

OUTREACH



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.

New Book Helps Children Understand Mood Disorders

DBSA is proud to announce the publication of *The Storm in my Brain*, our first wellness tool especially for young children.



The booklet, developed in collaboration with the Child and Adolescent Bipolar Foundation (CABF), reassures children with mood disorders that they are not alone and their illness is not their fault. It offers suggestions for staying healthy and lists helpful ideas for parents and teachers.

All artwork in *The Storm in my Brain* was done by children and adolescents who live with depression or bipolar disorder. Illustrations were chosen from over 100 entries to a nationwide contest. In its first month online, the booklet was downloaded more than 15,000 times and had a dramatic effect on children and families everywhere.

Please call (800) 826-3632 or visit DBSA and CABF's websites for more information. 1-5 copies are free; 6 or more are 25 cents each + shipping.

"This is the most awesome book...I can hardly wait for [my 9 year-old] to read this! I know she will definitely relate and it is going to help her so much...I was so happy when I read it ..."

www.DBSAAlliance.org/PDF/Storm.pdf
www.bpkids.org



Kennedy Receives Award for Advocacy Efforts



In late July, DBSA President Lydia Lewis met with Congressman Patrick J. Kennedy (D-RI) to discuss public policy and advocacy issues and present him with the first annual Paul Wellstone Mental

Health Award for his tireless efforts to support mental health parity. "This award was established to acknowledge the true champions of mental health, and Representative Kennedy is one of mental health's greatest advocates," said Lewis. "It is critical that we expand the coverage of mental health care to dramatically improve the quality-of-life of people with mental illness."

Praise for DBSA's 16th Annual Conference

With 1,006 participants, DBSA's 2003 Conference had more than double the attendance of the 2002 conference. Highlights included Keynote Speaker Kay Redfield Jamison, Saturday night's Talent Show, and sessions covering Foods and Moods, Treatment Resistance, Dual Diagnosis and Alternative Treatments.

"We came home with books, tapes, happy memories, but most of all with hope."

"Being with a group of people where I automatically fit in is so empowering. I can't think of any opportunity for me that has this much influence on my motivation and ability to stay focused on my wellness and treatment. The conference was just the boost I needed."

"I often call [the Conference] the best therapy I pay for all year! Thanks so much!"

See page 9 for Conference Speaker Linda Fuller's story.

President's Outlook



**Lydia
Lewis**

With over 1,000 people at our Long Beach conference, 80,000 brochures downloaded from our website every month, and a media outreach that has put our message in front of 235 million people since January 2003, DBSA is growing fast.

During this busy time, we're excited to reach out to new audiences: children (see cover), those in late life, those living with dual diagnosis and those struggling with their illnesses at their jobs (see page 4). The work that goes into developing these and all our materials reflects DBSA's motto: "We've been there. We can help." Because the majority of our board, committee members and staff are diagnosed with mood disorders, we know the effects of these illnesses through our own personal experiences.

With all we do at DBSA, there are still people who need our help. Millions of people have yet to learn they are not alone. You may not realize just how far your donation goes to help DBSA save lives. Finding support for DBSA is tough because so many people do not give to mental health organizations. We believe this is due to stigma and we ask for your help breaking down the barriers that cause this resistance.

Tell your family, friends and coworkers about DBSA and the important work we do. Let them know we provide education, hope and support to millions of people each year, free of charge. When you hear people stating incorrect information about depression or bipolar disorder, correct them. Let people know that not only are mood disorders real illnesses that affect millions of people every day, but they are illnesses that affect relationships, work, school, and in some cases can lead to suicide.

We could not do the work we do without the generous support of our funders – people like you who have been touched in some way by these illnesses. We deeply appreciate your support. With the holiday season approaching, we ask that you consider making a donation to DBSA on behalf of family or friends, or as way to honor coworkers, employees or clients. What better tribute than to make a gift in someone's name that can help change lives? Your honorary gifts to DBSA reach far beyond the people on your list.

Even the smallest gift allows us to continue our important work of providing education and support to those in need and combating the stigma that surrounds these illnesses. For every person we currently reach, there are many others who need our help – people who need to know there is hope and their lives are worthwhile. We have ambitious goals, but with your help we know we can reach them. We know how important this work is, because we've been there.

www.DBSAAlliance.org



DBSA AND ME



**Doris Meyer,
DBSA Illinois
Valley**

Doris was first diagnosed with bipolar disorder during the 1960s, and endured countless treatment trial-and-errors. The turning point, she believes, happened when she found a health care provider with whom she could build a collaborative partnership and began participating in her own recovery. She also became active in mental health advocacy and started leading a support group in her area.

In 1982, before DBSA's national organization was incorporated, DBSA Illinois Valley began holding meetings at two local hospitals. Today people come from 30-40 miles away to attend. Because of its rural location, one of the group's main challenges is attendance. "Sometimes I had to keep it going in name only until more people came," Doris explains. "But I had to make sure it was there when it was needed."

Doris promotes the group at area hospitals, putting up posters and talking to hospital administrators to arrange support referrals for newly diagnosed patients. DBSA Illinois Valley also places monthly advertisements in the local paper.

"If you are willing to donate your time and energy, you will get it back tenfold," Doris says. "Sometimes I get discouraged, but each week, there is at least one person who really needs help – somebody who goes away feeling better and thanking us. Helping just one person makes it worthwhile."

