clinic Support Group Lafayette, IN
- DBSA Parsons (KS)
- DBSA Salina (KS)
- DBSA Berea Bipolar Support Group (KY)
- DBSA Kentucky Moods Mt. Sterling, KY
- DBSA Greater Baton Rouge (LA)
- DBSA South Coast, Wareham, MA
- DBSA Worcester County North Grafton, MA
- DBSA Beltsville (MD)
- DBSA Mid-Coast, Thomaston, ME
- DBSA Newaygo County, Fremont, MI
- DBSA Louisburg (NC)
- DBSA Hope Waynesville, Sylva, NC
- DBSA Platte Valley, Bellwood, NE
- DBSA Greater Nashua/Lowell (NH)
- DBSA Rochester (NH)
- DBSA Succasunna, Randolph, NJ
- DBSA Kenmore (NY)
- DBSA of Queens, Ozone Park, NY
- DBSA Bipolar Disorder Support Group at DRMC, DuBois, PA
- DBSA Pink and Blues Philadelphia, PA
- DBSA Williamson Medical Center Franklin, TN
- DBSA El Paso (TX)
- DBSA Greater Seattle (WA)
- DBSA Spokane Bipolar & Friends (WA)
- DBSA Madison (WI)
- DBSA Green Bay, Seymour, WI
- DBSA The Gathering Place Sheridan, WY

**www.DBSAlliance.org/info/findsupport.html**

## California Chapter Reaches Out

DBSA Palm Springs has doubled in size over the past six months. This is due in part to the launch of a web site, homepage.mac.com/michaelg77/Personal1.html. It's also a result of participants who enjoy the meeting telling their health care providers about it and asking them to refer new people. The group now holds regular speaker meetings and potluck dinners at a local hospital. Recently, nationally known artist Linda Carmella Sibio offered group members free art and performance art instruction. The group also has the benefit of frequent drop-ins from people on Palm Springs vacations.

**For information:** Michael Greenberg (760) 363-1200, michaelg77@mac.com

## Tennessee Chapter Lends A Hand

One of DBSA Chattanooga Pendulums' outreach efforts involves helping other people with mental illness. In December 2003 they hosted a Christmas party for the members of the local Lighthouse Drop-in Center. Good food, good turnout and fellowship made for a very nice evening.

**For information:** Marilou Coats (423) 698-2384, coatsfh@aol.com

## Continuing Education in Kansas

DBSA Topeka recently teamed with the Mental Health Task Force of Shawnee County to host a public address. Dr. Ross Bassarinilia of Harvard University's McLean Hospital spoke on "Dealing with Mood Disorders." More than 100 people attended. The group also holds regular monthly speaker or video-viewing meetings.

**For information:** Bryce Miller (785) 272-1360, ksbryce@aol.com

## Michigan Chapter Gets Professional Help

DBSA Kalamazoo has been fortunate enough to find area professionals to speak to the group once a month. One of members' favorite events is the "Ask the Professional" forum. Psychiatrists and psychologists answer questions, rather than speaking from a prepared presentation. This is a great help to everyone, especially members who do not have enough access to professional advice.

**For information:** David & Bobbi Miner (269) 324-0049, DBSA.Kazoo@att.net

## DBSA Seeks Metropolitan Volunteers

**Good News!** DBSA Chapters are now present in 80 of the 100 most populous cities/metropolitan areas in the United States.

DBSA asks everyone: please think about starting a chapter in your own community! Call our Chapter Team at (800) 826-3632 or e-mail chapters@DBSAlliance.org.

Chapters are most needed in these areas:

| | |
|---|---|
| Tucson (AZ) | Youngstown, Warren (OH) |
| Mobile (AL) | Harrisburg, Lebanon, Carlisle (PA) |
| Little Rock, North Little Rock (AR) | Lancaster (PA) |
| Fresno (CA) | Scranton, Wilkes Barre, Hazleton (PA) |
| Honolulu (HI) | San Juan, Caguas, Arecibo, (PR) |
| Boise City (ID) | Providence (RI) |
| Fort Wayne (IN) | Columbia (SC) |
| Lexington (KY) | Greenville, Spartanburg, Anderson (SC) |
| Springfield (MA) | McAllen, Edinburg, Mission (TX) |
| Raleigh, Durham, Chapel Hill (NC) | Salt Lake City (UT) |

# Ask the Doctors

**Question:** What is the relationship between food and mood? How important is what we eat to our mood stability?

**Wayne Katon, M.D.:** Different people find that different kinds of food affect their moods. Excessive amounts of sugar, caffeine, alcohol or chocolate may be more likely to contribute to mood disturbance. Foods such as such as vegetables, fruit, oil-rich fish and whole grains may be more likely help with stability.

Every person needs to find his or her ideal diet. Eating habits that benefit most people include three meals a day (or more than three smaller, nutritious meals spaced evenly throughout the day) at approximately the same times. This keeps your blood sugar from rising or falling dramatically. It's also important to get enough vitamins and minerals. Adequate levels of B-vitamins (including folic acid), vitamin C and zinc are thought to help stabilize mood.

