

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.

Visit us online!

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

New Evidence on the Power of Peer Support

DBSA has demonstrated and promoted the power of peer support for many years. Now there is increased scientific evidence confirming its effectiveness. The Consumer Operated Services Program (COSP) Multisite Research Initiative began in 1998 and was completed in 2004. Preliminary results of the study, funded by the Center for Mental Health Services (CMHS), suggest that service programs operated by and for people with mental illness can improve individuals' well-being in many ways.

"These findings confirm what the members of the consumer community have known for years: that services and support given and received by people with a shared experience of mental illness are critical to maintaining hope, building resilience and sustaining recovery. This is extremely important evidence that will help carry peer support to the next level, and we applaud CMHS, Dr. Jean Campbell and all of the researchers involved with this project," said Lisa Goodale, DBSA's Peer Services Director.

This study is the largest of its kind to focus on peer support. It adds momentum to the self-directed recovery movement and represents a step forward for peer support's recognition and acceptance in the mental health community. In today's environment of shrinking mental health care resources, peer support has become increasingly attractive as an accessible and cost-effective resource for people with mental illnesses. Results from this and similar studies can pave the way for increased availability of consumer-operated services and new partnerships between peer-run programs and traditional mental health services.

More than 1,800 people at eight locations participated in the study. Participants had been actively involved with a traditional mental health care provider within the past year, and were diagnosed

with bipolar disorder, depression or other mental illnesses. They were assigned at random to one of two groups. One group was offered traditional mental health services. The other was offered peer-to-peer services in addition to traditional mental health services. The groups were evaluated every four months. While both groups' well-being improved over time, the group that was offered peer-to-peer services showed greater improvement.

DBSA strongly supports peer support as a way to improve a person's recovery, social inclusion, empowerment, quality of life, meaning of life and hope. It improves recovery by helping people rediscover their strengths and participate in their treatment. It assists with social inclusion by helping people build or rebuild interpersonal skills through relating to others in support groups. By helping

patients and families learn all they can about depression and bipolar disorder, peer support increases empowerment.

Empowered with accurate information and support from others who understand, people can make informed decisions about treatment and let their health care providers know when they feel they

Recovery Philosophy

- People can and do recover
- Every person with a mental illness has a unique path to recovery
- Wellness results from partnership between the consumer and the recovery team
- Support of peers is essential to wellness and recovery

could be doing better. When people are receiving the best possible care, they increase their chances of having a better quality of life. Hearing the stories of others who have "been there" can give their lives hope and meaning.

Over the past year, DBSA has worked to promote the power of peer support and make this support an important part of every person's recovery. Full results of the COSP study will be published in 2005 and covered in future issues of Outreach and at www.DBSAAlliance.org. For more information about DBSA's peer-to-peer resources, visit www.peersupport.org.

President's Outlook



Lydia Lewis

The past year was significant for DBSA. We have great expectations for 2005, but we also face serious challenges in serving others.

Over the past two years, the number of people who reached out to DBSA for help has increased 667% to more than four million.

This shows us how many people are alone, isolated, and in need of hope and information. We expect another increase in 2005, and we are concerned we won't be able to help everyone without greater support from people like you.

DBSA is all about those who've been there helping others on their wellness journey. When people need us, we're there for them. But raising money for the kinds of services DBSA provides free of charge to anyone needing help is very difficult. Our funds are in short supply. Some people think DBSA has lots of money rolling in on a daily basis – but unfortunately we don't. You can do something to lend a hand in support. You understand how important DBSA is to the people who suffer from mood disorders.

DBSA makes a difference in people's lives – often saves lives – and right now financial contributions are essential. Please support people and families affected by depression and bipolar disorder today. What a wonderful way to start a new year.

There is much more hard work ahead for DBSA and all the people who depend on our services. With your assistance we can continue to provide inspirational hope and practical help.

We are able to fulfill our mission to improve the lives of people living with mood disorders because of people like you. Thanks to everyone who has helped us grow. Please stay close to DBSA in 2005. Tell your family, friends and co-workers about us. Enrich your own wellness by helping others. We're all in this together, and we will support one another until there are cures for these deadly illnesses.

Even if you can only give \$20, it can help so many people. It can print 50 brochures to educate people about suicide prevention or shed light on their treatment. It can help start new support groups, which will help hundreds of people. It can help bring DBSA's message to thousands of people through the media. Your donation will allow us to keep our 800 number open and help our internet support groups stay online.