A positive aspect of being in a rural community, Doris says, is that people tend to be more neighborly and willing to help each other. This spirit of cooperation has made DBSA Illinois Valley a lifeline for many people over the years.

Doris offers this advice for starting a support group:

- Don't give up. Keep the group going no matter what. If membership drops, be patient, be steadfast. You never know when someone is going to need support.
- Get other people involved. Encourage them to participate, facilitate, and reach out to others. This helps you and it helps them.
- Have a newsletter, so people can stay in touch even if they're not attending meetings.
- Advertise. Get the word out any way you can. Talk to hospital administrators and other medical professionals. Encourage them to start groups or refer people.
- Look for resources in the community such as health providers or other businesses that can donate time or resources.

"My goal is to give hope and a voice to people who have none," Doris says. "That's what keeps me going."



William P. Ashdown

Helping DBSA Follow its Course

Charting a Course: Improving our Lives was the theme of our 2003 Annual Conference. There, more than 1,000 patients and loved ones learned new ways to meet the challenges of living with depression or bipolar disorder.

To get to a particular destination, a person or an organization must "chart a course". You must figure out where you want to go, how to get there and what you will need. When organizations do this, they make plans for the future and take steps to make those plans a reality.

DBSA has already reached a number of our planned goals. We have built a network of more than 1,000 support groups. Our name change has been a success, and thousands more people are contacting us every month. In addition, our website has grown beyond our most optimistic hopes. We are reaching and helping many more people who need us.

Organizations can also hit shoals and shallows on their course, and need to work extra hard. Another of our important goals is to increase our funding sources in order to maintain our independence, protect our financial health, continue to grow

responsibly and meet the increasing need for our services. But in this year of economic uncertainty, resources have become more and more difficult to obtain and it has become more difficult for DBSA to raise the needed funds.

So, what does this mean to you? On a personal level, your support of DBSA is more important now than ever before. Now is also an especially good time to encourage people and organizations you know to support us. Talk to your local banks, financial institutions, and other companies with whom you do business. Chat with your local service clubs, approach your religious communities, and ask for their support. This can help not only DBSA nationally, but also your own local and regional DBSA groups.

You can also spread the word about depression and bipolar disorder to your community and local media. Your efforts put a human face on our illnesses, and remind people that we represent millions of people, across every nation in the world. When you educate others, you make our illnesses real, not just statistics. The DBSA staff and website have helpful information to assist you in contacting the media and communicating our important messages.

If you have ever wanted to make a difference, now is the perfect time. Reach into your pockets, and especially into your hearts. Be generous. Make a difference.

Your Gift Changes Lives

Depression and bipolar disorder touch nearly every family in some way. Each year, more than 23 million Americans experience a mood disorder. Yet too often they feel alone and misunderstood. Many believe the illnesses are their own fault.

DBSA works to change these misconceptions and give people help and hope. There has never been a better time to show your support for DBSA. You can make a difference. For people with mood disorders and their families, having the right information and support is a vital first step toward diagnosis, treatment, and the chance to rebuild their lives. DBSA helps people take that step, and your contributions are the reason we can touch so many lives.

As you'll read in our Annual Report, DBSA now spends even more of every dollar on programs and services for people with mood disorders and their families. We work hard to make your contribution go as far as possible. \$25 will pay

for publication and distribution of 50 Suicide Prevention brochures. \$50 will help start 10 new DBSA support groups. \$100 will help reach 10,000 people with messages of hope through the media; \$150 will maintain one online chat room for three months; and \$250 will finance one day of advocacy on Capitol Hill.

The amount of your gift does not matter. What matters is that you reach out to show that *you are there ... and you care*. Every gesture of support is important; every voice needs to be heard.

Each gift reinforces two simple truths – that *no one needs to suffer alone*, and that *help is available*. When you give a gift to DBSA, you are giving millions of people the gift of a new life – a life where they can find understanding, support and acceptance. Please see the back page for a giving form and information. This year, if you can, please help us improve the lives of people living with mood disorders everywhere by contributing as generously as possible.

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Scientific Advisory Board UPDATE



Dennis Charney, M.D.

The Importance of Research

As a patient-directed organization, DBSA is a leader, providing support and education to millions of people in need. Many may not be aware of the work DBSA does to support depression and bipolar disorder research. Our organization is effective in raising awareness of research needs because we believe that better diagnoses, better treatments and the ultimate cure and eradication of these illnesses will come only through dedicated research.

One of the most exciting and respected endeavors in this area is DBSA's annual Consensus Conference. This year I will join colleagues in Washington, DC, as DBSA convenes its 5th Consensus Conference, exploring the issue of substance abuse and mood disorders (dual diagnosis). The initial result of the Conference will be the publication of several manuscripts on various aspects of this growing problem and a Consensus Statement that will highlight important research and treatment issues. The enduring result will be the advancement of knowledge and sharing of ideas that are crucial to treating these illnesses.