Research on Omega-3 fatty acids is ongoing. They have been found to improve heart health but their effects on mood have not yet been determined. They can be found in fish, soybeans, flaxseed, walnuts and wheat germ, or can be taken in pill form. Talk to your doctor before trying Omega-3 fatty acids or adding any other supplement to your diet.

Crash diets that promise quick weight loss can be tempting for anyone, especially when coping with medication-related weight gain, which is both common and frustrating. But completely eliminating any one thing, even fat, from your diet may have negative consequences for your mood and overall health.

### More about Food and Mood

- It may be helpful to keep a food journal. Include everything you eat and drink, your physical activities and your moods. Find out when your stress is most likely to lead to cravings. Anticipate your cravings and have healthy, naturally sweet food such as fruit or yogurt ready.
- If you notice that certain foods seem to be causing mood swings, try avoiding them for a couple of days and see if you notice a change.
- What you drink is as important as what you eat. Too much caffeine can contribute to anxiety, nervousness and mood swings. Alcohol can worsen depression, interfere with sleep and make treatment less effective.
- Eating disorders can co-occur with mood disorders. An eating disorder is a separate illness that requires a separate treatment. If you experience drastic changes in weight, and tend to severely restrict your diet or binge and purge, talk to your doctor about treatment for a possible eating disorder. More information is available at www.nimh.nih.gov/publicat/eatingdisorder.cfm.
- If you have frequent cravings, distract yourself by exercising (even a short walk up the stairs or around the block), cleaning your home or another activity.

**www.eatright.org**

*Wayne Katon, M.D., is Director of Division of Health Services and Psychiatric Epidemiology at University of Washington Medical School, and a member of DBSA's Scientific Advisory Board.*

Information in "Ask the Doctors" is not meant to take the place of consultation with a qualified health care provider.

## Using Brain Imaging to Examine the Effects of Medication and Talk Therapy *(continued from page 4)*

reduce symptoms of depression by changing serotonin levels and other chemical systems in the brain.

Cognitive therapy and medication have similar rates of effectiveness in treating depression. Both methods lead to positive physical changes in the brain. Cognitive therapy appears to have a "top-down" effect. It affects activity levels in areas of the frontal cortex, the outer area of the brain responsible for logical thought and self-evaluation. Medication appears to have a "bottom-up" effect. It affects activity levels in the limbic system and hippocampus, parts of the brain responsible for emotions and stress responses. Continued, effective treatment with either method can eventually affect the entire brain. Using both methods usually offers the best chance for overall improvement.

This study is just a first step. It lays the groundwork for helping doctors choose the best treatment for each person more quickly, with less trial and error. Although treatment choices can't be based solely on a brain scan, doctors hope to eventually use information about the state of the brain when deciding which treatment method(s) to use.

Doctors are also hopeful that these findings will help raise awareness of and regard for cognitive therapy. If a patient repeatedly does not respond to medication and/or has unbearable side effects, it may mean treatment should be directed toward another area of the brain.

Mood disorder treatments have never been "one size fits all". Treatments for illnesses of any kind rarely are. For example, some people with diabetes need insulin and some do not. Some patients with heart disease need a bypass and some do not – angiograms help doctors figure this out. Studies like this one are helping us move toward that level of understanding regarding depression.

*Studies at Rotman Research Institute were conducted and reported by Kimberly Goldapple, M.Sc.; Zindel Segal, Ph.D.; Carol Garson, M.A.; Mark Lau, Ph.D.; Peter Bieling, Ph.D.; Sidney Kennedy, M.D.; and Helen S. Mayberg, M.D. This article was reviewed by Helen S. Mayberg, M.D., Professor of Psychiatry and Neurology at Emory University School of Medicine and a member of DBSA's Scientific Advisory Board.*

***DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.***

# The Road to Recovery

## From Misery to Ministry

***Ted A. Gillespie***
***DBSA Joplin, MO***

I was in the bathroom one morning getting ready, like I had thousands of times before, and I realized it was not going to be another "normal" day. I couldn't take the pressure anymore: failed marriages, lost job opportunities, loss of children and the never-ending internal dialogue of failure. I had always thought of life as a silent special club where everyone knew the password to get in but me. It seemed like the more I wanted to be normal, the worse I got. I didn't have the strength to go on any longer.

Driving to work, I knew that it would only take a second and a turn of the steering wheel to end it all. But instead, I noticed a sign at one of the exit ramps that I had never seen before: Hospital. I pulled into their parking lot and collapsed on the cold pavement. As I was lying there I felt God's presence and heard, "Ted, I still love you."

That day was the start of a new life for me spiritually, mentally and physically. I started working on facing many of the truths in my life that I had been avoiding and started educating myself about depression and the myths that surround it. One of the key elements in my recovery has been reaching out to others. I speak publicly on depression, the stigma that surrounds it and the spiritual transformation it gave me. In July of 2001 I started DBSA Joplin/LifeSupport Ministries in my home. Today we have two groups per week and reach about 100 people per month. We have support groups, a lending library, videos, taxi service, crisis referrals, and we even loan out light boxes.

