

OUTREACH



Newsletter of the

Depression and Bipolar Support Alliance

INSIDE

Center Section

2003 Year in Review

5

Stress, Depression and Brain Structure

9

Chapter Leadership Awards

10

Advance Directives

MISSION

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

17th Annual Conference Tapes and CDs

are available by calling Audio Excellence at (727) 360-6726 or e-mailing audexc@aol.com.

Volunteering and Teamwork: How Reaching Out Helps with Wellness

Reaching out to others is an important part of wellness, no matter who we are or how we're feeling. Just believing in each other's ability to recover and doing our small part to help others can go a long way for everyone involved. Though it can be difficult to think about helping others when we are ill, talking and listening can be the most important volunteering of all.

Volunteers are the driving force behind every DBSA chapter. All of the people who run chapters or facilitate support groups started by coming to DBSA looking for help and relief for themselves. Over time, they found understanding, strength and health, and now they give those things to others. For them, volunteering is an opportunity that brings many benefits.

It is one of the most beautiful compensations of life that no man can sincerely try to help another without helping himself.

— Ralph Waldo Emerson

"The rewards come when there is hope," says Cheryl Murphy of DBSA Southern Nevada. "Our chapter gives people the opportunity to learn from others, so their road will be a little easier because of those who have gone before them."

There is no right or wrong way to volunteer. Whatever your abilities might be, there are ways you can contribute. As with every other lifestyle choice, moderation and perspective are important.

You might want to start slowly and work your way toward more involvement. No amount of volunteer work is too small. Give what you can, in whatever way you can. You don't need to have money or be exceptionally outgoing. Your local DBSA chapter may need someone to set up for meetings, keep track of funds, prepare mailings, do research or help with the newsletter.

"At my first DBSA meeting," recalls Bonnie Rosenthal, DBSA Succasunna chapter leader, "I was scared. But I began attending lectures and meetings faithfully. When the person in charge of our library left, I volunteered to take it over. I've found that being involved with DBSA has provided me with skills to take positive steps in my life."

Volunteering can help people stay involved in their communities and meet people with similar interests. "I have made many DBSA friends I would never have known otherwise," says Bryce Miller of DBSA Topeka. "Having been a volunteer in the mental health field since 1979, I didn't have to look around for something to do in retirement."

How You Can Volunteer

If there is no DBSA chapter in your area and you'd like to help DBSA meet our mission:

- Stay in touch with DBSA. Visit our web site or check in with the Chapter Team periodically. We can help you start a chapter in your community.
- Donate financially to DBSA's national organization and encourage your friends and neighbors to do the same.
- Write letters when you read something stigmatizing in a newspaper or magazine or hear something stigmatizing on the radio or television.
- Share your experience in the DBSA online discussion forums or at an online support group.
- Write to your legislators to support insurance parity and other mental health issues. Track legislation and follow up using DBSA's web site.
- Encourage loved ones to go online, learn about depression and bipolar disorder, take a confidential screening and seek treatment if necessary.
- Educate your community by becoming a member of DBSA's Speakers' Bureau.
- Work with your public library to stock books on mood disorders.

continued on page 10

www.DBSAlliance.org/Forums.html

www.DBSAlliance.org/Info/OnlineSupport.html

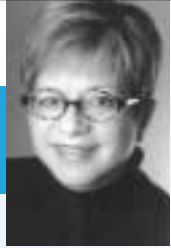
www.DBSAlliance.org/advocacy/advocate.html

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President's Outlook



**Lydia
Lewis**

Setting Wellness Goals

We are best able to reach wellness when we learn about our illness and its treatments, set wellness goals with our health care providers, connect with understanding peers and become confident in our ability to recover. Our individual definitions of wellness will be different; what's important is that we each have one. We can't reach wellness if we don't know what it means to us.

Our goals should be realistic so we can build our confidence by reaching them. There is no such thing as a goal or an accomplishment too small to be recognized and valued.

After we've been sidelined by a manic or depressive episode, our goals may be simply to get out of bed, bathe, eat or write down how we feel. If we feel like we're not getting better, our goals might be to explain this to our health care providers and work with them to find a treatment that works for us. Other goals might include getting enough sleep and avoiding alcohol, drugs or other risky behavior.

After we've adjusted to a new treatment and feel better, we might set goals like searching for a job, paying off debts or rebuilding relationships. Some of us might set goals involving our families, their understanding of our illness and their involvement in our treatment. An ongoing goal might be making a Plan for Life or writing an Advance Directive (see page 10), including a list of people we can call in crisis, things people need to know about our treatment, things people can say to help us and reasons our lives are worthwhile.

Don't get discouraged if you don't reach all your goals right away. Our illnesses often cause us to get caught up in all-or-nothing thinking. It's easy to believe we won't ever get well. But millions of people with depression or bipolar disorder *have* gotten well, even when they thought all hope was lost. Recovery is a process, and it's something we work on every day.

We know the most about our illness, our lives, our bodies, and our perceptions. The more we learn about our illness and ourselves, the better equipped we are to make life choices. We see ourselves as managers of our illness. We work with professionals to develop a treatment plan that yields noticeable changes when we follow it. We make lifestyle changes and build a support network.

I've lived with my illness all my life, and I've learned there are good days and bad days. I take advantage of the good days by reviewing my goals and approaching them one at a time.