I am pleased to report that the manuscripts presented at DBSA's 2002 Consensus Conference exploring the issues of mood disorders and co-morbid medical illnesses have been published in the August issue of the *Journal of Biological Psychiatry* (Volume 54, Number 3). The entire issue is dedicated to this topic, with papers on mood disorders and cancer, HIV/AIDS, hypertension, heart disease, chronic pain and more. Also recently published was DBSA's Consensus Statement on The Unmet Needs in Diagnosis and Treatment of Mood Disorders in Late Life. It appeared in the July 2003 issue of the *Archives of General Psychiatry* (Volume 60, Number 7). We are expecting DBSA's statement on mood disorders in children to appear in an upcoming issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

So while DBSA will continue its work of providing hope, education and support to patients and their families, it will also continue its work as an advocate for research. Our organization will push for increased funding and urge the movement of key research findings from the laboratories to the clinical setting. DBSA's patient focus is exactly what makes our work in this area so unique. We know this research is important for one reason: to improve the lives of people living with mood disorders.

New Wellness Tools from DBSA

Coping with Mood Changes Later in Life

Discusses the difference between depression and grief, symptoms, treatment, side effects, talking to health professionals, and the benefits of support groups, faith and spirituality.

Wellness at Work

The variety of interactive tools in this brochure can help you get the most out of your job and stay healthy at work.

Dual Diagnosis and Recovery

Discusses mood disorders and alcohol or drug problems. It covers self-medication, treatment of both the mood disorder and the substance problem, why it's all right to take mood disorder medication when you're clean/sober, what to do if you slip or relapse, and how to help a loved one.

Please call (800) 826-3632 or visit DBSA's website for more information and free downloads. When brochures are ordered by mail, the first 5 are free; 6 or more are \$0.25 each + shipping.

16th Annual Conference Tapes and CDs are available by calling Audio Excellence at (727) 360-6726 or e-mailing audexc@aol.com.

www.DBSAAlliance.org/bookstore/brochures.html



Call for Nominations

Larry Fricks, Chair of the DBSA Nominating Committee, requests candidates for the 2004 DBSA Board of Directors. Nominations will be considered for Board positions that become vacant after December 31, 2003.

The Committee is seeking candidates for six Director positions. Candidates must agree to serve a three-year term, and be capable of paying travel, meals and lodging expenses for three annual Board meetings.

In addition, nominations are sought for the offices of Vice Chair, Secretary and Treasurer. Officers must be currently serving on the Board of Directors.

DBSA is looking for leaders who:

- Are knowledgeable about fundraising or have access to potential supporters
- Are experienced in finance (e.g., CPA)
- Are skilled in marketing or advertising and/or have expertise or connections in the media
- Have access to national political and policy decision-makers
- Are nationally recognized and able to give the organization broad exposure

Any DBSA supporter can nominate a candidate or himself/herself by submitting a nomination form. To receive a form and description of Board/Officer duties, contact Ariel Brenner at (312) 988-1173 or (800) 826-3632, or download a form at www.DBSAAlliance.org. Forms must be postmarked by November 7, 2003.



Individualizing Psychotherapies for Women with Depression

By Ellen Frank, Ph.D., Jill Cyranowski, Ph.D.,
Holly Swartz, M.D. and M. Katherine Shear, M.D.



Ellen Frank, Ph.D.

Despite enormous progress in depression treatment, we still have clear challenges. We have long considered the goal of treatment to be full remission of symptoms and full return to functioning, not just improvement of symptoms. Yet, in recent studies, only 60% to 70% of patients responded to an initial trial of an antidepressant medication and only 25% to 50% achieved full remission. Additionally, an initial trial of Interpersonal Psychotherapy (IPT) provided by expert therapists was associated with less than a 50% remission rate in recent studies.

At the Western Psychiatric Institute and Clinic, we are currently developing modifications of standard psychotherapies for patients who have depression co-existing with other conditions and for patients who are less able to tend to their own psychological needs because of the needs of their families. We are attempting to identify patients who are unlikely to respond to standard psychotherapies *before* beginning a standard treatment and offering treatments tailored to their specific needs.

The Depression-Panic Combination

Our work is based on the conviction that milder manifestations of co-existing psychiatric disorders (such as anxiety) are important to understanding why standard treatments for depression don't work as they should for some. For example, we found that while only 12% of a group of women with depression met criteria for panic *disorder*, fully one-third reported high levels of lifetime *panic-like symptoms* that did not meet criteria for the disorder. Chances of achieving remission with a course of standard IPT were 25% lower for women with panic-like symptoms. Full remission for these women took a full eight weeks longer than for women without panic symptoms.

In light of these findings, we began developing a modified form of IPT that addresses panic and anxiety symptoms.

We found that patients with depression and some level of panic symptoms were particularly likely to 1) demonstrate more fears than other patients; 2) avoid conflict, strong emotions, interpersonal interactions and any tasks that seemed threatening or challenging; 3) have long-standing (rather than recent, depressive episode-related) interpersonal problems; and 4) have trouble keeping the therapy focused on their current interpersonal problems. We realized this kind of anxiety would interfere with the ordinary work we do in IPT, which depends on patients' ability to identify their emotions, acknowledge or "name" their feelings and focus on their current interpersonal problems.

In order to try to be more helpful to these patients, we 1) worked on teaching them to identify and correctly name their unacknowledged emotions; 2) addressed the adult separation anxiety from which many of them suffer; 3) worked specifically on increasing their interpersonal assertiveness and decreasing their avoidance of conflict; and 4) taught them strategies for decreasing their tendency to avoid challenging or seemingly overwhelming day-to-day tasks.

