OUTREACH...

Summer 2003

Newsletter of the
Depression and Bipolar Support Alliance

INSIDE

Special Insert
2003 Conference Program and Registration Information

4 Seeking Help for Children

5 Misdiagnosed or Undiagnosed Bipolar Disorder

6 Environment and Mental Health

MISSION

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

Advocacy: The Next Step in Wellness

Wellness begins with following your treatment plan and being part of a support group, but it goes much further. Advocacy can play a big part in wellness, too.

"Advocacy is using your personal story and life experience to change hearts, minds and attitudes through education and example on a day-to-day basis," says DBSA Board member and longtime advocate Stephen Propst. "Patients make outstanding advocates because they have genuine, personal stories to tell. They can change minds and ultimately, public policy."

There are many forms of advocacy. "Self-advocacy gives empowerment; peer advocacy helps others; organizational advocacy helps the group; and legislative advocacy can change laws that affect people with mood disorders," explains Max Dine, M.D., a DBSA committee member and Arizona advocate.

Advocacy takes place any time a person speaks out for rights and against stigma, educates people about mood disorders, or reaches out to help another person. It happens every day when people come together in DBSA groups across the country, recognize their shared experiences and replace shame with strength. Self-advocacy is the foundation of all advocacy efforts. As patients, we must continually remind ourselves that our illnesses are real and our needs are legitimate.

Advocates work with their Congressional representatives to enact or change federal laws that affect mental health. In recent years, much work has been done to try to pass laws that would require insurance parity (mental health coverage equal to coverage for other physical illnesses). Unfortunately, these laws were not passed in 2002.

Some Ways to Advocate

Learn all you can. Knowledge is power. Having the most up-to-date information about mood disorders will give you the tools you need to discuss the issues.

Vote. Know where your candidates stand on issues that are important to you.

Write to your Senators and Representatives at the federal and state level.

Call or visit your federal and state Representatives. Get to know their staff members.

This year, mental health supporters in Congress have created a new bill, the Wellstone Mental Health Parity Act (HR953/S486), named in memory of Senator Paul Wellstone of Minnesota, one of parity's strongest supporters. Introduced in February, it is still gaining momentum with 235 House cosponsors and 60 Senate cosponsors at press time.

You can also advocate on a state level. Often, state laws limit the types of medications that people receiving Medicare/Medicaid or other government aid can be given, or they may affect insurance parity or determine which professionals can prescribe medication. Even if you aren't on Medicaid and have private insurance, changes in Medicaid formularies might eventually mean changes in your insurance coverage, since many insurance companies study Medicaid's policies when creating their own.

At DBSA's website, you can find out who your federal and state representatives are, how to contact them, and what issues are currently up for debate. You can send DBSA-drafted letters to your representatives, thank the politicians who support mental health causes, and learn how to be the most effective advocate.

"Advocacy is always rewarding whether you win or lose," says Bryce Miller of Kansas State DBSA, who led advocacy efforts that eventually resulted in statewide health insurance parity. Dobby Grossman, a DBSA committee member and advocate from South Carolina, adds, "Advocacy is a true part of recovery. It's really amazing when you can share what you have been through, and help just one other person. It is a tremendous boost to your life."

www.DBSAlliance.org/advocacy/advocate.html

President's Outlook

Lydia Lewis

Advocacy takes many forms. For some, it's as simple as openly discussing their illness with their family, friends or colleagues at work. For others, it's helping someone by supporting their decision to seek professional help. Still others take a more active approach. They write letters, make phone calls and visit their federal and state representatives, sharing views on important policy issues. And still others choose to advocate solely through financial support of advocacy organizations like DBSA.

DBSA's advocacy efforts are focused toward meeting our mission: to improve the lives of people living with mood disorders. Although many of us on staff live with a mood disorder, we listen to you to learn how these illnesses affect your lives every day. We help others become advocates by reminding them that depression and bipolar disorder are illnesses, not personality flaws. Through our brochures and website, we educate millions of people to become advocates for themselves and their loved ones.

