

# OUTREACH



Newsletter of the

## Depression and Bipolar Support Alliance

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### MISSION

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

Read a DBSA publication lately?  
We want to hear from you!



Visit  
[www.DBSAAlliance.org](http://www.DBSAAlliance.org)  
to give us  
feedback and ideas.

## Spirituality and Health

Along with mental and physical health, our spiritual lives play a part in our wellness. Everyone has a unique and personal way of approaching spirituality.

Some of us may have reservations about spirituality because we equate it with religion.

We might have difficulty with spirituality after enduring personal tragedies and setbacks.

On the other hand, getting through difficult times can also make us more spiritual. "The place I have really found faith is through help in the midst of suffering," explains Kathy Erdman-Lawson, an artist and musician from Kentucky.

Spirituality is not religion; it is a way of looking at life. It may or may not include membership in a religious group. It may mean finding your own concept of strength, hope, love and healing. Your own spiritual path might include helping others. It might involve working on something such as writing, art or music that gives you satisfaction. Your concept of spirituality may be as simple as believing that you or a loved one can and will feel better.

Spiritual beliefs can also help when you're struggling with self-stigma or self-blame. "Mental illness is not a failure of faith," says past DBSA Board Member Adrian Mosley. "My spiritual belief emphasizes a divine and compassionate power that loves us and wants us to be well."

You might choose to meditate or pray. This doesn't require any special knowledge or technique, though it may require some practice. It simply means clearing your mind, focusing on the present moment and filling your consciousness with a sense of peace and balance.

"The spirit tools help us weather the storms of a mood disorder and allow us to heal – not in a clinical sense, but in a sense of acceptance and forgiveness that allows us to turn weaknesses into strengths," explains writer and online publisher John McManamy. "Mind, body and spirit are all interconnected. What is good for one affects the other two. For example, exercise works against depression, getting the body in shape, but also lifting spirits.

Treatment, even when only partially effective, can be effective enough to get a person out of bed and put mind and spirit tools into play. Support groups help give me the tools to work on all three."

"Developing my spiritual life gave me inner strength and a stronger determination to get well," says Jacqueline Mahrley of DBSA Orange County.

How do you seek spirituality? How does it help you with wellness of mind and body? Learn more about others' strategies and share your own at our Annual Conference. If you don't attend the conference, exchange ideas with your local support group, friends or family. Or submit your ideas to the Share Your Story section of [www.DBSAAlliance.org](http://www.DBSAAlliance.org).

MIND • BODY • SPIRIT



August 13-15, 2004  
Pittsburgh, PA

**Spirituality  
is not religion;  
it is a way of  
looking  
at life.**

## President's Outlook



**Lydia  
Lewis**

For many people, summer is a time of relaxing and reconnecting with family and friends. Summer also brings its own set of challenges to people with mood disorders. Seasonal gatherings may be difficult for people who struggle with drinking or substance abuse. What are some ways to stay healthy, manage symptoms and avoid problems with alcohol or drugs this summer?

- Figure out what symptoms you might be self-medicating. Do you drink to feel less anxious around people? Or to slow your mind down? How can your mood disorder treatment help with these symptoms?
- Be honest with yourself. Ask yourself: Do I lose control or the ability to stop when I drink or use? Do I hide it, make detailed rules for it or feel guilty about it? Have I been taking risks or neglecting responsibilities? Do I need to stop completely, and if so, where can I go for help?
- Find health care providers you trust, and be honest with them. They're not here to judge you. Work with them to build a better life and reach your goals in spite of the challenges of your illness.
- If you are in recovery from alcohol and/or substance abuse, say no to groups that tell you to throw your medications away. Mood disorder medications are not addictive or personality-altering, no matter what anyone else tells you. Treatments for alcohol/substance abuse and mood disorders can and should work together. Qualities like acceptance, willingness, determination and patience can help us in recovery groups, talk therapy and day-to-day life.
- When your symptoms seem unbearable, tell yourself you can hold on for one more day, hour or minute – whatever you can manage. Reach out to a supportive person or your DBSA group for help. Know that things can and will change.