By making these changes, we found that remission rates for patients with depression and panic symptoms rose from about 43% with standard IPT to nearly 78%, a very respectable remission rate. When we assessed these patients again three months after the end of treatment, we found that these gains had been fully maintained. In fact, their depression and anxiety symptoms had actually decreased a bit more and their functioning remained at a high level.

Engaging Challenging Patients

Another series of our studies identified the mothers of children with mental disorders as a particularly important focus of treatment development. We found that more than 60% of the mothers of children receiving mental health treatment met criteria for a current disorder, usually a depression or anxiety disorder, but more than 2/3 of these women were not receiving any treatment. This is

not surprising when one considers the multiple barriers to treatment for these mothers, including stigma, fear, limited resources and the conviction that all their time and money must be directed toward their children and family.

We thought that if we could help these mothers to see how their depression was limiting their ability to best care for their families and offer a treatment that was very brief and focused, we might be able to engage them in treatment. We are now testing an eight-session version of IPT that builds on the woman's existing strengths, focuses on resolvable problems one-by-one and makes use of between-session homework assignments. The mothers we have treated with this brief form of IPT have typically remained engaged in the treatment and accomplished remarkable changes in a very brief time frame. At the end of eight weeks, most showed a remission of depression. The remaining women were much improved, if not fully in remission. They also had experienced sizable reductions in levels of anxiety. These gains were maintained six months after the end of treatment.

Conclusion

All too often, patients seeking depression-specific psychotherapy receive a "one size fits all" approach. The new techniques we are testing take into account the individual differences and needs of patients with specific co-existing conditions and environmental issues. So far, our results have been very encouraging, with greatly increased remission rates and good prognoses for lasting remission.

Dr. Frank is Professor of Psychiatry and Psychology at the Western Psychiatric Institute and Clinic at University of Pittsburgh School of Medicine, and a member of DBSA's Scientific Advisory Board. Drs. Frank, Cyranowski, Swartz and Shear are conducting studies under the auspices of the National Institute of Mental Health-sponsored Intervention Research Center at Western Psychiatric Institute and Clinic.

Depression and Bipolar Support Alliance

2002 Annual Report

DBSA's mission: To improve the lives of people living with mood disorders.



John R. Bush



Lydia Lewis

Every year, DBSA assists more people in obtaining diagnosis, choosing treatment, finding support and regaining hope.

To help people find us and make it easier for them to seek help, we changed our name from National Depressive and Manic-Depressive Association to Depression and Bipolar Support Alliance in 2002. As a result, the number of people we reached more than tripled.

In 2002 DBSA touched and saved lives in many ways:

Improving recognition, early detection and diagnosis of mood disorders as treatable medical illnesses.

- Provided more than two million people with information and support.
- Distributed hundreds of thousands of educational brochures and kits, including: *You've Just Been Diagnosed... What Now?* for new patients; *Taking Care of Both of You* for new mothers at risk for depression; and *Helping Others, Helping Yourself* for loved ones of people with mood disorders.
- Created and distributed a televised Public Service Announcement about mood disorders featuring Surgeon General Richard Carmona, which reached more than 80 million people.
- Placed DBSA's bipolar screening tool, the Mood Disorder Questionnaire, on the WebMD site.

Helping people successfully manage their disease.

- Provided peer-run support groups in over 1,000 locations across the country, and initiated our first online support groups.
- Redeveloped our web site and doubled the number of unique visitors per month. In addition, 88,000 brochures were also downloaded every month.
- Created new online forums to enhance peer-to-peer support with over 50,000 postings in just six months.
- Produced *Finding a Mental Health Professional: A Personal Guide* and added a health professional search and recommendation feature to our website.
- Created and distributed thousands of *Plan for Life* wallet cards to provide quick help to people who may have suicidal thoughts.

Working with people with mood disorders, families and health care professionals to improve care.

- Wrote patient perspective articles which appeared in preeminent medical publications including *The Journal of Biological Psychiatry* and *Psychopharmacology Bulletin*.

- Placed Public Service Announcements promoting support groups in *The New England Journal of Medicine*, *The Journal of the American Medical Association*, *Biological Psychiatry* and other physician publications.
- Created and distributed the *Complicated Mood Screening Kit* for primary care providers.

Expanding the ability of people to receive treatment.

- Expanded educational outreach to promote passage of the Mental Health Parity Bill and closely monitored the Federal Medical Records Privacy regulations (HIPAA).
- Helped constituents learn about critical legislative issues and contact their legislators through our website.
- Provided testimony advocating for numerous improvements in access to mental health care.

Advancing research to improve mood disorder treatment options.

- Focused on mood disorders that co-occur with physical illnesses such as heart disease and cancer in our 2002 Consensus Conference.
- Published papers on mood disorders in later life in a dedicated issue of *The Journal of Biological Psychiatry*.
- Testified before the Senate Appropriations Subcommittee urging increased funding for the National Institute of Mental Health.

Increasing acceptance and understanding of mood disorders so that the rights of people with mood disorders are protected.

- Signed on to several amicus briefs for cases involving discrimination.
- Increased media outreach significantly: **252 million audience reach in 2002 vs. 70 million in 2001.**
- Conducted a general public survey of 1,200 Americans that revealed 48% of Americans have never heard of bipolar disorder or manic depression, and worked to increase public education.