DBSA advocates in a number of ways. We work to make certain the needs of people living with mood disorders are known by all on Capitol Hill. We work with our DBSA state organizations and local chapters to provide them with the information and tools they need to address legal issues on the state and local levels. And we watch the media and respond when we see misinformation or a stigmatizing depiction of depression or bipolar disorder.

DBSA can help you become a stronger advocate. Visit our website to learn what you need to know when newly diagnosed, important issues to consider before participating in a clinical trial and much more. There is no charge to download any of our materials.

Through the Legislative Action Center on our website, you can find information on pending legislation in Congress and identify your Senators and Representatives. Sample letters are available for you to send to your members of Congress, or you can create your own to print, fax or e-mail from the site. This service is also provided free of charge.

Great accomplishments have been made through health care advocacy. Our understanding of illnesses like cancer and AIDS is due in large part to the contributions of ordinary people – like you and me – advocating for acceptance, better treatments and aggressive research.

DBSA is able to do our great work only through the generous contributions of our supporters. Thank you for all of your past support. While your financial support is of paramount importance, your time and energy spent educating and advocating are equally vital to meeting our mission.

www.DBSAlliance.org

DBSA and Me

Sekhar Subramani
DBSA Middlesex County

It was 1985 and I was 27. Originally from India, I had settled in New York City and was fulfilling many of my dreams. Then I had a full-blown manic episode with a one-week hospitalization, triggered by my mother's untimely death.

Five more hospitalizations, four psychiatrists and one marriage later, I found a psychiatrist who worked closely with me, experimenting with various diagnoses and medications. Rapid cycling, mixed states, medication add-ons, kidney complications and the reality of stigma at work all became part of my struggle. I managed to hold on to my job despite all this, except for two periods of short-term disability.

In 1995, my psychiatrist handed me the contact information for the local DBSA support group leader. At her urging, I called and attended a group meeting. At that time, I was a slow learner and very shy. I sat quietly through the entire meeting and felt totally out of place, among people I felt were of a different culture, race and background. I was in a depressive phase, and my confidence and self-esteem had taken a vacation. But when people talked about mania and depression, that felt like "home" to me. They discussed support, understanding, being non-judgmental. Over time, I learned to belong, and to educate myself.

Once I began advocating for myself and became a partner in my treatment, my psychiatrist and therapist sessions became more productive and meaningful. For me, DBSA's *Healthy Lifestyles* brochure became words to live by. I also learned that giving back some of what I received at the group was very therapeutic in and of itself. Today I facilitate meetings and offer support to others; these things now come naturally to me.

My treatment plan now includes medication, regular therapy, support group attendance, and a moderate lifestyle. I work with DBSA Middlesex County in New Jersey, and have helped start the DBSA New Jersey State chapter. I view myself more as a support group partner than as a leader, working to promote awareness and help my peers fight this mood-altering beast.

My time with my two children and with my support group is more satisfying and rewarding to me than my job as a V.P. in information technology for a reputed New York City corporation. If I can do it, anyone can. And as DBSA says, they've been there, and they can help. They sure helped me set my life back on track. I hope to do much more with DBSA – it's my way of thanking them for making my days manageable, and raising the awareness of mood disorders among the public.

Letter from the Chair

William P. Ashdown

Wellness, the Workplace and Advocacy

Our upcoming conference in Long Beach is all about wellness, and charting a course to not only become well, but stay well. For many of us, wellness is most important in the workplace, because we spend so much of our lives at work. In order to live in today's fast-paced work environment, we have to be well.

The challenges we face at work are many: fear of losing our job, of being denied promotion, of losing vital health benefits. There is also the fear of social stigma – being discriminated against or identified as different from our co-workers.

The workplace has traditionally been slow to change. Most are slow to adopt new ideas outside their area of expertise. But change can happen, and it must happen. The question is always, how?