I know there are no easy answers. But I also know that no one's situation is hopeless. For everyone who is being called "chronic" or going through a "revolving door" of hospitals or treatment centers, there are others just like them who have recovered against the odds. People who once couldn't face life without alcohol or drugs now have the things they wanted in life because they held on until they found a treatment plan that helped them manage their symptoms clean and sober.

Our illness can make us think no one understands. DBSA support group members do understand. We help each other through ordeals that seem impossible. And we show each other how to take the next steps toward true wellness.

I wish all of you a healthy and enjoyable summer, and I hope to see many of you at our Annual Conference in August.



**Geneva  
Horlacher  
DBSA  
Portland, OR**

It came faithfully every fall. The sky would darken. Nice white puffy clouds turned ominously black. The rage of the wind began to take its position. The tornado was ready to emerge.

From out of the angry clouds it took form, winding its way downward until it touched the ground. Sometimes it didn't touch down and I would breathe a sigh of relief that it had passed me by. But way too many times it hit my house head-on. I tried to get ready for it in every way I knew how, but nothing worked. And so through the years it went, this depressive cycle I lived in. During the reprieves of the tornado I would happily go about my life. And then, somehow, without warning, the tornado would appear.

It was destroying my house, my family, my friends and myself. And there was not a thing I could do to stop it. The most I could hope for was to be able to hunker down during the storm and weather it the best I could. Afterward, I would survey the damage and begin to rebuild my life again, and again, and again.

Then one day I saw a DBSA brochure that talked about support groups and how I could start one. I wondered if it would help. I wondered if I could do it. I had never been to a support group before, but the idea intrigued me. I went to a DBSA group in another town to see what it was all about. After attending that group a few times, I decided I would try to start one.

Today our local support group has been in existence for six years and is doing very well. I have handed down the facilitator duties to two other members and I am now hoping to start a state DBSA group. I have taught wellness classes to several DBSA groups in our state. I lead facilitator-training sessions and try to be a resource to people who call us for help. Our local chapter has an extensive lending library that includes books, videos and tapes. We also offer support groups for families and friends.

Along with treatment and a strong commitment to my faith, DBSA has played a big role in helping me stay well and help others. The DBSA conferences provide a wealth of information that motivates people toward the pursuit of wellness and the desire to be the best they can be.

The tools I have learned through DBSA work well. I haven't had a tornado visit in over three years!



**William P. Ashdown**

DBSA is moving full speed ahead into summer. We have many exciting programs in store. Our organization recently exhibited at the American Psychiatric Association's Annual Meeting. We're proud to report that more and more doctors know about DBSA's

services and are telling their patients. Much of that awareness is the result of people involved with DBSA spreading the word in their communities, and we are very grateful.

We are now gearing up for our own Annual Conference, where people with mood disorders, families, friends and professionals will again have the opportunity to meet and learn from each other. As you'll read elsewhere in this issue, the conference topics relate to important connections between the mind, body and spirit.

One important factor that affects mind, body and spirit is sleep. Regular sleep is especially necessary for those of us with mood disorders. It's also something we may ignore without realizing it. It's tempting to cut back on sleep to have more time for work, friends, family and fun. But sleep is as important to us as food, water or treatment. We don't know exactly why we need it, but we know that missing it can cause trouble.

Many people with mood disorders may have a particularly difficult time with sleep. Some say they have had sleep-related problems since childhood. Depression can send us to bed for days. Mania can keep us awake far longer than is healthy for anyone. Lack of sleep can affect our diet, cause hormonal changes or compromise our immune systems.

Sleep disruption is also one of the easiest symptoms of mood disorders to spot. To help people find out whether their sleep problems are signs of an undiagnosed mood disorder, DBSA is launching a sleep education campaign. Visit [www.SleeplessInAmerica.org](http://www.SleeplessInAmerica.org) for information on sleep basics, sleep disorders and sleeping better.

This summer, DBSA will also be bringing attention to a topic that is often misunderstood or ignored – men and depression. We hope our new program will highlight some of the issues men face and create opportunities for them to reach out and help one another.

DBSA strives to provide up-to-date, easy-to-understand information people need for the best possible health. We hope this summer brings growth and well-being to you and those you care about. We look forward to seeing many of you at our Annual Conference in Pittsburgh and hope you continue to visit our web site and support groups.