Every person who supports DBSA, offers a helping hand to someone with a mood disorder, educates others or takes a stand for needed change is helping us meet our mission. Thank you for helping DBSA touch and save lives.

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DBSA 2002 Year in Review

DBSA invested in its future in 2002. In order to implement DBSA's new strategic plan, the Board of Directors agreed to invest a portion of the organization's reserves to implement a carefully considered name change.

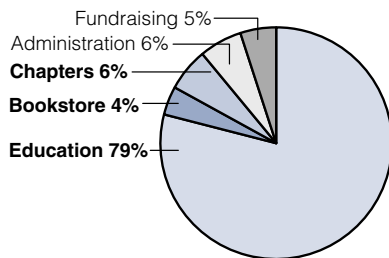
As a result of this name change, the number of people seeking help from DBSA increased by 230%. Though it resulted in a loss for the year, DBSA believes the resulting increase in services to individuals has been well worth the loss.

DBSA continues to use contributions wisely, with 89 cents of every dollar spent directly on education, programs and services, and just 11 cents spent on administrative and fundraising expenses.

Overall, DBSA maintains a healthy financial bottom line despite the unstable economy. The Board of Directors reviewed monthly financial statements and is focused on replenishing DBSA's reserves.

2002 Functional Expenses

How each dollar was spent



2002 Audited Financial Statements Balance Sheet

Assets

Cash and cash equivalents	336,570
Investments	514,042
Accounts receivable	37,833
Contributions receivable	800,960
Other	34,508
Property and equipment	84,588
Total Assets	1,808,501

Liabilities and Net Assets

Capital lease obligations	5,815
Accounts payable and accrued expenses	496,344
Accrued payroll	58,844
Total Liabilities	561,003

Net Assets

Unrestricted	994,111
Temporarily restricted	253,387

Total Net Assets	1,247,498
Total Liabilities and Net Assets	1,808,501

Statement of Activities

Revenues, Gains and Other Support

Contributions	3,347,346
Other	122,100
Total Income	3,469,446

Expenses

Program services	3,374,375
Supporting services	
Management and general	227,842
Fundraising	177,692
Total Expenses	3,779,909

Change in net assets	-310,463
Net Assets	
Beginning of the year	1,557,961
End of year	1,247,498

Special Thanks to All of our Donors

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Abbott Laboratories
Bristol-Myers Squibb Company
Eli Lilly and Company
GlaxoSmithKline
Janssen Pharmaceutica
Products
Pfizer Inc

FOUNDERS CLUB (\$10,000 - 149,999)

Anonymous
AstraZeneca
Center for Mental Health
Services
Cyberonics, Inc.
The Estate of Marcella Wason
Forest Laboratories
The Henry Foundation, Inc.
The Milliken Foundation
Organon, Inc.
Solvay Pharmaceuticals
Wyeth Pharmaceuticals

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Dr. Rita Koffe-Kornfeld
Mrs. Debra Lamee
Ms. Elaine Longer
Mrs. Carolyn C. Males
Mr. Chris Mann
Mr. John C. Massolio, Jr.
Mr. & Mrs. D.E. Masterson
Mr. John McCallister
Dr. & Mrs. Roger E. Meyer
Ms. Barbara Miller
Mrs. Theodore Miller

Dr. David Nathan
National Association
of Board of Pharmacy
Mr. Bruce Olson
Mr. John Patton
Mrs. Judith Perez
Mrs. Marilyn Prange
Mr. Scott Ramson
Mr. Scott Richardson
Mrs. Anne Marie Rigby
Mr. Mark Roderique
Mr. Steven Roose
Ms. Lesli Rubenstein
Mr. David Rubinow
Mrs. Harriet Sarkaria
Mr. Michael Schiff
Mr. Marc Segan
Ms. Jean Selzer
Mr. Tom Shannon
Mrs. Geneva Sharpe
Ms. Polly Sherard
Mr. & Mrs. Richard Shurte
Ms. Susan Silverman
Mr. Richard J. Studer
Mr. Peter Tsacoyeanes
Mrs. Mary Tuato'o-Kopping
Ms. Helen Tufaro
Dr. Scott R. Turkin
Ms. Karin VanValkenburgh
Mr. Timothy Walsh
Ms. Jennifer Whitcomb
Mr. Ronnie Wilkins
Dr. Malcolm Williamson
Mrs. Cynthia Wright
Mr. Larry Zenke

Chapter Highlights

2003 DBSA Chapter Service Awards

Each day, DBSA groups extend a hand of understanding and empowerment to patients, families and friends in their communities. We salute *all* our groups and leaders for their dedication.

Each year, DBSA present Chapter Service Awards to DBSA-affiliated chapters and support groups who have demonstrated exemplary service. These chapters were recognized at this year's awards dinner in Long Beach, CA.

DBSA Colorado Springs, Colorado

In order to meet the growing needs of special populations in its community, DBSA Colorado Springs has begun several new initiatives. A new support group for young adults is up and running, and groups for dual diagnosis and late life depression are currently under development.

The chapter continues its outreach to the community by increasing its services and collaborating with other community organizations. Its Consumer Resource Center now includes evening hours to better serve constituents. Chapter members are working with senior-focused agencies, geriatric specialists and faith communities to promote the late life groups and other chapter programs. The chapter is also



(l to r) Susan Day (DBSA Colorado Springs), Chantal Polsonetti (DBSA Attleboro), Bill Ashdown (DBSA Board Chair), Deborah Michelle Sanders (DBSA San Francisco), and Cynthia L. Bang, LCSW (Advisor to DBSA Greater Omaha)

involved in an initiative to train local police officers to recognize and respond to crises involving people with mental illness.