We have an illness that can hurt us, but it can also give us challenges that build our strengths. We learn to see our mood disorder as only a part of our reality, not a definition of who we are. Our illness does not have to limit us.

DBSA DBA ME



**Stan Wilfong
DBSA Colorado
Springs**

I was diagnosed with clinical depression after a major episode that culminated in an attempt to take my life, which, thank God, was unsuccessful. Following the attempt, I was admitted to the hospital, where I first learned about the DBSA Colorado Springs Initiatives support groups.

When I was released from the hospital, I made it a priority to attend the DBSA Friday afternoon support group meeting. It was one of the best things I have ever done in my life.

I was very withdrawn at my first meeting, but as time passed, I became an active participant in the group. There was an excellent reason for this change in my attitude. I sensed the understanding and security of the group, not to mention the caring and concern the members had for each other. I finally felt that I was at home.

The group is more than an extended family to me. It is my family! I look forward each week to sharing our thoughts, concerns, and victories, large and small. I anticipate our get-togethers, chapter picnics and holiday parties with excitement.

Our group has strongly bonded and we have great empathy for each other. We support each other in our own way, and I am very thankful for that. When I am feeling down, I make it my number one priority to attend my support group meeting. It is then that I need it most, although I never want to miss a meeting if I can help it.

I have also been fortunate in having had a very good therapist and physicians, as well as a supportive son. But I give the greatest credit to my DBSA Initiatives support group for the great improvement in my mental state this past year.

I am currently serving as a facilitator, volunteer, and a member of the speakers' bureau for the DBSA Colorado Springs chapter. I will participate in DBSA in every way I can as long as God gives me life.

To find your way to recovery from a mood disorder, I believe you must study and learn about your disorder and its triggers. You need a good doctor to help you find the correct medication and a good therapist to help guide you through your disorder so you understand it and can fight it effectively.

If possible, persuade your family members to learn about your disorder to better understand how you are suffering. Invite them to a support group for families. They need to understand that you cannot recover from your illness overnight; it is a long and difficult journey.

Most importantly, find a DBSA support group of your peers who have walked the path you are facing. They will give you understanding and ideas that have helped them and might help you.

DBSA, thank you so very much!

**If there is no DBSA chapter in your area,
call our Chapter Team for help starting one.
It can change your life.**



William P. Ashdown

Transforming Mental Health Care

Our 17th Annual Conference was well-attended and enjoyed. Though we each experience mood disorders differently, we also share many things in common. DBSA conferences and support groups help us see that. I was especially honored to present awards to our chapters and professional advisors, who have worked so hard to reach out and help others.

The keynote speech at our conference was given by A. Kathryn Power, M.Ed., Director of the Center for Mental Health Services (CMHS). She described the ongoing transformation of the U.S. mental health system in response to the President's New Freedom Commission on Mental Health Report. The Commission recommends a system that is recovery-oriented and patient directed. Mental health care should focus on the things consumers say they need to get better.

Our mental health care system will not change overnight. But as change happens, we must be part of it. Today we can do this by advocating for ourselves and educating the people around us. We might do something that helps just one person get through the day or something that

affects everyone by changing public policy. What matters is that we all do what we can.

As one advocacy speaker pointed out, changing public opinion can change public policy, and our own personal experiences have the most power to change minds.

When our illness is severe, it can feel like things will never change. But things do change. Recovery is possible. Sticking with treatment, making lifestyle changes, trying new and sometimes scary things, solving problems as they arise - all these things take time, patience and determination. Believing that change is possible is the foundation of recovery.

No matter where our illness takes us or how it affects our lives, each day brings a new opportunity to make a change on a personal or social level. If we each do one small thing to improve our views of ourselves or someone else's view of our illness, we can cause bigger changes to happen.

As A. Kathryn Power said, "transformation is about new values, new attitudes and new beliefs. It is your voice that can transform our nation's mental health care system. You have a future and it is yours to choose."

DBSA Takes Education on the Road

This fall, DBSA will bring two exciting educational programs to several cities across the country.

Ask the Doctors

Have you ever wondered about medication interactions, how to improve communication with your doctor, or what you can do to help a family member with depression or bipolar disorder? Get answers to these and other questions at DBSA's *Ask the Doctors* program, inspired by our most popular annual conference session.

Ask the Doctors provides the unique opportunity to ask questions of a panel of national experts in the treatment of depression and bipolar disorder. The first program will be held in Boston on September 28, followed by a stop in Seattle on October 22. In November, programs will be held in Salt Lake City and San Antonio, and the tour will wrap up in Chicago on December 4.

Detour to Wellness

The challenges and successes of living with bipolar disorder will be the focus of three programs taking place this fall. DBSA President Lydia Lewis will lead a panel discussion featuring DBSA Scientific Advisory Board member Gary Sachs, M.D, Director of the Bipolar Research Program at Harvard University and Lizzie Simon, author of the book *Detour: My Bipolar Road Trip in 4-D*. The free programs will feature the latest scientific information about bipolar disorder from one of the nation's renowned experts and explore the courage, hope and determination of one woman's journey to wellness.

Detour's first stop is Atlanta on October 6. Two other programs will be held later this fall in St. Louis and Detroit.

Both *Detour* and *Ask the Doctors* are provided free of charge. For more information, visit www.DBSAAlliance.org or call DBSA at (800) 826-3632. These information-packed events are not to be missed!