Warmest holiday wishes to you and your loved ones. I'd like to give a special thanks to our 2004 Board of Directors, especially outgoing Chair William Ashdown, for their dedication and hard work to strengthen DBSA.

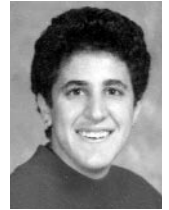
I hope the New Year brings everyone further along on the road to wellness.

www.DBSAAlliance.org/advance/aboutgiving.html



DBSA AND ME

Bonnie was diagnosed with a learning disability and ADHD when she was five years old. Some professionals advised Bonnie's parents that she would be lucky if she learned to read and would never amount to much. She spent the next 20 years proving them wrong.



Bonnie Rosenthal DBSA Succasunna (NJ)

As a child, Bonnie was shy and sensitive. She began psychotherapy in seventh grade and started taking medication for depression and anxiety her first year in college. Her symptoms formally interrupted her education once, but she was determined to finish school and do well. She graduated with honors in 1999.

During her last year of college, Bonnie became involved with DBSA Morristown Area. Although she never thought she could lead a group, she did take over the coordination of the group's audio tape lending library. She also attended her first DBSA Conference in 1999.

In 2000, Bonnie's physical and mental health took a turn for the worse and she endured her first psychiatric hospitalization. "If you saw me in 2000," she says, "you wouldn't believe I could be where I am now." She spent the year 2000 in and out of the hospital and day programs. She learned that in order to survive, she would need to learn all she could about her illnesses and speak up for herself to get the proper treatment. Despite her symptoms, she was still happy to be able to go to the 2000 DBSA Conference, where she attended the Chapter Leadership Forum and was trained as a facilitator.

Moved by the support she received at the Conferences, Bonnie looked for more ways to help people who live with mood disorders. At the 2002 Conference, she was a speaker. Around that time, she noticed there was a lack of support groups in the western part of Morris County, New Jersey. Despite challenges she faced in starting a group, she was still convinced there was a need. She found a meeting place for the group and spread the word.

Bonnie formed DBSA Succasunna with two things in mind: "Knowledge is power," and, "Exclude no one." Members of the group empower one another by sharing ideas, and people are accepted no matter what. Respect and sensitivity towards others is an integral part of the group. According to Bonnie, "respect is not just recommended, it is required."

In the past year, DBSA Succasunna has touched hundreds of lives. Leading the group and working with members has helped Bonnie, too.

"Never let anyone stand in the way of your dreams," Bonnie says. "I was told, 'you can't' all my life. I won't say it to someone else."



William P. Ashdown

As the year comes to an end, DBSA continues working harder than ever to bring our message to communities across the country. Whether through one of our support groups, our Conferences, our Ask the Doctors programs or our web site, millions of people have found

answers to important questions about depression, bipolar disorder, treatment and support.

At DBSA, our most important message is hope, which seems especially appropriate at this time of year. Each time we share our experiences with others in our DBSA groups and our communities, we carry this message. This helps others by showing them the illness is not their fault, there is no shame in seeking help and they can feel better. It also helps us motivate ourselves to stick with treatment and make healthy changes in our lives.

The holiday season holds many opportunities. We have the chance to reconnect with friends and family and to use our skills to help us during stressful times. There are also many ways we can offer compassion and comfort to others. No act of kindness is too small, and the opportunities are there if you look for them.

It's important to remember to take care of yourself, too. Pay attention to your symptoms and stress levels. Do the best you can with the energy you have and spend time relaxing when you need it. If your symptoms worsen, get help as soon as you can. Avoid a crisis by calling your health care providers early. Have backup numbers on hand in case you can't reach your regular providers.

Take some time this season to do something just for you. Don't let the holidays force you into isolation. Reach out to people who understand. Watch out for holiday pitfalls such as excessive spending, sleep loss or panic. These things don't have to be part of your holidays, even if they have been in the past.

DBSA needs your help this holiday season, too. If you can't make a financial gift, give time by volunteering with your local DBSA chapter.

We hope the holiday season brings peace and comfort to you and your loved ones, and we wish you a healthy New Year.

In 2005, a new Chair of DBSA's Board of Directors will be elected. It has been an honor and a privilege to serve this wonderful and unique organization. Thanks to everyone who helps make DBSA great.