Change can take place in small ways. A few voices can be heard over great distances. History is filled with such examples. Here in North America, we lead the world in changing attitudes. Many of the major advances in human thought and attitude have originated here: the civil rights movement, the women's movement, the gay rights movement, just to name a few. The impact of these changes has transformed our society. The same can take place within our work environments.

More companies are becoming conscious of the major investment that they have in their employees' skills and knowledge. They are learning that it is to their economic benefit to protect their employees' mental health in exactly the same way they protect physical health.

All supervisors, managers and employees must become educated in order to change attitudes toward mental illness – the same way many businesses educated their employees about sexual harassment issues, race issues, and other issues. This works toward creating a corporate climate that accepts depression and bipolar disorder just like any other major illness.

There are many practical steps that you can take to advocate for change in your workplace. For instance, feature articles about mental health in your company newsletter. Encourage your human resources department to have information available on depression and bipolar disorder, and ways people can get confidential help for themselves and their family members. Information is always free to download at DBSA's website.

Advocacy, in all its forms, helps each of us. It changes the way we do things and the way that we learn to see things. Every small step you take advocating on behalf of people with our disorders is another step on the road to changing our world for the better.

What Your Gift Can Do

Would you believe that your $50 could help over two million people? It's true, you can make a big difference in today's world. In 2002, DBSA assisted over two million people, and your gifts made it possible. DBSA is a not-for-profit, non-governmental organization, completely funded by individual and corporate donations. We are proud of the fact that 87% of our income goes toward programs that improve the lives of people and families living with mood disorders. Only 13% of our income is applied to administrative costs and fundraising, which is well below the 25% recommended for well-functioning not-for-profit organizations. Everything, from the educational brochures we publish to the chapters we support, is available because of the generosity of our donors.

Just wanted to say thank you...It is such a huge relief to know I'm not broken or just insane. You've helped give me my self-respect back. I know it's going to be a long road but now that I'm becoming better educated it's not so scary...

– e-mail received 12/02

If DBSA has helped or touched you or a loved one, please support us with a gift. Our donation form is on the back page of this newsletter and a postage-paid envelope is included in the center. A donation of $50 can help us publish and mail 100 brochures to people in need. You alone can make a difference; you can save a life.

DBSA 2003 Board of Directors

EXECUTIVE COMMITTEE

Chair
William P. Ashdown
Winnipeg, Manitoba, Canada

Vice Chair
James C. Swinney
Grapevine, Texas

Secretary
Dorene Sherman, M.A.
Toledo, Ohio

Treasurer
Susan Silverman, M.B.A.
Highland Park, Illinois

Chair, Scientific Advisory Board
Dennis S. Charney, M.D.
Bethesda, Maryland

Member-at-Large
Daniel J. Conti, Ph.D.
Clarendon Hills, Illinois

Member-at-Large
Thomas L. Schwenk, M.D.
Ann Arbor, Michigan

DIRECTORS

John R. Bush
Austin, Texas

Larry Fricks
Atlanta, Georgia

Cheryl Gidley, M.B.A.
Tower Lakes, Illinois

J. Maurits Hudig
Montclair, New Jersey

Adrian M. Mosley, M.S.W., L.S.W.-C.
Owings Mills, Maryland

Stephen Propst, M.B.A.
Atlanta, Georgia

Randy Revelle, J.D.
Seattle, Washington

Polly D. Sherard
Bethesda, Maryland

PRESIDENT

Lydia Lewis
Chicago, Illinois

Scientific Advisory Board UPDATE

Dennis Charney, M.D.

One of the rewards of serving as chair of DBSA's Scientific Advisory Board is the honor of presenting DBSA's Gerald L. Klerman Research Awards. These awards recognize researchers whose work directly impacts our mission. They are our organization's highest honor.