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Scientific Advisory Board Update

Forming a Therapeutic Alliance

Ellen Frank, Ph.D.



A therapeutic alliance is a productive relationship between a health care provider and the person receiving treatment. In a good therapeutic relationship, both the care provider and the consumer must be active participants in developing and carrying out a treatment plan. How can you begin building a therapeutic alliance with your health care provider?

Educate Yourself About Your Illness

Learn as much as you can about the symptoms of your illness and how they affect your daily life. Read DBSA's web site and brochures for accurate, up-to-date information. If you have questions about your illness, ask your health care provider.

Recognizing your symptoms, tracking them, and reporting them to your care providers can give them the information they need to best treat you. You may have once thought that mood swings, anxiety, risky behavior, suicidal thoughts and other symptoms were just part of your personality. Your health care providers can help you separate your true identity from your symptoms by helping you see how your illness affects your behavior. Be open with them about behaviors you want to change and set goals for making those changes.

Educate Yourself About Your Treatment

People who understand their illness, symptoms, treatments and side effects are more likely to stick with treatment. The more involved you are in your treatment, the less likely you are to become discouraged or feel hopeless.

Be honest with your health care provider regarding your concerns about your illness and its treatments. Ask questions. Find out what

to expect from treatment and when. That way you won't be surprised by medication side effects and you won't have unrealistic expectations about how quickly treatments work. Ask your provider to help you set wellness goals and check your progress regularly.

Whenever possible, educate your family and involve them in treatment. They can play a positive role in helping you reach wellness. They can help you spot symptoms, track behaviors and gain perspective. They can also give encouraging feedback and help you make a plan to cope with crises.

Work Toward Wellness

If remission is the goal of treatment, it needs to be understood as more than just the absence of the worst symptoms. It is a return to a productive, quality life. Remission is also about a healthy lifestyle, which includes regular sleep, healthy eating and avoidance of alcohol, drugs and risky behavior. Be sure your health care provider knows what wellness means to you.

Depression and bipolar disorder present many challenges. Sometimes it can be difficult to feel comfortable with a health care provider or bring up your needs. Write down your concerns and bring them with you to your appointments. Doctors like to know they have answered all of someone's questions. Your list helps them do that. Bring a supportive friend if it helps. Know that your health care providers are there to help you. Seek a second opinion if you feel you need one. Know that you deserve the best possible care and the best possible chance at wellness and a full life.

Ask the Doctors

Question: Do mood disorders often coexist with anxiety disorders such as generalized anxiety, panic disorder and obsessive compulsive disorder (OCD)? What is the best way to treat both illnesses when they co-occur?

Paula J. Clayton, M.D.: Anxiety and depression frequently coexist. At least 85% of people with major depression also have significant anxiety symptoms. The most frequent symptoms are worry, inner tension or mental pain. About 33% of people with depression have panic attacks during their depressive episodes. Anxiety symptoms occur with equal frequency in men and women, whether they have major depression or bipolar depression.

With anxiety disorders like panic disorder or OCD, depressed mood occurs in most patients and full depressive episodes occur in about 75% of patients. With generalized anxiety disorder, the percentage of people who have major depression is even higher.

Having symptoms of anxiety and depression may mean a person needs to try different treatments in order to find one that treats all the symptoms. It is very important for doctors to treat

the symptoms of both. It is equally important for the patient to make sure the doctor recognizes and acknowledges the existence of both.

Most antidepressants treat both depression and anxiety. Selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) work particularly well for both illnesses. In studies, these medications began to work in the early weeks of treatment.

If anxiety is severe and disabling, it may be helpful to supplement treatment with a short acting benzodiazepine at the beginning. Benzodiazepines should not be used exclusively, but as an addition to the chosen antidepressant. In people with a history of addiction, atypical antipsychotics in low doses can be prescribed instead. However, because of possible interactions between the two, some atypical antipsychotics should be used more cautiously when added to an antidepressant.

Monoamine oxidase inhibitors (MAOIs), the first generation antidepressants, are also useful in treating the combined symptoms. With these medications, a person must be on a

continued on page 5



Bruce S. McEwen, M.D.



Stress, Depression and Brain Structure

Bruce S. McEwen, M.D.

Alfred E. Mirsky Professor, Harold and Margaret Milliken Hatch Laboratory of Neuroendocrinology at The Rockefeller University
Member, DBSA Scientific Advisory Board (SAB)

Depression often follows stressful experiences. The brain interprets events and decides if they are threatening, then controls the behavioral and physiological responses to those events. The brain's reaction to stress is useful in that it supplies extra energy to help a person act on or flee from dangerous situations. Sometimes, however, brain chemical levels that increase during stressful situations stay at high levels and cause problems such as depression.

There is increasing evidence that stress and the resulting depression may involve structural changes in the brain. The good news is that these changes, known as remodeling, can be prevented and potentially reversed with the right treatment, such as antidepressant and mood-stabilizing medications. Brain imaging studies have shown that brain areas involved in mood, memory and decision making may change in size and function in response to depressive episodes. Studies on animal models have taught us that there may be physical changes in the brain when it is unable to effectively respond or adapt to stress.

Three brain structures – the hippocampus, amygdala and prefrontal cortex – help the brain determine what is stressful and how to respond. The hippocampus stores memories of events and responds to stress hormones in the blood. Many mental disorders, including depression, may cause it to shrink or weaken. In the dentate gyrus, part of the hippocampal formation,

new neurons (brain cells) are produced throughout adult life. Repeated stress slows the production of new neurons in the dentate gyrus and may also cause neurons in the hippocampus to shrink.