Make a difference. Make a donation.

Anyone who has ever had depression or bipolar disorder symptoms and asked, "What's wrong with me?" or looked for answers for a loved one, needs facts and friends. They need information in language they can understand to help them overcome their fears, get the right diagnosis and treatment, and regain control of their lives. They also need support from people who understand.

DBSA is more than just a source of facts and information. We are a community. DBSA support groups provide a place where individuals and their families can meet and talk to others who have been through similar situations and are living examples that recovery is possible.

DBSA is a community of people who care. We've been there. We can help. We are dedicated to educating, supporting, fighting stigma, improving

care and protecting the rights of people and families who need it most. When people have greater understanding and insight about their symptoms, the idea of seeking diagnosis and treatment doesn't seem quite so frightening.

Throughout the holidays and during the cold months of January and February, DBSA will see an increase in calls, online inquiries, and requests for help. We always do at this time of year. We need your help to cover the added expenses. Your gift will be put to work immediately to help people who need information, outreach, resources, practical tools and hope.

Please send your gift today. It will help thousands through the winter and millions in 2005. Rest assured your donation will help someone. It might even save a life. Thank you so much for your support.

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Help DBSA at work! If your workplace participates in Community Health Charities or the Combined Federal Campaign, check **0581** on your designation sheet to make a pre-tax contribution.

**Scientific
Advisory Board**
UPDATE



Ellen Frank, Ph.D.

Exercise and Mental Health

Here's something you might not want to hear about: exercise. Without lecturing on this subject, I would like to stress the importance of exercise among the things that people with mood disorders can do to help with their wellness. Although efforts to study the positive mood effects of exercise have had mixed results, no study has ever shown that exercise worsens your mood.

I find that the patients I see benefit from some form of exercise. This may be from the exercise itself, the distraction from worries and concerns that the exercise provides, or the pride that comes from doing something to help oneself.

It's easy to put up roadblocks to doing exercise, so I encourage you to make it as easy as possible for yourself. Here are four things that I believe are key to developing a successful exercise routine. All of these are simple behavior changes that can help you do what is good for you more easily.

Pick a form of exercise you enjoy. If you hate running, don't even think about making that your way of getting some exercise. Maybe you once used to enjoy walking or dancing. Weather's nasty? Try walking in a mall. No one to dance with? Try dancing to a video or taking a class at a local community center.

Stay close to home. Pick a form of exercise that you can do in or near your home or work. If getting to the exercise becomes more of a challenge than doing it, you will have lots of excuses to put it off. Keep it simple. If all you need to do to get started is put on some comfortable clothes and put a tape into the VCR, you are much more likely to stick to your exercise plan than if you have to drive a half hour to the nearest tennis court.

Don't be rigid about how much time you have to spend. Don't make the best the enemy of the good. Your aerobics video is 30 minutes, but you have to shower and be out of the house in 45 minutes. Rather than skipping the whole idea, just do the first 15 minutes. Fifteen minutes is better than no exercise at all - for your body and your self-esteem.

Try to find a companion to exercise with you at least some of the time. Unless you enjoy solitary activity, find a friend to walk with, to meet you at the gym and then go out for coffee, or to come over to do that pilates video with you. This probably increases the chances that you will actually get some exercise. It may also give you an opportunity to see old friends more often or make new ones.

Don't try to do everything right away, and give yourself credit for small accomplishments. As you exercise more often, it will get easier.

Trouble Sleeping?



Seasonal changes and holiday activities can interfere with sleep. At www.SleeplessInAmerica.org, find out what might be keeping you up, why sleep is important, how sleep relates to mood disorders and how to help a family member who has trouble sleeping. You can order a free sleep kit on the site or by calling (800) 826-3632.

Nominate Someone Who Inspires You for the Welcome Back Awards

Who has inspired you in your recovery? A friend, family member, DBSA support group leader, health care professional or advocate? Who has helped you stay hopeful, shown you a path to wellness or worked to protect your rights?

The Welcome Back Awards (WBA) are in their seventh year of recognizing and rewarding individuals who are fighting stigma and promoting understanding that depression is treatable and obstacles to recovery can be overcome. Each year, an independent committee of national mental health leaders selects honorees in five categories: lifetime achievement, community service, destigmatization, primary care and psychiatry. Awardees are people who, through determination and commitment, have made a difference in the lives of others and in the mental health community.