DBSA Attleboro, Massachusetts

This chapter of fewer than 50 members works hard to make sure professionals, health facilities, and members of the community are aware of its services. By surveying new members to determine how they learned about the group, members determined where to focus their promotional efforts. The chapter also sends out regular announcements to local media about support group meetings and other educational programs.

To expand its program capabilities and outreach, DBSA Attleboro recently established a partnership with a local hospital to provide monthly presentations to outpatient clients. Through joint efforts, they also offer a popular dual diagnosis support group with an average attendance of 20 people each week. The group has also expanded its use of the internet. Their website now includes a comprehensive online resource directory that helps people find a wide range of services including mental health, protection and advocacy, addictions, health insurance, legal assistance, rehabilitation and employment.

2003 DBSA Professional Advisor Service Awards

DBSA's Professional Advisor Service Awards are presented to outstanding professionals who advise and support DBSA chapters. Every DBSA peer-run support group has a Professional Advisor who plays a critical role in assisting and advancing the group. These advisors were recognized at a special dinner during the Long Beach conference.

Cynthia Bang, LCSW, LMHP

Advisor to DBSA Greater Omaha, Nebraska

A social worker and clinical psychotherapist at the University of Nebraska Medical Center Department of Psychiatry, Ms. Bang is recognized for her ongoing contributions of time, talents, and resources to the Greater Omaha chapter.

In her role as advisor, Ms. Bang promotes the chapter's programs and services to health professionals in her community. She arranges monthly speakers for chapter meetings and speaks to the group on a regular basis. She assists chapter leaders with monthly facilitator orientation sessions. Ms. Bang also shares her talents on a national level as a presenter for DBSA's chapter audio conference training and the 2003 Chapter Leadership Forum.

Chapter leader Bill Thielker states, "She always treats our leaders as peers. We are in this thing together – co-laborers in our peer-based self-help endeavor."

Raymond Zablonty, M.D.

Advisor to DBSA San Francisco, California.

Dr. Zablonty is honored for his long-standing, dedicated service. He is one of three advisors for San Francisco's chapter

and has served in this role for 14 years, almost the entire time the chapter has been in existence.

As advisor, Dr. Zablonty guides the chapter in conducting its support groups and training chapter facilitators. He assists the chapter with fundraising and makes himself available to personally respond to the needs of members in crisis. He speaks at the chapter's monthly educational meetings and at annual conferences sponsored by DBSA California.

Even with his duties as Chairman of the Department of Psychiatry at Kaiser Permanente in San Francisco, his devotion to the group earns him high praise from chapter members. In recognition of this commitment, his nominators urged DBSA "to honor Dr. Zablonty as we do."

Charting a Course with Compassion and Faith

**Linda Fuller, Co-Founder, Habitat for Humanity International,
DBSA 2003 Annual Conference Speaker**

It was November 1998. I had been feeling depressed for weeks with problems sleeping, loss of appetite, and occasional numbness in my arms and hands.

Feeling helpless and totally “bummed out”, I asked my husband, Millard, to get an appointment for me at a counseling center. I was shocked when the therapist told me he couldn’t help me – that I needed to see a psychiatrist because he wasn’t qualified to prescribe medication. Our family physician recommended a psychiatrist. However, the first available appointment was in one week. That seemed like forever when I felt so desperate!

The psychiatrist determined and explained to me that too much stress, work and travel had disturbed my normal brain chemistry and that was why I needed anti-depressants. She also strongly recommended that I walk at least two miles a day and make adjustments to my lifestyle, such as reducing stressful activities, work and travel.

Needless to say, this experience got my attention. Once I could concentrate again, I began to read books and articles about depression and its causes and treatments. I became aware of other people I knew who also had experienced depression. It was interesting and encouraging to share our stories with one another.

The main things that motivated me to get and stay well were support from loved ones and faith. Friends told me, “Keep taking your medicine – you will get better.” My husband spent a lot of time with me and made sure I was eating enough. Last but not least, I gained strength from a verse from the Bible (II Timothy 1:7) “For God did not give us a spirit of fear, but a spirit of power, of love and of self-discipline.”

After suffering clinical depression, I was eager to share my story and help others. It was empowering to find that I could speak out and become a mental health advocate. When I discovered the close association between mental illness and the great need for decent affordable housing, I realized this was an idea whose time had come! The Mental Health Partnership program of Habitat for Humanity International was born. I shared this exciting idea with former First Lady Rosalynn Carter. She immediately began telling people about HFHI’s efforts to build homes in partnership with mental health organizations. It was actually a couple of years before we built the first house in Ft. Worth, TX, but during that time, Mrs. Carter and I, along with numerous other mental health advocates, steadfastly believed in the value of this idea and vision.

When you are in a deep hole or a dark valley, it’s hard to think about getting out.

Linda Fuller

co-founded
Habitat for
Humanity
International
(HFHI) with her
husband, Millard,
in 1976, after
pioneering a
low-cost housing



program in rural southwest Georgia and undertaking three years of similar work as a missionary in Africa. Her leadership has helped forge HFHI into a worldwide housing ministry. Thanks to HFHI, more than 750,000 people around the globe know there’s no place like home.