The prefrontal cortex, a key structure in emotional regulation, decision-making and memory, may also shrink with depression. The amygdala, where emotional memories are stored, becomes more active in depressive illness and post-traumatic stress disorder. Repeated stress may enlarge the amygdala. A hyperactive amygdala, along with abnormal activity in other brain regions, leads to disrupted patterns of sleep and physical activity. It can also cause abnormal secretion of hormones and other chemicals that affect many systems of the body.

Animal studies have also shown that the stress hormone cortisol plays an important role in the remodeling of neurons in response to depression. A person's normally low evening levels of cortisol are increased in depression. Elevated cortisol is also a symptom of Cushing's Disease, a disorder of the endocrine system. Studies of this illness have taught us much of what we know about cortisol and depression, hippocampal shrinkage and memory impairment. The good news is that after correction of the excess cortisol with treatment, the hippocampal shrinkage and subsequent memory impairment

are partially, or in some cases completely reversible, along with the depressive symptoms. This suggests that brain structural changes in major depression can be prevented or even reversed with the right treatments.

In general, antidepressants have indirect effects on the cortisol-producing system by altering the activity of neurotransmitters in the brain. Some antidepressants do reduce cortisol and help normalize the

elevated evening cortisol that may be the worst part of depression. Experimentally, in human depression, there is some use of

cortisol receptor blockers and they appear to reduce psychotic symptoms when they occur with depression. These medications may not be the best thing to treat depression over long periods because they would interfere with many good things that cortisol does, such as helping the immune system.

Work on a new generation of antidepressant treatments is in progress. The more we learn about stress, depression, brain changes and the connection between them; the better we are equipped to effectively relieve depressive symptoms.

Reference:

McEwen, B.S. Mood disorders and allostatic load. *Biol. Psychiat.* 54, 200–207 (2003).

Brain structural changes in major depression can be prevented or even reversed with the right treatments.

Ask the Doctors

continued from page 4

strict diet, avoiding foods such as cheeses and processed meats that contain the chemical tyramine.

In people with depression, if anxiety is a long-term problem and not just a symptom, adding an anticonvulsant medication is sometimes recommended. Several newer

anticonvulsant medications are being tested for treatment of panic and anxiety disorders. These may prove to be useful for people with both anxiety and depressive symptoms.

Short term, focused psychotherapy can also be helpful for depression and anxiety symptoms. Talk therapy can help a person cope with symptoms, triggers and crises, improve relationships and set goals for the

future. A combination of medication, psychotherapy and support from people who understand is often the most helpful.

Paula J. Clayton, M.D. is a Professor in the Department of Psychiatry at University of New Mexico Medical School and a DBSA SAB member.

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

Depression and Bipolar Support Alliance



William Ashdown



Lydia Lewis

2003 Annual Report

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

Throughout 2003, over four million people asked DBSA for help. DBSA responded by providing information, support, and messages of hope.

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

Removing the stigma associated with depression and bipolar disorder is essential to improving early diagnosis, and education is key. One way DBSA educates is through the media. In 2003, our messages were viewed or heard by more than 325 million people – 100 million more than in 2002. Millions of people learned, for the first time, that they are not at fault and not alone. DBSA was prominently featured in *Time Magazine* and *The Los Angeles Times*, and on *The Today Show*, CNN and National Public Radio. More than 11 million airline passengers heard our message on a Sky Radio interview with DBSA President Lydia Lewis.

Helping people successfully manage their disease

More than 8,000 peer-led support group meetings were offered by DBSA chapters in 2003, helping more than half a million patients and their families. Nearly two million copies of our educational materials were distributed. DBSA is especially proud of *The Storm in my Brain*, a booklet written for children with illustrations created by children and teens with mood disorders.

Nearly one million people visited our web site to participate in a support group, connect with others on our message boards, learn about mood disorders or find a health care provider using our peer referral service. More than 1,000 patients and family members participated in our 2003 Annual Conference.

DBSA launched its Peer-to-Peer Resource Center to develop a training curriculum for Peer Specialists. These individuals will promote self-determination and empower people to regain control over their lives through self-directed recovery.

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

DBSA collaborated with organizations such as the National Institute of Mental Health (NIMH), the Center for Mental Health Services, and the American Psychiatric Association, combining our strengths to improve access to information and quality of care.

Expanding the ability of people to receive treatment

DBSA continued its work to educate lawmakers and emphasize the urgent need for insurance parity legislation. DBSA's first annual Paul Wellstone Mental Health Award was presented to Representative Patrick Kennedy (D-RI) for his support of parity. DBSA also met with senior Congressional staffers to discuss NIMH research funding and the impact of privacy regulations on research. Our grassworks network worked on many state-level issues including open access to treatment, which would ensure patients and their doctors can work together to choose the best available treatment. Thousands of people communicated their opinions to state and federal representatives through our web site.

Advancing research to improve mood disorder treatment options

DBSA made sure the patient voice was heard by serving on advisory boards of large research trials. Our scientific consensus conference explored mood disorders and co-occurring substance or alcohol abuse and identified areas needing further research. Manuscripts addressing unmet needs of children and older adults with mood disorders were published in several peer-reviewed medical journals.