[www.SleeplessInAmerica.org](http://www.SleeplessInAmerica.org)

[www.DBSAlliance.org](http://www.DBSAlliance.org)



## DBSA Joins Chicago Marathon

Now you can support DBSA by being part of a 27-year Chicago tradition, the LaSalle Bank Chicago Marathon. Join thousands of runners from around the world on **October 10, 2004**.

The 26.2-mile course, one of the fastest in the world, starts and finishes in scenic Grant Park. Runners have from 8:00 a.m. until 2:30 p.m. to complete the course. Medals will be awarded to everyone who crosses the finish line. DBSA staff members and volunteers will be there to support our runners.

### How can I run for DBSA?

1. Register at the official LaSalle Marathon web site, [www.chicagomarathon.com](http://www.chicagomarathon.com). You may register online or download a form and mail your registration. The deadline to register is **September 2, 2004**. The cost is \$80 per person, and a \$5 discount is available for MasterCard users.

2. Send DBSA a copy of your confirmation. Contact the DBSA Development Department at (800) 826-3632 or e-mail the Manager of Individual Giving at [ilagunas@dbsalliance.org](mailto:ilagunas@dbsalliance.org).
3. Raise at least \$250 by the day of the Marathon.

### What can non-runners do?

If you don't run, you can still participate. Just send DBSA a letter committing to raise \$300 by October 18, 2004. Organize fund-raising events such as a Race Day party, hold a raffle or ask friends, family and local professionals to donate.

Visit [www.chicagomarathon.com](http://www.chicagomarathon.com) for updates about the marathon. Call (312) 904-9800 or e-mail [marathon.office@abnamro.com](mailto:marathon.office@abnamro.com) with questions. For fun and easy fundraising ideas, visit [www.DBSAlliance.org](http://www.DBSAlliance.org) or call DBSA's Development Department at (800) 826-3632.

# DBSA 2004 Board of Directors

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## Scientific Advisory Board Update

# Achieving True Wellness

Ellen Frank, Ph.D.



As summer gets underway and bursts into color here in Pittsburgh, everything seems possible. This time of long days and warm sun seems like a good time to write about wellness rather than illness.

What does wellness really mean for someone with a mood disorder? Here in our Depression and Manic Depression Prevention Program at Western Psychiatric, wellness means full remission. That has always been the goal of treatment here. To us, that means a person should have no more than one or two mild symptoms of depression or hypomania (mild mania). Preferably, a person should have none at all. Remission also means clear improvement in any co-existing conditions. If your mood symptoms are gone but you are still struggling with panic attacks or excessive drinking, there is more for you and your doctor to do. Remission means that you return to functioning at a level that is satisfactory. You may not be as productive or exhilarated as you were when you were manic, but you also recognize that you don't want to be functioning at a level that is not safe for you. These things are all part of true wellness.

How does one achieve that kind of wellness? Both patients and health care providers should be unwilling to accept less. As providers, we need to make sure that we are not satisfied with a person just feeling better. We need to make it our goal to see that every patient we work with is truly well. That means being sure each patient has gotten the maximum benefit possible from any treatment we prescribe, whether it is medication, psychotherapy, or both. When we're sure a treatment has been used at an adequate dose for a long enough period of time but our patient is still not truly well, we need to make a change in the treatment. That might mean adding a medication to a psychotherapy that isn't working completely or adding psychotherapy to a medication that isn't fully effective. It may mean changing the treatment program entirely as

many times as necessary until real wellness is achieved. For patients and families, it means insisting on that kind of persistence from doctors. You may sometimes feel as if you're participating in a hit or miss proposition. It can be hard to keep trying, but the rewards are well worth staying with treatment.

We know that about half of individuals with depression will experience a true remission of symptoms with the first treatment they try. That means that the other half will have to be more patient and try several different treatments or combinations of treatments before achieving this goal. In treating bipolar disorder, both doctors and patients face many challenges. That doesn't mean our goal should be anything less than full recovery. It just means that it may take more time and more persistence to get there.