The 2002 Klerman Senior Investigator Award was presented to DBSA SAB member, **K. Ranga R. Krishnan, M.D.**, for his extensive contributions to clinical service, education, and research. Dr. Krishnan is professor and chairman of the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center in Durham, North Carolina and one of the foremost clinicians treating treatment-resistant depression and anxiety disorders.

Two emerging leaders in mental health research were chosen to receive the 2002 Klerman Young Investigator Award: **Mark Frye, M.D.** and **Jürgen Unützer, M.D., M.S.H.S.** Dr. Frye's research contributions include the demonstration of important gender differences in patients with bipolar disorder and co-occurring alcoholism. He founded DBSA's support group at UCLA and now serves as its professional advisor. Dr. Unützer's work is revolutionizing mental health research and geropsychiatry. Most notably, Dr. Unützer led the first randomized trial of the effectiveness of quality improvement interventions in primary care for elderly patients with depression. Both Dr. Frye and Dr. Unützer are Associate Professors of Residence in the Department of Psychiatry and Biobehavioral Sciences at the UCLA School of Medicine.

I am pleased to welcome five new members to the SAB for the 2003-2006 term: **Wayne Katon, M.D.**, Professor and Vice Chair, Department of Psychiatry, Director, Division of Health Services and Psychiatric Epidemiology, University of Washington Medical Center, Seattle (Expertise: Anxiety and mood disorders in primary care); **Juan F. Lopez, M.D.**, Associate Professor of Psychiatry and Assistant Research Scientist at the Mental Health Research Institute, University of Michigan (Expertise: Hormones and their effect on brain chemistry); **Bruce S. McEwen, Ph.D.**, Alfred E. Mirksy Professor and Head of the Harold and Margaret Milliken Hatch Laboratory of Neuroendocrinology at The Rockefeller University in New York (Expertise: Brain chemistry); **Charles P. O'Brien, M.D., Ph.D.**, Kenneth Appel Professor and Vice-Chair of Psychiatry at the University of Pennsylvania and Director of the Center for Studies of Addiction (Expertise: Addiction); and **Helen Mayberg, M.D.**, Professor of Psychiatry at the University of Toronto and the Sandra Rotman Chair in Neuropsychiatry at the Baycrest Centre (Expertise: Brain imaging and geriatric psychiatry).

Each of these esteemed professionals brings a unique perspective to the SAB and continues DBSA's history of having the preeminent scientific board among mental health advocacy organizations.

Children and Bipolar Disorder: Seeking Professional Help

By Martha Hellander, J.D.
Executive Director, Child & Adolescent Bipolar Foundation

Parents who are worried about their child's behavior, especially destructive rages that continue past the age of four and suicidal talk and gestures, should have the child immediately evaluated by a professional who is familiar with early-onset bipolar disorder.

A good evaluation takes at least two appointments and includes a physical examination and detailed family history. Parents should take daily notes of their child's mood, behavior, sleep patterns, unusual events, and statements the child makes that are of concern, and share these notes with all doctors who see the child.

If possible, have a board-certified child psychiatrist diagnose and treat your child. Teaching hospitals affiliated with reputable medical schools are often a good place to start looking for an experienced child psychiatrist. You can also ask your child's pediatrician for a referral.

Experienced parents recommend that you look for a doctor who:

- is knowledgeable about mood disorders, has a strong background in psychiatric medication, and stays up-to-date on the latest research
- welcomes information and input from parents and other professionals
- explains medical matters clearly, listens well, and returns phone calls promptly
- has a good rapport with the child
- is willing to advocate for the child with insurance companies when necessary
- is willing to work with the child's school to make sure the child receives educational services appropriate to his or her needs

If a child psychiatrist is not available in your community, look for an adult psychiatrist who has a broad background in mood disorders, and experience treating children and adolescents. Pediatric neurologists also may be able to help with the initial evaluation. Pediatricians who consult with a psychopharmacologist can also provide competent care.