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

DBSA served as a resource for journalists to ensure correct reporting about mood disorders. We met with the Social Security Administration to ensure patient rights are protected when Social Security Disability eligibility rules are updated. DBSA President Lydia Lewis received the American Psychiatric Association's 2003 Assembly Speaker's Award, "in recognition of her special contributions and profound commitment to the health care needs of patients."

Thanks to everyone who supports our work and mission. We are grateful for the tireless efforts of our volunteers and the ongoing financial support of our individual and corporate friends. You make it possible for DBSA to touch and save lives every day.

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DBSA 2003 Year in Review

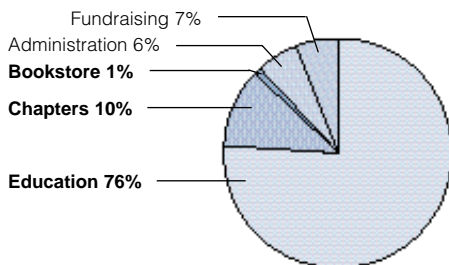
In 2003, DBSA continued to use contributions wisely, with 87 cents of every dollar spent directly on education, programs and services. Only 13 cents of each dollar was used for administrative and fundraising expenses.

Like many not-for-profit organizations, DBSA felt the impact of the slowing economy, and ended the year with a deficit. Despite the loss, DBSA remains stable.

Overall, DBSA is focused on improving the financial health of the organization while providing the same level of service. The Board of Directors reviews monthly financial reports and creates plans to move forward.

2003 Functional Expenses

How each dollar was spent



2003 Audited Financial Statements Balance Sheet

Assets

Cash and cash equivalents	104,859
Investments	418,099
Accounts receivable	36,435
Contributions receivable	462,768
Other	50,858
Property and equipment	62,372
Total Assets	1,135,391

Liabilities and Net Assets

Capital lease obligations	14,276
Accounts payable and accrued expenses	138,946
Accrued liabilities-payroll, rent	44,079
Total Liabilities	197,301

Net Assets

Unrestricted	816,070
Temporarily restricted	122,020
Total Net Assets	938,090

Total Liabilities and Net Assets 1,135,391

Statement of Activities

Revenues, Gains and Other Support

Contributions	2,732,378
Other	229,250
Total Income	2,961,628

Expenses

Program services	2,889,690
Supporting services	
Management and general	184,837
Fundraising	196,509
Total Expenses	3,271,036

Change in net assets	-309,408
Net Assets	
Beginning of the year	1,247,498
End of year	938,090

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Bristol-Myers Squibb Company
Elan Pharmaceuticals
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American Psychiatric Foundation
Cyberonics, Inc.
Forest Laboratories
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Milliken Foundation
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ADVOCATE COUNCIL (\$5,000-9,999)

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Mr. Opung Martole
U.S. Dept. of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMSHA), Center for Mental Health Services (CMHS)

PLATINUM (\$1,000-4,999)

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Chapter Highlights

Tampa Bay Offers Children's Services

DBSA Tampa Bay (FL) recently received a grant that enables them to offer support groups for children, adolescents and families. At one of their first meetings, University of South Florida child and adolescent psychology specialist Michael Fox, M.D., spoke as the special guest. The chapter now offers nine different support groups. They have also helped several other Florida DBSA chapters get started.

"As a mental health provider in the Tampa Bay area, I am very aware of the lack of services for children and adolescents," said Kitty Brogan, LCSW, of DBSA Tampa Bay's Board of Directors. "At last, someone has stepped forward to help meet the mental health needs of children, adolescents and their families."

For information: Neil Bush
(813) 878-2906, bjms@aol.com

Coming to a Town Near You: DBSA 2005 Regional Conferences

With another successful conference behind us, DBSA is looking toward the future. To bring the speakers and activities of our Annual Conference closer to more people, DBSA will hold three regional conferences in the fall of 2005, rather than one national meeting. DBSA is making this change to help more people with mood disorders and their families meet and share information.

Conference plans are in development and will be posted on our web site later this fall. Complete information will appear in future issues of *Outreach*. Conferences will be held on weekends at hotels or on college campuses to make these events affordable and easily accessible.

Conference programs will be created and presented by mental health care professionals and people and families living with mood disorders. Topics will range from symptom management and treatment choices to support networks and advocacy. A Chapter Leadership Forum will follow each conference. DBSA hopes to see you closer to home in 2005!



DBSA Board Chair William Ashdown throws out the first pitch at the Pittsburgh Pirates game during DBSA's Conference, August 14, 2004.

Pink and Blues Awarded for Performance and Education

DBSA Pink and Blues was recently awarded the Best Individual Performance award in the 2004 Philadelphia (PA) Gay Pride Parade. The chapter members came out as people living proudly in the gay community with mental illnesses. For the past 18 months, the chapter has created a safe space to explore recovery from mood disorders and share wellness resources. They also hosted a free Open House Panel Discussion entitled "Work and Recovery." Presenters included Karen Escovitz, MSS, LSW of Horizon House, a community agency serving people with disabilities for over 50 years.

For information: Mark Davis
(215) 627-0424, Mark.Davis@phila.gov

Pennsylvania Chapter Spreads the Word with Cable TV

DBSA New Directions (Huntingdon Valley, PA) was featured on the Comcast TV channel CN8 Newsmakers. The feature reached an estimated 1.7 million cable subscribers in a five-county area. In the five-minute news spot, Chapter Director Ruth Deming, MGP, said, "If I can recover from bipolar disorder, so can you. Attend our support group and we'll teach you how."