Our attendance has increased greatly over the past year, especially after moving to a new location in the center of town. December and January saw a record jump in attendance, so in February we added a new group that meets on Friday afternoons. We are blessed to have terrific volunteers, including several new peer support facilitators in training, as well as excellent support from a number of local businesses. We also hold events to foster fellowship. Coming up, we have our annual yard sale in May, and our second annual Blues Free festival, "Blues No More in 2004," in June.

I have learned that we don't have a choice in whether or not we have depression, but we do have a choice in how we live with it. It is the small steps that lead to big changes. Today, after years of small steps, I am free of the symptoms of depression.

# Watching Washington

### DBSA Endorses Legislation to Help Families Stay Together

DBSA is supporting new legislation in Congress that would help families. In many states, parents who can't afford mental health care for their children must give custody to the state in order to obtain that care. The bills (H.R. 3243 and S. 1704) would establish grant programs and encourage states to provide mental health support services for children and families. The legislation would also establish a federal task force to look at mental health care issues in the child welfare and juvenile justice systems.

### DBSA Comments on FDA Review of SSRI Antidepressants

The Food and Drug Administration (FDA) has asked a committee to advise them whether federal regulatory action is needed on the use of Selective Serotonin Reuptake Inhibitor antidepressants (SSRIs) among children and adolescents. DBSA submitted written testimony to the committee, urging them to consider the matter thoroughly. "Unnecessary alarm over this issue could limit treatment options for young people," commented DBSA President Lydia Lewis. "Regardless of the FDA's action, physicians and parents should be fully educated about all treatment options and their risks and benefits." Pending a decision, the FDA has advised doctors to use caution in prescribing antidepressants to patients under 18.

### Mental Health Advocates Renew Parity Push

As federal lawmakers returned to Washington in January, insurance parity legislation was still awaiting action in the Senate and facing an uncertain fate in the House. Parity supporters, including DBSA, have renewed efforts to pass the Senate Paul Wellstone Mental Health Equitable Treatment Act (H.R. 953 and S. 486).

Under a proposed compromise in the Senate, private health plans would not be required to cover every diagnosis in the Diagnostic and Statistical Manual of Mental Disorders. However, for mental health conditions that are covered, visit limits, deductibles and co-payments would be no different from those for medical benefits in the same health plan. The lead Senate supporter of parity, Senator Pete Domenici (R-NM) is still negotiating a compromise on the range of mental health benefits covered. In the House of Representatives, Speaker Dennis Hastert (R-IL) continues to block the legislation.

Solid majorities of lawmakers have co-sponsored parity legislation. However, a slow pace set by the leadership of the two chambers has kept the bills from coming to a vote.

Please contact your legislators and urge them to support the Wellstone parity bills and others that would improve the lives of Americans living with mental illness. You can find your representatives' contact information by calling (202) 224-3121 or visiting DBSA's Legislative Action Center.

**www.DBSAlliance.org/advocacy/Legislative_Action_Center.html**

**www.DBSAlliance.org/media/DBSAPositions.html**

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**Editor:** Laura Hoofnagle

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DBSA acknowledges its 2003 Leadership Circle; organizations that committed a minimum of $150,000 to the association during 2003.



## Support DBSA!

Just your gift alone will make a difference. Your gift alone will change a life. Contribute to DBSA by using this form, call us at (800) 826-3632 or visit our secure website at www.DBSAlliance.org. All information provided is held in strict confidence. If you have any questions, please call (800) 826-3632 or (312) 642-0049.

***Thank you for your gift!***

CFC

Please check **0581** to support DBSA through the Combined Federal Campaign or Community Health Charities.

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**Call us at (800) 826-3632 or e-mail mailing@DBSAlliance.org**

**Questions?**
**Call us or e-mail questions@DBSAlliance.org**

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n $500 Gold n $150 Silver n $50 Bronze n $20 Member n Other $ _____

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Address _____City_____

State/Province _____Country _____ Zip/Postal Code _____

Daytime Telephone _____ E-mail _____

n Check (payable to DBSA) n Money order n Mastercard n Visa n Discover n American Express

Account Number _____ Exp. Date _____

Signature_____

n I'd like details on including DBSA in my will.

n I have enclosed my company's matching gift form.

n Please send me _____ donation envelopes to share.

n I wish my gift to remain anonymous.

n Please send me more information on mood disorders.

n Please send all correspondence in a confidential envelope.

***If you would like to make your gift a Memorial or Honorary tribute, please complete the following:***

n In memory of / In honor of (circle one)_____

n Please send an acknowledgment of my gift to:

Name _____

Address _____

City, State, Zip _____

Please send this form and payment, using the envelope in the center of *Outreach*, to: DBSA, 730 N. Franklin St., Suite 501, Chicago, IL 60610-7224 USA.
Credit card payments may be faxed to (312) 642-7243.

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