Anyone can nominate anyone, including mental health consumers, advocates, physicians, therapists, researchers or legislators, for a Welcome Back Award. Awardees receive \$10,000-15,000 for the not-for-profit organization of their choice. Please consider nominating someone who has helped you and encouraging them to choose DBSA as their not-for-profit organization.

To learn more about the WBA program or to request a nomination kit, visit www>WelcomeBackAwards.com or call (800) 463-6440. Deadline for nominations is December 31, 2004. Honorees will be announced in May 2005. The Welcome Back Awards are sponsored by Eli Lilly and Company.



Visit www.DBSAAlliance.org

New Shopping Pages! Help DBSA while you shop online.

Information and News

Alternative treatments, new research, how to get the most from your treatment. Updated weekly.

Personal Stories

Read about others' challenges and victories, talk in our forums.

Chapter Highlights

New Groups

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

- DBSA Hanceville (AL)
- DBSA Ladera Heights (CA)
- DBSA Merced (CA)
- DBSA San Bernardino (CA)
- DBSA Howard University (DC)
- DBSA Jacksonville/Ten Broeck (FL)
- DBSA Sulzbacher Center (FL)
- DBSA Lawrenceville Area (GA)
- DBSA Danville (IL)
- DBSA Women to Women (IL)
- DBSA Bloomington (IN)
- DBSA MHA Lafayette (IN)
- DBSA Chanute - New Beginnings (KS)
- DBSA East Central Kansas (ECK) (KS)
- DBSA Northern Kentucky (KY)
- DBSA Oxford Hills (ME)
- DBSA Harrison (MI)
- DBSA Guilford County (NC)
- DBSA Raleigh (NC)
- DBSA Wilmington Area (NC)
- DBSA Granite State Monarchs (NH)
- DBSA Camden County (NJ)
- DBSA Carson City (NV)
- DBSA Fernley (NV)
- DBSA Buffalo (NY)
- DBSA Yorktown (NY)
- DBSA Euclid (OH)
- DBSA Middletown (OH)
- DBSA Milford (OH)
- DBSA Bend (OR)
- DBSA Pittsburgh (PA)
- DBSA Pottstown (PA)
- DBSA East Bay (RI)
- DBSA Centennial (TN)
- DBSA Bellevue (TN)
- DBSA Del Rio (TX)
- DBSA Round Rock (TX)
- DBSA Yakima (WA)

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



Acting Against Stigma

DBSA Southern Nevada, in collaboration with several other local mental health organizations, is producing a theater project that features children with mental illness and their parents as the actors. The play premieres on February 19, 2005.

"We hope that this production will help children achieve a realistic understanding, and hopefully change attitudes toward other children with mental illness," said Cheryl Murphy, chapter leader.

The highlight of the four-act play is an interpretive dance performance depicting the emotions experienced by people with bipolar disorder. It is accompanied by an original song written and performed by a 15-year-old girl with bipolar disorder.

Murphy continued, "with this play, we want kids to learn to direct their feelings into something positive like the arts. We are also educating the public on the facts of mental illness, not the myths."

For information: Cheryl Murphy
(702) 255-4003
www.DBSA-southernnevada.org

Beginner Victories

We started our chapter seven months ago and have already come a long, long way," Vera McEachern of DBSA Henderson (NV) reports. "Our membership has grown from three or four people to over 30 at our evening meeting. We have added an afternoon meeting, and we will add a third meeting in January.

DBSA Henderson has also started a monthly lecture series at local hospitals. The chapter was featured in an article about bipolar disorder in *WomensCare* magazine, which is mailed to over 330,000 homes in the Las Vegas area. Their long-term goals include providing assistance for people who have recently been hospitalized. "I am very proud," says Vera, "of the accomplishments our chapter has achieved and the goals we have set for the long term."

For information: Vera McEachern
(702) 809-3082
www.DBSAhendersonnv.org

Broader Vision, Broader Impact

DBSA Southwest Georgia chapter leader Renée Hansard reports that the Thomasville, Georgia chapter has "had many highlights in the past nine months, most of them related to broadening our chapter's vision."

DBSA Southwest Georgia, previously DBSA Thomasville, is the only chapter in Georgia south of metropolitan Atlanta. "We're surrounded by an area that lacks adequate treatment for mental health needs," said Renée. "We had folks driving an hour or more from every direction just to be with others who had 'been there.' We decided that we had to expand our services."