For information: Ruth Deming (215) 659-2366, www.newdirectionssupport.org

Topeka Chapter Raises Funds with Music

DBSA Topeka (KS) will hold a benefit concert featuring Judy Coder & the Pride of the Prairie on October 9. Proceeds will benefit DBSA Topeka and other mental health organizations.

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

New Chapters and Support Groups

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

- DBSA Desert Rats Tucson (AZ)
- DBSA Monrovia (CA)
- DBSA Willits (CA)
- DBSA Depression/Bipolar Fellowship Ocala (FL)
- DBSA Highlands County (FL)
- DBSA Bloomington/Normal (IL)
- DBSA Hope (IL)
- DBSA Greater Flint Area Rising Above (MI)
- DBSA North Mississippi (MS)
- DBSA Gloucester County (NJ)
- DBSA Hudson County (NJ)
- DBSA Ocean County (NJ)
- DBSA Amelia (OH)
- DBSA Foundations (OH)
- DBSA Mahoning Valley (OH)
- DBSA Westchester (OH)
- DBSA McAlester (OK)
- DBSA GLBT (OK)
- DBSA OKC Downtown Jesus House (OK)
- DBSA Sapulpa (OK)
- DBSA Portland/Hillsdale (OR)
- DBSA Columbia (SC)
- DBSA Black Hills (SD)
- DBSA Arlington (TX)
- DBSA West Chase (TX)
- DBSA Milwaukee Southside (WI)
- DBSA Watertown (WI)
- DBSA Ohio Valley (WV)

[www.DBSAAlliance.org/
info/findsupport.html](http://www.DBSAAlliance.org/info/findsupport.html)



2004 Chapter Leadership Awards Presented in Pittsburgh

Chapter Service Awards

Each year DBSA honors two chapters providing outstanding service to their communities. As always, the choice was difficult, since all DBSA chapters work incredibly hard to reach out to their communities and provide needed education, support and resources.

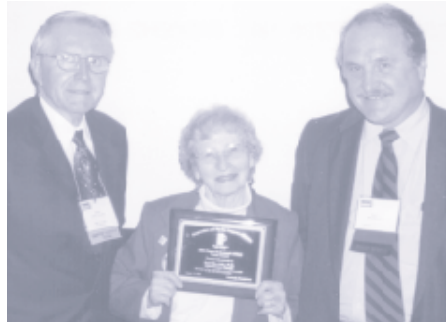
The 2004 Chapter Service Awards were presented to **DBSA Succasunna, New Jersey**, and **DBSA Gold Coast, Florida**.

DBSA Succasunna was created in August 2003. In just one year, this chapter accomplished many things. They trained volunteers and secured a convenient and accessible location. They also created extensive publicity plans, including a mailing to area mental health professionals. DBSA Succasunna offers two support group meetings each month and hosts several outreach activities. They have also organized community-wide educational events and several successful fundraisers. They filed for 501(c)(3) incorporation and affiliated with DBSA in 2004.

DBSA Gold Coast has added nine new support groups this year. They offer at least one support group every day of the week, in different locations. There is a dual diagnosis group, a family/caregiver group and a women's group. DBSA Gold Coast has a dedicated web site, places announcements in local newspapers and offers a lending library at each support group. The chapter also began a pet therapy program last year. This year they started a speakers' bureau, recruited a new professional advisor, designed a newsletter, hosted many educational events and initiated several unique fundraisers including t-shirt sales and coin canisters in local shops.



DBSA President Lydia Lewis, DBSA Gold Coast Chapter Leader Chuck Rogers and DBSA Succasunna Chapter Leader Bonnie Rosenthal



DBSA Chapter Development Committee Chair John Massolio, Gloria Barry of DBSA Greater Chicago and DBSA Board Chair William Ashdown.

Professional Advisor Service Awards

A Chapter Professional Advisor is a licensed health care professional who provides technical and professional assistance to a DBSA chapter. Awardees have gone above and beyond their requirements as advisors.

The 2004 Chapter Professional Advisor Awards were presented to **David H. Whitbread, M.D.**, of DBSA Uplifters/Riverside, California and **Frederick Miller, M.D., Ph.D.**, of DBSA Greater Chicago, Illinois.

Dr. Whitbread has been the professional advisor to his DBSA chapter for over 10 years. He attends support group meetings regularly and conducts question-and-answer sessions about the latest treatments for mood disorders. He has been a great help to individuals, offering coping skills and information on advancements in treatment. He also urges his patients to attend DBSA support groups. One chapter participant said, "He is very gracious in manner, and tries to help each one of us."

Dr. Miller is Chairman of the Department of Psychiatry at Evanston Northwestern Hospital in Illinois and has been Professional Advisor to his chapter for the past six years. He consistently encourages his patients to become involved with DBSA and always posts the chapter's event flyers in his waiting room. He has been a speaker at the chapter's educational programs and is a regular columnist for the chapter newsletter. He has also assisted the Chapter's Board of Directors by raising money through his contacts with major corporations.

Introducing... a new benefit of affiliating as an official DBSA Chapter

DBSA Chapter Leader On-Line Thursdays!