I would like to extend a warm welcome to our newest SAB members Mark Bauer, M.D., Boris Birmaher, M.D., David Miklowitz, Ph.D., Patricia Suppes, M.D., Ph.D., Paul Keck, Jr., M.D., and Susan McElroy, M.D. I look forward to working with them as they bring new views and expertise to our SAB. I would also like to congratulate the winners of the 2003 Gerald R. Klerman awards, DBSA's highest honor. **Laura Mufson, Ph.D.**, received the Young Investigator Award for her work with early intervention and school-based interpersonal psychotherapy for adolescents with depression. **David C. Steffens, M.D.**, received the Young Investigator Award for his work examining the impact of physiological and neurological factors on depression in older adults. **Gregory Simon, M.D., M.P.H.**, and **Wayne J. Katon, M.D.**, received the Senior Investigator Award for their work together on analyzing and improving recognition and treatment of mood disorders in the primary care setting. All of us at DBSA are grateful for the work of these talented professionals.

## Transforming Mental Health Care with Peer Support

At DBSA, we believe that people can and do recover from mental illness. Peer support plays a large role in this. By helping each other, people can improve and maintain their own recovery. For years, DBSA has brought the proven power of peer support to people across the country with our support group network.

The next step in improving mental health care, as stated in the 2003 President's New Freedom Commission on Mental Health report, is "transforming the system so that it will be both consumer and family oriented in its care and services." One way to achieve this is to strengthen the peer network by training more consumers to become peer specialists, peer coaches or mentors.

Today most trained peer specialists work in the public sector alongside doctors and mental health professionals in state-funded programs. They complete training programs on recovery, support, and communication. In most cases, they pass an examination and receive formal certification.

Each state has a different system and policy regarding peer specialists. In some states, it will take additional advocacy work to get a peer support program into place. Other states have implemented training and placement programs for peer specialists. To connect with consumers in your area and advocate for peer support programs, visit the web sites listed on page 7.

DBSA's vision for the future includes a health care system in which peer specialists play a key role in helping people make their own recovery choices. This summer, DBSA will test a training program for peer specialists. A group of people from DBSA chapters will receive training, give feedback, become certified and help the peer network grow. In preparation for the future, DBSA is seeking funding for programs that will offer certification to peer specialists nationwide and assist peer specialists and consumers in finding employment.

Successful peer specialists all have inspiring stories to tell. Many were once considered hopeless. Charles Owens was hospitalized

*(continues on page 7)*

# Chapter Highlights

## Garage Sale, Basics Ensure Success

"Finances and volunteer involvement can be challenging," said DBSA Southwest Iowa chapter president, Barry Buchanan. However, the chapter has experienced success and improvement because of their creativity and focus on leadership basics. "To organize a successful group of any kind, you need three things," said Buchanan. "A vision, a network of contacts, and the involvement of everyone else." The chapter

found fundraising success recently with the 24-Hour City-Wide Garage Sale. Unsold items from other garage sales and items donated by chapter members were sold in a local grocery store parking lot. Approximately \$1,000 worth of goods changed hands. DBSA Southwest Iowa has existed for 18 months. With a focus on the basics and continued creativity, they plan to continue their success.

**For information:** Barry Buchanan (712) 243-7943.

## Event on Look and Feel of Mood Disorders

DBSA Succasunna (NJ) hosted "How to Look Good and Feel Good while Living with Mental Health Issues" in June. The event featured licensed therapists speaking on various subjects including cognitive-behavioral therapy, art therapy, journaling, trauma, children and substance abuse. Vendors included a skin care consultant, a gourmet food consultant, and a massage therapist. This fun, educational event also served as a fundraiser for the chapter. Along with a 50/50 raffle and silent auction, there was a small entrance fee to generate revenue.

**For information:** Bonnie Rosenthal (973) 361-5456

## Why become an official DBSA chapter?

DBSA offers exclusive benefits to chapters that become official affiliates. Affiliation is easy, and the rewards are significant. Take advantage of these great resources and opportunities today!

### As an affiliated DBSA chapter, you can:

- Utilize DBSA leadership education resources, including:
  - Chapter Start-Up Guide
  - Chapter Leadership Guide
  - Ready-to-use press releases and media tools
  - Monthly on-line learning opportunities
- Receive hundreds of free educational brochures on mood disorders every year.
- Find out about local media opportunities to publicize your group.
- Receive referrals from DBSA's web site and 800 number to help your group grow.
- Access dozens of resources for chapter leaders in the password-protected Chapter Management section of the DBSA web site.
- Attend the Chapter Leadership Forum at our Annual Conference.