Linda has received seven honorary doctorate degrees and numerous awards, and has co-authored and edited several books. In 1999, she initiated HFHI Mental Health Partnership to bring decent, affordable housing to individuals and families with low income due to mental illness.

In my case, I think I experienced the suffering so I could have the joy of helping others and start a program specifically to offer opportunities of hope, home ownership and removal of stigma. I put my life in God’s hands, and the result was beyond all expectations.

New DBSA Chapters

Call (800) 826-3632 or visit www.DBSAlliance.org for group contact information.

DBSA Texarkana (AR)

DBSA Berkeley Bipolar (CA)

DBSA East Long Beach (CA)

DBSA Douglas County (CO)

DBSA High Plains Sterling, CO

**DBSA Depression Support
Group**
Wilmington, DE

DBSA Ft. Walton Beach (FL)

DBSA Port St. Joe (FL)

DBSA Geneva-Families (IL)

**DBSA Northwest Iowa Support
Group (IA)**

**DBSA Coffee Talk
Baton Rouge (LA)**

DBSA Oscoda (MI)

DBSA Cambridge (MN)

DBSA Northwest Montana (MT)

DBSA Lincoln (NE)

DBSA CNY Syracuse, NY

DBSA MDSG Baldwin, NY

DBSA Merrick (NY)

DBSA MFH Mayfield, NY

**DBSA Mental Health Support
Group**
Valley City, ND

DBSA Cincinnati (OH)

DBSA Hope
Chocowinity, OH

**DBSA Generation Y Children’s
Group**
Toledo, OH

DBSA Mindspring Teen Group
Toledo, OH

**DBSA NW Ohio Dual Diagnosis
Group**
Toledo, OH

DBSA Toledo Families
Toledo, OH

DBSA Tulsa (OK)

DBSA Silver Creek (NY)

DBSA Southern Oklahoma (OK)

DBSA Stillwater (OK)

DBSA Salem (OR)

DBSA Media (PA)

DBSA Williamsport (PA)

**DBSA Kenn-Tenn
Supporters** South Fulton, TN

DBSA San Marcos (TX)

**DBSA Texas Panhandle
(TX)**

DBSA Bristol (VA)

DBSA Newport News (VA)

DBSA Shenwood (VA)

DBSA Eastside
Issaquah, WA

**DBSA Bipolar Kids
Education and Support**
Waukesha, WI

DBSA Casper (WY)

Ask the Doctors

Question: There are many medications that people with mood disorders should avoid because of their potential to trigger an episode. Can you explain how to know which medications to avoid?

David L. Dunner, M.D.: If you have taken a medication and had a manic or depressive episode, it is probably best to avoid that medication. I say "probably" because the manic or depressive episode may not have been caused by the medication, your illness may be simply following its natural course.

People with bipolar I disorder are sensitive to dopamine agents (L-DOPA, bromocriptine, many stimulants) and may experience mania due to the use of such medications. In general, these medications should be avoided or used

with caution and a mood stabilizer should be added. Depressive episodes can be triggered by many antihypertensives (high blood pressure medications). Hormones can also frequently affect moods.

If you are seeing more than one doctor for more than one illness, make sure all your doctors know all the medications you are taking, and encourage them to share information with one another. Make a list all the medications you are taking, including over-the-counter and "natural"/herbal supplements. This will help you avoid medication interactions and stay aware of any side effects that may be interfering with your mood disorder treatment. Ask your pharmacist for written information about your medications.

Dr. Dunner is Director of the Center for Anxiety and Depression and Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington.

Medication information

www.nlm.nih.gov/medlineplus/druginformation.html



Information in the "Ask the Doctors" column is not meant to take the place of individual consultation with a qualified health care provider. See your health care provider to discuss specific questions about your health, medication and treatment plan.

The Road to Recovery

Out of Darkness

Growing up in the 1950's, Karen learned about mood disorders early. Several of her family members were affected, and despite the prevalent attitudes of shame and secrecy at the time, her parents were open to discussing these illnesses.

After she married and had children of her own, Karen made sure she talked with them about bipolar disorder. "Talking about it makes it less scary for kids," she explains. "It is so important for families to look at their history, sit down with one another and discuss these illnesses, their symptoms and what to look out for."

When Karen's older son, Erik, was diagnosed at age 20 with bipolar disorder, the family faced the challenge of finding effective treatment while giving him



**Karen Fallahi,
DBSA Colorado Springs**

the kind of support he needed. Karen wondered if there was a way to connect with other families in the same situation for help and support. Erik died at age 25 (of an undetermined cause, according to the coroner) in the summer of 1993. Karen held tightly to her faith and the belief that some good could come from the tragedy.

A few months later, on what would have been Erik's 26th birthday, the family held a memorial service that was open to the public. The high attendance and outpouring of support motivated Karen to take further action. By Spring 1995, DBSA Colorado Springs was incorporated, and soon after, it had the first fully stocked resource center and lending library of its kind in the area, a permanent meeting place, and an answering service.

Today the chapter is working to provide services for adults with mood disorders, dual diagnosis (mood disorders plus alcohol or substance abuse problems), late life depression, young adults (16-25) with mood disorders, and family and friends. In addition, they conduct a teen outreach program in high schools and hold inpatient meetings to help people who are hospitalized.