What: A DBSA leadership education opportunity hosted in DBSA web-based chat rooms.
When: Every 3rd Thursday of the month at 7 p.m. CT, starting September 16th.
Who: All DBSA chapter leaders are invited. The first 25 participants will be allowed into the chat room to keep the discussion manageable.

Chapters will receive information in monthly mailings.

For more information, contact Matt Mattson, Chapter Relations Manager at (800) 826-3632 or MMattson@DBSAAlliance.org

Call for Nominations

C. Alicia Georges, Chair of the DBSA Nominating Committee, requests candidates for the 2005-2007 DBSA Board of Directors. Nominations will be considered for Board positions that become vacant after December 31, 2004. In addition, nominations are sought for the offices of President, Vice President, Secretary and Treasurer. Candidates for these positions must be currently serving on the Board of Directors.

The Committee is seeking candidates from diverse backgrounds for five Director positions. Each candidate must agree to serve a three-year term and be willing to fulfill the responsibilities of Board service.

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 and responsibilities, contact Ariel Brenner at (312) 988-1173 or (800) 826-3632, or download a form from our web site.

Forms must be postmarked by November 15, 2004.

LEGALLY SPEAKING

Advance Directives

One way to put self-knowledge and self-advocacy into practice is to create an advance directive. An advance directive is a written document in which you outline the treatment you would like to receive if your illness causes you to become incapable of making decisions. In your advance directive, you might choose to give another person the authority to make decisions about your treatment for you.

Advance directives for mental health are a relatively new development, and few legal precedents are in place. Each U.S. state has a different set of laws governing the use and enforcement of advance directives. You may want to consult a qualified disability law attorney to be sure your advance directive is enforceable.

Using an advance directive may

- Ease stress on you and your loved ones.
- Help you avoid treatment you know is not helpful.
- Help you get the right treatment when you need it most.

You must be mentally competent at the time you make your advance directive. Binding advance directives are usually signed by at least one witness and one physician who can verify that you are in good mental health at the time you write it.

State what treatment you want, where and by whom, under what circumstances. Your instructions may include:

- Emergency contact information for all of your health care providers.
- Medications (and dosages) that help you.
- Medications that have unpleasant side effects or do not help you.
- Treatments, such as electroconvulsive therapy, that you do or do not wish to be given.
- The facility or hospital where you prefer to be treated.
- Family members and friends who are authorized to make decisions about your treatment according to your written preferences.
- What you would like your loved ones to do if your symptoms cause you to be a danger to yourself or others.
- Things people can say or do to calm you or convince you to accept treatment.
- What your loved ones should do if you refuse treatment.
- Warning signs that you may be in crisis.

You may also want to add instructions for legal professionals on how to assist you if you break the law and get arrested while you are ill.

Review your advance directive with your loved ones and health care providers. Give each of them an up-to-date copy. Check your advance directive periodically to be sure it still reflects your needs.

Having an advance directive does not guarantee your treatment will go smoothly. However, creating advance directives can be a beneficial addition to treatment. The entire process can be empowering. It can help you learn more about your options and strengthen relationships with your health care providers and loved ones.

Additional resources:

Bazon Center for Mental Health Law
www.bazon.org — Click on “Issues” for Advance Directive information.

National Association of Protection and Advocacy

(202) 408-9514 • www.napas.org
Click on “Disability Issue Areas”

National Mental Health Association

(800) 969-NMHA (6642) • www.nmha.org/toolkit/advancedirectives/

Treatment Advocacy Center

(703) 294-6001 • www.psychlaws.org
Click on “Legal Resources” for state treatment guidelines.

Information in “Legally Speaking” is not meant to take the place of consultation with a qualified legal professional.

Volunteering

continued from page 1

If you are new to your local DBSA chapter or if you just want to do a little:

- Bring DBSA materials to your health care providers and encourage them to educate all their patients about mood disorders.
- Distribute brochures, newsletters or other resources at support group meetings.
- Offer to return phone calls or drive a new participant to a meeting.
- Review a new DBSA brochure and share the information with your group.
- Arrive early to set up or stay late to clean up after a support group meeting.
- Welcome group participants as they arrive at meetings.

If you want to get more involved:

- Contact your area schools and offer DBSA's materials for children or teens.
- Ask your local hospital to host a new

DBSA support group.

- Bring DBSA educational materials to your local libraries, places of worship, police stations and counseling centers and encourage everyone to learn about mood disorders.
- Ask your local paper, radio and cable television stations to do more stories on mood disorders. Offer to be interviewed. Use DBSA's Public Service Announcements or press releases to provide more information.
- If you are a professional such as an attorney, accountant or computer programmer, donate your services.
- Participate in chapter and community awareness events.

If you are starting or leading a DBSA chapter:

- Get to know the people in your chapter, their interests and their abilities to get ideas of ways they may be able to help.

- Ask others to get involved. When delegating tasks, start small, explain your expectations, be available to help, and give thanks and praise.
- Share your own volunteer experiences with others; talk about challenges you have overcome.
- Remind participants that the chapter belongs to everyone.
- Ask participants to team up on tasks and encourage one another.
- Develop new programs and organize social events for education, motivation, fundraising and enjoyment.
- Help start a state DBSA organization.

We all have gifts to give. We can use our volunteer work with DBSA to build on our strengths and explore new skills and ideas while doing something to help ourselves and others.