- Most importantly, be a member of the DBSA family.

### To start a chapter, you simply need to:

1. Run a peer-led, public, regularly-scheduled, free support group for people affected directly or indirectly by depression or bipolar disorder.
2. Enlist a professional advisor who is a certified or licensed health care professional.
3. Complete the necessary paperwork provided by DBSA for official affiliation, and submit the \$40 affiliation fee.
4. Support the mission and policies of DBSA.

DBSA is skilled in starting and strengthening chapters and is available to help you every step of the way.

### Already a chapter?

Be sure to re-affiliate every year to maintain your DBSA chapter benefits.

Contact DBSA Chapter Relations at: [chapters@DBSAlliance.org](mailto:chapters@DBSAlliance.org), visit **www.DBSAAlliance.org** or call (800) 826-3632.

## Cincinnati Success

Since their first meeting last August, DBSA Cincinnati (OH) has seen up to seven times their original group size participating in their events. That success is no surprise considering the great events the chapter plans. The chapter operated an informational booth in Fountain Square, downtown Cincy, on Mental Health Awareness Day. They are also working with two medical professionals on two seminars this fall. Chapter leader Eileen Andrews credits a lot of their success to the DBSA Ohio state organization, especially Dorene Sherman, Executive Director of DBSA Ohio. The chapter is sharing the wealth too. They have helped start three other DBSA chapters in Ohio.

**For information:** Eileen Andrews (513) 541-7114

## New Chapters and Support Groups Call (800) 826-3632 or visit our web site for group contact information.

- DBSA East Alabama, Opelika, AL
- DBSA Arkansas, North Little Rock, AR
- DBSA Tri-Valley Bipolar, Pleasanton, CA
- DBSA Montrose (CO)
- DBSA The Barlow Group, Sarasota, FL
- DBSA Pinellas, Largo, FL
- DBSA Feeling Good About Ourselves, St. Petersburg, FL
- DBSA Gwinnett to Athens, Auburn, GA
- DBSA Hawaii, Honolulu, HI
- DBSA Teens/Adolescents, Berwyn (IL)
- DBSA Worth (IL)
- DBSA Carbondale (IL)
- DBSA North Central Indiana, Kokomo, IN
- DBSA Open Arms, Baton Rouge, LA
- DBSA B.E.S.T. Franklinton (Bipolar Educational Support Team) (LA)
- DBSA New Focus, Adrian, (MI)
- DBSA Lansing, Holt, MI
- DBSA Cheboygan, (MI)
- DBSA Silent Storm, Novinger (MO)
- DBSA Princeton, Old Bridge, NJ
- DBSA Burlington County, Hainesport, NJ
- DBSA Henderson, Las Vegas, NV
- DBSA Canandaigua, Victor, NY
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- DBSA Durham (NC)
- DBSA MHA, Fargo (ND)
- DBSA Ohio University, Athens, OH
- DBSA Rosenberg (TX)
- DBSA Beaumont (TX)
- DBSA Corpus Christi (TX)
- DBSA Pictou Country, Stellarton, Nova Scotia, Canada

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



## Ask the Doctors

**Question:** What is the difference between bipolar depression and unipolar depression?

**Answer:** Bipolar depression is the depressive phase of bipolar disorder. It may alternate with mania or hypomania. It can also occur at the same time as mania in a mixed episode.

There is one set of symptoms for depressive episodes. These may occur in bipolar disorder or major depressive disorder (unipolar depression). Each person's experience is a little bit different. Researchers have studied possible differences in symptoms of bipolar and unipolar depression.

With bipolar depression, people are more likely to have symptoms like feelings of worthlessness and loss of interest. They may also have increased sleep and appetite, and feel slowed down. There might be psychotic symptoms such as delusions or hallucinations. Bipolar depression is thought to have a higher risk of suicidal thoughts and attempts. Unipolar depression is more likely to include anxiety, tearfulness, insomnia and loss of appetite. It is not always easy for the person who has depressive symptoms to identify and describe them.

More than half of people with bipolar disorder experience depression before they experience mania. Doctors often recommend starting treatment with a mood stabilizer instead of an antidepressant if a person might have bipolar disorder.