Family support has always been a big part of DBSA Colorado Springs. Karen explains, "When you are a family member in the middle of a situation, it's hard to see what's happening, but when you sit in a support group meeting across from someone who is going through the same thing, it gives you perspective."

"It's a tremendous gift to be able to help families," Karen says. "When you are open to change, it allows the change to happen. I would probably never have started this group had it not been for Erik. And to think the most wonderful people have come into my life as a result of this organization. Out of darkness can come light in ways you could never have imagined."

Help DBSA, your community and yourself by starting a local support group. DBSA staff can help with resources and information.

Call (800) 826-3632 or e-mail chapters@DBSAAlliance.org.

Watching Washington

Increased Efforts Needed on Parity Bill

Despite a majority of co-sponsors in both the House and Senate, legislation to provide insurance parity for mental illness (S. 486 and H.R. 953) has not moved forward during this session of Congress. Reports have cited opposition by Speaker Dennis Hastert (R-IL) as a reason for the lack of action on the Paul Wellstone Mental Health Equitable Treatment Act of 2003.

The Congressional Budget Office has estimated that the legislation would raise health insurance premiums by only 0.9% and would cost the federal government approximately \$5 billion over 10 years. Please voice your support for this needed legislation by writing directly to Speaker Hastert and/or your own representatives in Congress. For help, visit www.DBSAlliance.org and click on the "Advocacy/Legislative Action Center" link.

DBSA Addresses Proposed Social Security Changes

DBSA has submitted comments to the Social Security Administration on proposed changes in the rules used to evaluate mental disorders in adults and children who apply for or receive disability benefits. DBSA urged the agency to eliminate current distinctions between medical and non-medical evidence in evaluating a claim, thus allowing greater emphasis on information from sources such as therapists, social workers, nurse practitioners and educators.

DBSA Endorses Postpartum, Mentally Ill Offender Bills

DBSA is working with the office of Senator Dick Durbin (D-IL) to promote passage of legislation that would promote greater research and treatment of postpartum depression and psychosis. The legislation (S. 450), the Melanie Stokes Postpartum Depression Research and Care Act, would

require the National Institutes of Health to expand and intensify research on these conditions affecting women during and after pregnancy.

DBSA has also contacted the offices of Senator Mike DeWine (R-OH) and Rep. Ted Strickland (D-OH) to support the Mentally Ill Offender Treatment and Crime Reduction Act of 2003. The companion bills (S. 1194, H.R. 2387) would establish collaborative programs between the mental health, substance abuse, and criminal and juvenile justice systems to ensure provision of services for those with mental illness or co-occurring mental illness and substance abuse disorders.

Please contact your representatives in Congress (visit DBSA's website or call (202) 224-3121 to find out who your representatives are) and urge them to support these bills.

www.DBSAlliance.org/advocacy/Legislative_Action_Center.html



LEGALLY SPEAKING

State and Local Disability Laws May Provide Greater Protection Than Federal ADA

By Ronald B. Schwartz

State and local disability laws have become an important tool in addressing employment discrimination. Under the Americans with Disabilities Act (ADA), people with depression or bipolar disorder face many barriers in attempting to establish employment discrimination. Prior to 1999, the Equal Employment Opportunity Commission (EEOC), the federal agency that enforces federal discrimination laws, had adopted a rule that a person's disability should be determined "without reference to mitigating measures." That is, a person taking an anti-depressant or mood stabilizer would be evaluated based on his or her condition as if those medications were not being taken.

This changed in 1999, when the U.S. Supreme Court decided three cases which had the effect of severely limiting ADA coverage of *treatable* illnesses. Regrettably, the Supreme Court interpreted the ADA as requiring that impairments or illnesses must be considered in their mitigated state. This means that people who are receiving effective treatments for depression or bipolar disorder are much less likely to be seen as having a disability for purposes of the ADA. People whose mood disorders are not under control also are not covered by the ADA due to the fact that their illnesses cause them to not be *qualified* to do their jobs.

The good news for people who may be facing discrimination is that state and local laws may not be interpreted as restrictively as the ADA. For example, the Illinois Appellate Court held that a woman who had cancer was covered by the State's handicap law even though she would not have been covered under the ADA. Cities and counties also have their own disability laws which may be interpreted more broadly than the ADA. Because state and local laws vary, contact the state or local

agency in your area which investigates disabilities discrimination or seek local legal advice if you suspect you have been discriminated against because of disability.

The limitations period for filing a charge of discrimination may be 180 days or less.

Each state is required to have a Protection and Advocacy agency. In some states, this agency is part of the government; in others, it is an independent not-for-profit organization. State Protection and Advocacy agencies can offer resources and assistance in a variety of areas, including employment discrimination. To find the agency in your state, call (202) 408-9514 or visit www.napas.org.

Ronald B. Schwartz is a lawyer concentrating his practice in employment law. He is a partner with Hedberg, Tobin, Flaherty & Whalen in Chicago and the Chair of DBSA's Legal Committee.

www.napas.org
www.workplacefairness.org/attorneys.php
www.disabilityresources.org





DBSA
730 N. Franklin Street, Suite 501
Chicago, IL USA 60610-7224
(800) 826-3632
Fax (312) 642-7243
www.DBSAAlliance.org

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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: Laura Hoofnagle



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