Watching Washington

EVERY VOICE MAKES A DIFFERENCE. A FEW MINUTES IS ALL IT TAKES TO CONTACT YOUR MEMBERS OF CONGRESS AND COMMUNICATE THE IMPORTANCE OF LEGISLATION AFFECTING PEOPLE AND FAMILIES WITH MOOD DISORDERS. VISIT WWW.DBSALLIANCE.ORG/ADVOCACY/LEGISLATIVE_ACTION_CENTER.HTML TO LEARN MORE, OR CALL THE U.S. CAPITOL SWITCHBOARD AT (202) 224-3121 TO FIND OUT HOW TO CONTACT YOUR MEMBERS OF CONGRESS.

Senate Debate Highlights Mental Health Issue

In an emotional debate on the floor of the United States Senate, Senators shared their personal and family experiences with bipolar disorder and depression. The debate preceded the passage of S. 2634, the Garrett Lee Smith Act, named for the son of Senator Gordon Smith (R-OR), who took his own life. Senator Smith was joined in his remarks by Senator Harry Reid (D-NV), who spoke of his father's depression, and Senator Pete Domenici (R-NM), who stated that his daughter has suffered from mental illness since she was a teenager. Other Senators joined in praising the

courage of their colleagues in sharing their experiences, including Senator Chris Dodd (D-CT), who called for an end to stigma. S. 2634, which would increase mental health services and screening for youth, unanimously passed the Senate. The House bill, H.R.4799, currently has 42 co-sponsors and is being discussed by the House Subcommittee on Health.

Senator Promises Vote On Mental Health Parity

During the same debate, Senator Domenici called upon Republican senators who have blocked the Paul Wellstone Mental Health Equitable Treatment Act, S. 486, to allow a vote on the legislation. Noting that the bill "is not a big cost" to health care plans, Senator Domenici said insurance companies should not be exempted from covering mental illness "while they pay the cost of all other illnesses. That isn't right."

In closing, Domenici vowed that the Senate would vote on the legislation before it

adjourns this year. With 68 senators supporting it, the bill would most certainly pass the Senate, increasing pressure on the House, where a majority also supports the legislation, to take action.

Mentally Ill Offender Treatment Legislation Advances In House

A House subcommittee recently held a hearing on S. 1194, the Mentally Ill Offender Treatment and Crime Reduction Act, which has been passed by the Senate. The legislation would establish collaborative programs between the mental health, substance abuse and criminal justice systems. Supporters of the legislation told the House Judiciary Committee's Crime Subcommittee that far too often non-violent individuals with mental illnesses are arrested and placed in jail because treatment centers are not available. The bill would provide federal grants to educate law enforcement officers and court professionals about mental illness and substance abuse disorders.

The Road to Recovery

Barry Buchanan
DBSA SW Iowa



In 1992, I was finally diagnosed with bipolar II disorder. I can trace the roots of my illness back to 1974. My first serious episode occurred in 1984.

After 1975, I avoided depression by changing jobs every three years or so. I was often dissatisfied with my lot in life. This was likely a sign of depression. At least three jobs probably ended because of early hypomanic symptoms. I realize that now in retrospect. Fortunately, each new job was more challenging and rewarding, and all were in the engineering field. I reached my lifetime goal of becoming a high-level manager in 1980, at 34 years old.

My marriage of over 20 years ended in 1988, probably during another unrecognized hypomanic episode. Then came five

hospitalizations, the first in 1989. After that, I stabilized and remained episode-free for six years. I was later able to return to my profession and held a job for three and a half years. In 1998 I had a heart attack, and became eligible for full disability from Social Security at 53. I am still able to work part-time, but only at less stressful jobs.

In October of 2002, my grandson was diagnosed with early-onset bipolar disorder at the age of 12. He had been through eight years of incorrect diagnosis and treatment for ADHD. Fortunately, we were able to get him treatment from the same professional who was treating me. It made all the difference in the world.

My daughter and I realized that there were literally dozens of other children and adults

misdiagnosed in our area. We visited a DBSA chapter (DBSA GO) in Omaha. They encouraged us to start a chapter in our hometown, 60 miles away.

Eighteen months later, DBSA SW Iowa has more than 100 members. Although we can't afford mailings very often, we publish a quarterly e-newsletter through our web site, www.DBSASWIowa.org, and have copies available at our weekly meetings. We are also available to assist other chapters with their newsletters and web sites.

As a direct result of finding and providing speakers for chapter meetings, I was invited to join the Iowa Mental Health Planning and Advisory Council. This council advises the Iowa Department of Human Services on funding mental health services throughout the state. Over half of us are mental health consumers.

Having taken almost every antidepressant available, I finally found relief with a combination of mood stabilizers. Having a correct diagnosis and an understanding of my illness and its treatment has helped me maintain a reasonable quality of life ever since.



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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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DBSA acknowledges its 2004 Leadership Circle; organizations that committed a minimum of \$150,000 to the association during 2004.

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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.DBSAAlliance.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!



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Call us or e-mail
questions@DBSAAlliance.org

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

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

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Address _____ City _____

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Daytime Telephone _____ E-mail _____

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

Account Number _____ Exp. Date _____

Signature _____

- I'd like details on including DBSA in my will. I wish my gift to remain anonymous.
- I have enclosed my company's matching gift form. Please send me more information on mood disorders.
- Please send me _____ donation envelopes to share. 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 may be faxed to (312) 642-7243.

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