Children with bipolar disorder may also be eligible for disability benefits under programs such as Supplemental Security Income, Medicaid, and programs that provide low-cost health insurance for uninsured children available in many states.

Learning that your child has bipolar disorder can be traumatic. However, diagnosis can and should be a turning point for everyone concerned. Once the illness is identified, energies can be directed towards treatment, education, and developing coping strategies.

Doctor recommendation:

www.bpkids.org/community/professionals/
www.DBSAlliance.org/referral

Resources and health care/program information:

www.bpkids.org/resources/
www.DBSAlliance/resources/resources.html

Bipolar Disorder: Commonly Undiagnosed or Misdiagnosed

Joseph R. Calabrese, M.D.
Director, Mood Disorders Program
Professor of Psychiatry
Co-Director, Dual Diagnosis Center of Excellence, University Hospital of Cleveland
Case Western Reserve University

Joseph R. Calabrese, M.D.

Recently, the health care profession has taken a closer look at areas of unmet need and burden of illness. Among the top ten causes of disability worldwide, five are behavioral health disorders, including major depression (#1 cause of disability), alcohol problems (#4), bipolar disorder (#6), schizophrenia (#9), and obsessive-compulsive disorder (#10). Bipolar disorder continues to be a major unmet need.

Lately, we have begun to evaluate the most common presentations (symptoms, actions, and reports of trouble) of patients with bipolar disorder who enter clinical research studies at the Mood Disorders Program in Cleveland, Ohio. It was once believed that the majority of patients that entered clinical research studies were those that had not responded to conventional treatments in the past. To our surprise, we have found that the reverse is true. **Most patients who enter our clinical research have never been accurately diagnosed or treated.**

We recently evaluated the first 359 patients with rapid cycling bipolar disorder enrolled in two National Institute of Mental Health (NIMH)-funded long-term studies designed to compare the effectiveness of two mood stabilizers. Eighteen percent of patients had never been diagnosed with any mental illness; 37% of patients had been incorrectly diagnosed as having unipolar depression and treated with antidepressants without the benefit of any type of mood stabilizer, and 43% had previously been diagnosed and treated for bipolar disorder but had an inadequate response to treatment. The average time from symptom onset to accurate diagnosis and treatment was 16 years for the general group of people with bipolar disorder, 18 years for those who not only had bipolar disorder but also problems with alcohol or drugs, and 22 years for those who had been previously incarcerated (APA 2003). This is even more alarming than the results of DBSA's 2001 constituent survey, which found that an average of more than 10 years passed between the first onset of bipolar symptoms and an accurate diagnosis.

There is reason to believe that people who have bipolar disorder with rapid cycling (frequent alternations between highs and lows) must wait longer before being accurately diagnosed and treated. This also appears to be the case for patients who have bipolar II disorder (periods of depression alternating with mild highs, or hypomanias), and those who have bipolar disorder along with alcohol or drug abuse problems. The relationship between bipolar disorder and alcohol or drug use is particularly evident among prisoners with bipolar disorder – disproportionately younger adult males – 90% of whom have a lifetime history of alcohol or drug abuse. All of these factors tend to make the illness less likely to be diagnosed and treated.

Some believe these trends may correlate with the availability of adequate health insurance. In fact, in our two NIMH-funded studies, only 40% of patients had private health insurance; 40% were uninsured and 20% had either Medicaid or Medicare as their health insurance.