Researchers believe that with bipolar disorder, depressive symptoms are more likely than manic symptoms to continue at a low level and interfere with life. Symptoms must be carefully monitored and treated to complete recovery. People with bipolar I disorder (alternating depression and mania) often have depression three times as often as they have mania. With bipolar II disorder, (alternating depression and hypomania) people may not have recognizable or disabling mania at all.

Because of the difficulty in diagnosing bipolar II disorder, researchers believe bipolar illness is much more common than we once thought. Nearly seven out of ten people with bipolar disorder are

misdiagnosed. The most common initial misdiagnosis is depression.

If you have symptoms of depression and are unsure whether you have unipolar or bipolar disorder, talk about it with your doctor. Examine your family history. Write down your symptoms so you don't forget them. Tell your doctor all of the symptoms you've had. Be sure to mention symptoms you don't have at the time of your appointment. These may include racing thoughts, high energy, less sleep, irritability, or risk-taking. Correct diagnosis is important to getting the right treatment and preventing future depression or mania.

Psychotherapy is also a helpful treatment for depression or bipolar disorder. Talk therapy can help you cope with symptoms and develop a healthy lifestyle. It can also help you avoid things that could trigger future depressive or manic episodes.

*This answer was reviewed by DBSA Scientific Advisory Board members Paul E. Keck, Jr., M.D., Professor and Vice Chairman for Research in the Department of Psychiatry at University of Cincinnati College of Medicine, and Robert M.A. Hirschfeld, M.D., Professor and Titus Harris Chair in the Department of Psychiatry and Behavioral Sciences at the University of Texas.*

**Question:** What is the relationship between depression and physical pain?

**Answer:** Pain may be a symptom of depression. It may also be a separate condition that can worsen depression. Many people report unexplained aches and pains to doctors before they notice other symptoms of depression.

A World Health Organization survey found that 69% of those with major depression had sought help for physical symptoms only. Individuals with physical pain may go to their doctors and be told that nothing is wrong.

In other cases, pain and depression are two separate co-existing conditions. Illnesses such as fibromyalgia, chronic fatigue and irritable bowel syndrome often co-exist with depression. Chronic pain from injuries also can trigger depressive episodes.

Both pain and depression can interfere with life. It's important to find a doctor who

recognizes that your pain and depression are real. They may not be visible but you deserve to have them treated.

Traditional treatments for depression can help with pain. A *Journal of the American Medical Association* article described a study of 1001 patients with depression and arthritis. Half of them were given additional treatment with psychotherapy and/or antidepressants. The therapy/medication group was more likely to report a 50% reduction in symptoms and improved day-to-day life.

Some researchers believe that there is a change in the way the brain reacts to pain signals in people who have chronic pain. It is also possible that the perception of pain is greater in people with depression.

Pain affects the serotonergic and norepinephrine pathways in the brain. If you take medication, talk to your doctor about which medication or combination of medications can help. The antidepressants most likely to be effective for depression and pain affect the activity of serotonin and norepinephrine. Tricyclic antidepressants, and some newer antidepressants called SNRIs, have this effect.

If you do not take medication, there are non-medical solutions. Treatment such as cognitive behavioral therapy can be effective in helping you manage symptoms, even if it doesn't completely relieve the pain. Treatments such as psychotherapy, massage therapy, chiropractic treatment, clinical hypnosis and acupuncture may also provide some relief and help you cope. Be sure to choose a health care provider who has a good, solid reputation and is certified and licensed.

As with other illnesses, learn all you can about depression and pain. Choose health care providers and treatments you feel comfortable with. Discuss goals at the beginning of your treatment. Be patient when waiting for treatment to take effect. Find support groups that help you. Know that there is hope and you are not alone.

*This answer was reviewed by Eric J. Nestler, M.D., Professor and Chairman in the Department of Psychiatry at University of Texas Southwestern Medical Center and a member of DBSA's Scientific Advisory Board.*

# Watching Washington

DBSA President Lydia Lewis joined the Academic Consortium of National Mental Health Organizations to meet with members of Congress in March as part of an annual Advocacy Day. Members urged lawmakers to raise the National Institutes of Health (NIH) budget increase from 2.6% to 10%.

While in Washington, Ms. Lewis met with Rep. Sue Myrick (R-NC), a member of the House Republican leadership, and Senator Harry Reid (D-NV), a member of the Senate Democratic leadership. She also met with Rep. Ted Strickland (D-OH), a sponsor of legislation which encourages criminal justice and mental health treatment systems to work together more closely.

The size of the NIH budget increase can make an important difference in the amount of mental health research done in 2005. Contact your Senators and House Members to support an increase in funding for mental health research at NIH. Visit DBSA's online Legislative Action Center or call (202) 224-3121 for Congress contact information.



[www.DBSAAlliance.org/advocacy/Legislative\\_Action\\_Center.html](http://www.DBSAAlliance.org/advocacy/Legislative_Action_Center.html)

# Revolution Takes Imagination: New Ideas to Fight Stigma

By Lizzie Simon

One of my favorite professors in college used to say, "Revolution Takes Imagination." I think about that phrase all the time when working to fight stigma.

Revolution Takes Imagination. It serves every level of the fight – from the political efforts to have insurance parity for physical and mental health, to the cultural work many of us have done to change the image of people with mood disorders in the media, to the most personal level: the stigma in our own minds and the struggle to have compassion for ourselves.

Complaining about the *status quo* is one thing. Imagining how things might be is quite another. When I wrote *Detour: My Bipolar Road Trip in 4-D*, I wanted to interview young people with bipolar disorder who had been successfully treated and were living full lives. I wanted to ask these people what went right, instead of asking people who were still suffering what went wrong. Their stories, their advice, and their perspectives were wholly new. They were not the kind of thing anyone ever saw on TV, in movies or on the front pages of newspapers.

So when it came to time to publicize *Detour* and turn it into a documentary and a film, I used Revolution Takes

Imagination as my little mantra. In the fast paced, high voltage media world, there was no time for me to stay stuck and suspicious that Hollywood was just going to do what the media has been doing for years when it comes to mental health topics. I needed to imagine ideas for them to use, ideas that were as attractive and appealing to them as the sensationalistic stigma-filled ones had been. I had to turn the media and the public on to new ways of thinking.

Each of us is different; each of our journeys is different. Anyone who has suffered with depression or bipolar disorder and come through to the other side, wellness, knows that survival is the most creative endeavor you'll ever have in life. The capacity to imagine ourselves better, fitter, more comfortable, more loving, more integrated can lead to radical and real results, can fuel us on each of our detours. This can not be instilled by an outside source, no matter how loving that source may be. But it can be inspired, nurtured, culturally suggested, and legally supported. It's free. It's in each of us. It's an inexhaustible source, and it cannot be taken away.

I look forward to refueling with you all at DBSA's Conference this summer.

## Transforming Mental Health Care with Peer Support

(continued from page 4)

32 times and became homeless. Today he works full-time at a vocational rehabilitation center in Georgia. He describes the difference it made when he shared his history. "Here I was with someone sitting on the opposite side of my desk looking devastated, angry, in total denial and despair. Then they're told that one of the people helping them is just like them. You wouldn't believe the sudden hope I saw in their eyes."

"Working with others helped me identify the biggest weapon against this illness

I have: my own story. I saw the power of self-identification and its effects on people," said Vicki Cousins, Director of the South Carolina Statewide Office of Consumer Affairs. "Seeds of recovery take root as a person with mental illness begins to share her story, to understand her disease, and help others start that process."

Peer specialists are not considered to be doing more important work than the rest of us; they are simply interested in going through training and working in this

capacity. Support group leaders also go through training and provide important recovery services. DBSA believes that good support can come from many places, including support groups, family, friends and spiritual communities.

Peer support and education are instrumental in showing people that there are choices in recovery and helping them to make those choices. Together we can all work toward a more effective mental health care system that helps more people build better lives.

*The Peer-to-Peer Resource Center operates under the auspices of DBSA and is supported by a National Consumer/Consumer Supporter Self-Help Technical Assistance cooperative agreement with the Center for Mental Health Services, U.S. Department of Health and Human Services.*

[www.peersupport.org](http://www.peersupport.org)

[www.mhselfhelp.org/states.html](http://www.mhselfhelp.org/states.html)

[www.mentalhealth.org/databases/](http://www.mentalhealth.org/databases/)





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

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

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

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