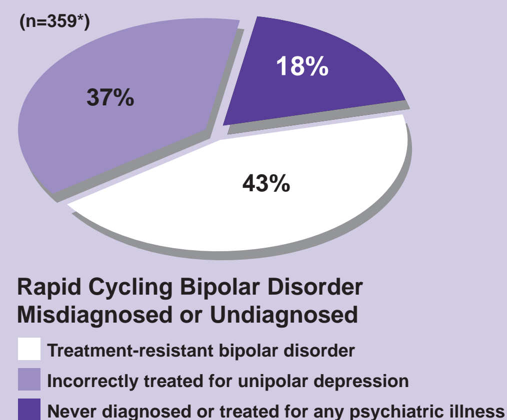
In general, the above findings are similar to those reported by Robert M.A. Hirschfeld, M.D., and colleagues at the 2002 annual meeting of the American Psychiatric Association. In this community study, the Mood Disorder Questionnaire (MDQ) was used as the self-administered diagnostic inventory for bipolar disorder (see www.DBSAlliance.org to review or take the MDQ). Among the respondents in Dr. Hirschfeld's study, approximately 50% had never received a diagnosis of bipolar disorder or major depression, 30% were misdiagnosed with unipolar depression and only 20% had been told that they had bipolar disorder.

Hirschfeld's study also uncovered the disturbing information that psychiatrists were accurately diagnosing bipolar disorder in only about one-half of instances. Family physicians were making an accurate diagnosis in about one-fourth of the cases, as were psychologists, counselors, and other therapists. Many people believe that the sadness and hopelessness of depression and the mild mood elevation of hypomania are normal experiences, or parts of someone's personality. Because of this, symptoms are often ignored, downplayed or underreported by patients and unrecognized and untreated by professionals. To find appropriate treatment and improve quality of life, it is extremely important that patients share all of their symptoms – the highs as well as the lows – with their doctors, and doctors routinely ask questions to determine whether patients have ever experienced any symptoms of mania or hypomania.

There is a great need to educate health care professionals on more effective ways of recognizing symptoms of hypomania. Failing to detect and diagnose the symptoms of hypomania can have catastrophic consequences for the patient when it comes to receiving the correct treatment.

When hypomania co-exists with recurrent episodes of depression, the diagnosis should change from recurrent major depression to bipolar II disorder, and mood stabilizers should be added to the treatment plan. In the presence of hypomanic or manic symptoms, antidepressants should be used with mood stabilizers.

Misdiagnosed and untreated bipolar disorder is an unmet mental health need that requires immediate attention. With the education of patients, families, health care professionals and the public, we can begin to meet this need.



Rapid Cycling Bipolar Disorder Misdiagnosed or Undiagnosed

- **Treatment-resistant bipolar disorder**
- **Incorrectly treated for unipolar depression**
- **Never diagnosed or treated for any psychiatric illness**

*2% data not available
Calabrese JR et al. Unpublished data

Ask the Doctors

Question: How can a change in my environment affect my mental health?

Larry Culpepper, M.D., M.P.H.: A number of things will determine how a change in environment will affect your mental health, including the reason for the change and how you perceive it. If you view the change positively – if it is something you have chosen to do and you view it as a step forward in your life, it is likely to improve your mental health. However, if you did not choose it and you view it negatively, the change and the anticipation of it can contribute to symptoms of depression or anxiety. If the change is not something you chose but you can find a way to view it positively, you are less likely to feel depressed or anxious.

Even beneficial changes can be stressful. If the change includes a geographic move, it will change your support system – your family, friends, and work colleagues. Keeping in close touch with people you relied on before the move can be helpful. You can also use the move as an opportunity to rethink or alter relationships.

If there were problems in your old environment and you view them as the fault of others without looking at your own part in them, you might recreate the same problems in your new setting. Looking at your own role with your therapist or support group can help you work on approaching problems in a new way.

Taking control of your time – going to a support group, place of worship, gym, or taking a class can also help you build a new circle of friends in a new place.

Getting regular exercise and sleep can be very helpful in reducing symptoms of depression or anxiety.

While a move to a more sunny environment might improve mood for those with seasonal affective disorder (SAD), this affects a relatively small group of people with depression.

Larry Culpepper, M.D., M.P.H. is Chairman of Family Medicine at Boston University Medical Center and a member of DBSA's Scientific Advisory Board.

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

Building a Support Group; Building a Life

Diana Nielsen
DBSA Rochester

I've learned a lot since my first major depression 33 years ago. As a senior in college turning 21, I felt I had slipped into a giant black hole from which I could not escape. Somehow I managed to finish the semester and graduate with my class. As the days got longer, I began to have another new experience, having lots of answers, insights and mental energy, in other words, becoming manic. I saw several doctors. One gave the diagnosis of "senior-itis"; another wanted to probe my relationships with my family. I wasn't interested in either.

Over the next several years, I went through mild ups and downs. After the birth of my sons, I experienced another major depression. This time, the doctor examined my family history, and my diagnosis was bipolar disorder. I tried many medications. And no matter how many times the little pills helped me turn a corner, I still found it hard to believe. If it's chemistry and chromosomes, why do I question it? How can I be so discouraged and then recover my "sanity" with a prescription?

Thirteen years ago, my doctor told me a local chapter of DBSA was going to meet in my area, and gave me a brochure. I remember the moment clearly. My response was, "Hallelujah!" I had been waiting a long time for a group where people with depression and bipolar disorder could meet and share experiences.

I was not disappointed. The meetings were well attended. For a couple of years, I just marveled at this dream come true. People got to know each other. They came when they could. We shared different perspectives and backgrounds. Most important of all, we saw the power of sharing our personal stories and relating to others.

Today we meet four times a month (including a group for family and friends), attend conferences, and are affiliated with our local mental health association. People have reached out to others on the phone, planned outings together and visited people in the hospital. A support network has definitely evolved.

It has become important to me to share my story with others. I am truly fortunate to have an encouraging family and understanding friends. With these advantages, I have worked in various paid and volunteer jobs and am celebrating a marriage of 30 years. My husband and I have two wonderful sons.

People need to know it is possible to live a full life with this illness. You can be healing, calm, joyful, and satisfied. It takes seeking and searching, stubborn persistence and a little help from your friends.

Chapter Highlights

New Groups

Call or visit our website for group contact information.

- DBSA Montgomery (AL)
- DBSA Hillcrest/UCSD (CA)
- DBSA Napa (CA)
- DBSA Lakeland (FL)
- DBSA Southwest Iowa (IA)
- DBSA Alton/Godfrey (IL)
- DBSA Northeast Indiana (IN)
- DBSA Douglas County (KS)
- DBSA Topeka, Trinity Lutheran Church (KS)
- DBSA Jackson (MS)
- DBSA North Mississippi (MS)
- DBSA Hendersonville (NC)
- DBSA Stanly County (NC)
- DBSA A Way to Better Living Manchester, NH
- DBSA Santa Fe (NM)
- DBSA Oregon (OH)
- DBSA Tiffin (OH)
- DBSA Child and Adolescents Oklahoma City, OK
- DBSA Community Counseling Oklahoma City, OK
- DBSA Arlington (TX)
- DBSA Grayson – Cook (TX)

www.DBSAlliance.org/info/findsupport.html

With Families In Mind

Like other chapters around the country, **DBSA Metro Detroit (MI)** is expanding its family members group in response to the growing number of family participants. The newly appointed facilitator has been involved in support groups for several years and prepared by attending the chapter's group training session. For more information: Mary Ann Bozenski, (734) 284-5563.

Insights to Healthier Lifestyles

DBSA Southeastern Wisconsin hosted Dr. Mary Louise Bell at a recent meeting to provide stress and relaxation insights. The chapter also provides free literature on these and other mental health issues at their weekly meetings. In May, this chapter hosted a mental health conference in conjunction with Warmline Inc, another mental health support organization. For more information: Roseann Schmidt, (414) 964-2586 or dbsasew@hotmail.com.

Anger management was the topic at a recent Saturday morning meeting of the **DBSA Riverside (CA)** chapter. Bud Drake of the Christian Family Counseling Services provided information about the basic causes of anger and specific methods to control behavior. For more information: Jo Ann Martin, (909) 780-3366.

17 Years of Sharing Information

DBSA Morristown Area (PA) boasts a lending library of 18 video tapes and more than 200 audio tapes, covering three basic categories: speaker and conference tapes, radio shows and video tapes. The Library Coordinator manages the expansive selection and has also constructed policies and procedures to ease the lending process. Tapes may be borrowed by the public. For more information: Bonnie Rosenthal, (973) 361-5456 or bonnie@therosenthals.net.

Successful State-Wide Training

DBSA Tampa Bay (FL) coordinated a facilitator training seminar at the University of South Florida in Tampa. Chuck Weinstein, a chapter leader of DBSA Boston, prepared two full days of instruction and role play for the 40 participants from across the state. The seminar was a resounding success! DBSA Florida co-sponsored the event. For more information: Neil Bush, (866) 281-5322 or bjmb5@aol.com.

What's New at www.DBSAlliance.org?

Friends and Family Discussion Forum

Do you have a friend or loved one with depression or bipolar disorder? Use this forum to share your stories and experiences with others.

www.DBSAlliance.org/Forums.html

DBSA Real-Time Chat

Chat with old friends and make new ones with DBSA Chat. Our site has several chat rooms covering bipolar disorder, depression, family and teens.

www.DBSAlliance.org/Chat.html

Doctor/Therapist Recommendation and Referral

Do you like your doctor? Are you looking for one? Check out our Patient to Patient Recommendation area to browse a list of professionals recommended by other site visitors.

www.DBSAlliance.org/resources/Referral.html

Call for Submissions

DBSA is working on a daily meditation book with stories of inspiration and hope. We need your stories to round out the book. We will be changing all the names and other identifying information in the story if it is published. If you are willing to share your story to help others, please send your story via e-mail to webmaster@DBSAlliance.org or fax to (312) 642-7243. Your story may also be published on our website. Thanks for your help.

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

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.

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

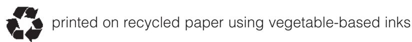
ELAN PHARMACEUTICALS
ELI LILLY AND COMPANY
JANSSEN PHARMACEUTICA PRODUCTS
PFIZER INC

DBSA ACKNOWLEDGES ITS 2003 LEADERSHIP CIRCLE; ORGANIZATIONS THAT COMMITTED A MINIMUM OF $150,000 TO THE ASSOCIATION DURING 2003.

*©2003 DBSA. All rights reserved. Statements of fact or opinion are the responsibility of the authors and do not necessarily imply an opinion of DBSA or its officers or supporters. Articles may be reprinted with attribution: "*Outreach*, Summer 2003, DBSA. All rights reserved."*

Change of address?
Call us at (800) 826-3632 or e-mail mailing@DBSAlliance.org

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



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!

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

Please visit www.igive.com to support DBSA when you shop online.

Yes, I want to make a difference. Enclosed is my gift of:

☐ $500 Gold ☐ $150 Silver ☐ $50 Bronze ☐ $20 Member ☐ Other $ ___________

Name ____

Address ______________________________ City______________________

State/Province ______________ Country ______________ Zip/Postal Code __________

Daytime Telephone ______________ E-mail ______________________

☐ Check (payable to DBSA) ☐ Money order ☐ Mastercard ☐ Visa ☐ Discover

Account Number ______________________ Exp. Date __________

Signature______________________________

☐ I'd like details on including DBSA in my will.
☐ I have enclosed my company's matching gift form.
☐ Please send me _____ donation envelopes to share.
☐ I wish my gift to remain anonymous.
☐ Please send me more information on mood disorders.
☐ 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:

☐ In memory of / In honor of (circle one)______________________________

☐ 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 (Visa, MasterCard or Discover) may be faxed to (312) 642-7243.

DBSA is a not-for-profit, 501(c)(3) Illinois corporation. All gifts, donations and bequests are deductible based on federal and state IRS regulations. For more information, please consult your tax advisor. [OUT SM-03]