The chapter's leadership set a strategic vision and invited members of many surrounding communities to serve on their Board. They plan to start support groups throughout the southwest Georgia area.

Renée said, "The outpouring of support has been tremendous. We still have quite a way to go, and many areas around us are in great need. But so far, we've started three new support groups in the region. Bit by bit, our vision is taking shape."

For information: Renée Hansard
(229) 227-9851, ahansard@rose.net

Rhythm and Rhymes for Funds

DBSA New Directions - Abington (PA) raised money and awareness by utilizing the rhythm and rhyming talents of their chapter participants and members of their community. The social event and fundraiser, October Rhythms, was a coffee shop performance that featured poets, singers and DBSA chapter leader Ruth Deming as the host.

"You have to be totally spontaneous and work with the crowd. You have to go with the flow," explained Deming, describing her style of hosting the fundraiser. Deming speaks openly about her bipolar disorder and promotes her chapter's services. Chapter participants enjoy performances like this one several times each year.

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

Ask the Doctors

Question: *What can parents do to help reduce frequency of manic episodes in adolescents?*

Ellen Frank, Ph.D.: Build as much structure as possible into the child's life and the home routine. Do your best to set and stick to regular bedtimes and regular mealtimes, and keep a lot of organizational structure in the home. Each adolescent should go to bed as early as needed to be able to get up and go to school when it's time. People of all ages with bipolar disorder are more likely to be night owls and less likely to be ready to go first thing in the morning. Parents may want to try to negotiate a later start time with the school if possible.

Parents should also try, without being too intrusive, to make sure their teenage children are taking medication as directed, while still giving them freedom to take responsibility for their own illness and treatment.

During an episode of mania, it's helpful to try to keep the level of stimulation in the

house as low as possible. For example, the adolescent can have contact with others, but not 15 friends in the house at once. An emphasis on structure and as little stimulation as possible can help to de-escalate the mania.

Question: *If you've been on the same medication for many years, can it stop working?*

David Kupfer, M.D.: When things change in the human body, due to the aging or development process, it might cause medication to work differently. If someone has another medical illness, the illness itself or the medications used to treat it can interact with medications for depression or bipolar disorder. All these things can lead to a change in how you respond to your medication. Be sure all of your health care providers, including your psychiatrist, are aware of any kinds of physical changes or illnesses you are experiencing, and all medications or supplements you are taking.

Joseph Calabrese, M.D.: When a medication stops working, it may be because early signs of the illness come back and get ignored. So never ignore little symptoms. Let your doctors know as soon as you notice them. With an illness like cancer, a little tumor gets just as much attention as a large tumor. The same should be true with mood disorder symptoms. When you notice early signs of relapse, you and your doctor can take action early to prevent your medication from losing its effectiveness.

Ellen Frank, Ph.D. is Professor of Psychiatry and Psychology in the University of Pittsburgh Medical Center's Western Psychiatric Institute and Clinic.

David Kupfer, M.D. is Thomas Detre Professor and Chairman in the Department of Psychiatry in the University of Pittsburgh Medical Center's Western Psychiatric Institute and Clinic.

Joseph Calabrese, M.D. is Professor of Psychiatry and Director, Center for Intervention and Services Research in Bipolar Disorder Across the Life Span at the University Hospital of Cleveland, Case Western Reserve University.

All three are members of DBSA's Scientific Advisory Board.

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

Antidepressants, Young People and Suicide Prevention

One of DBSA's greatest concerns is the safety of treatments for mood disorders. Recently, the Food and Drug Administration (FDA) issued a Black Box warning for certain selective serotonin reuptake inhibitor (SSRI) antidepressants advising parents to watch for mood swings and thoughts of suicide in children taking SSRIs.

The most important thing parents must do is learn everything they can about their child's illness and treatments. Only then can they make truly educated decisions.

Teachers and other professionals who work with young people need to understand the importance of monitoring children's behavior. They should become familiar with each child's usual behavior as well as actions, statements or behaviors that may be cause for concern. Parents and teachers should

also learn all the warning signs of suicide and how to respond.

DBSA advises parents to supervise their children's daily medication regimes and stay in contact with school staff or professionals who give children mid-day medications. Talk to older children about the importance of not stopping medication or skipping doses. Work with children to develop plans to ensure they take their medication without intruding on their independence.

Children and teenagers should be educated in age-appropriate ways about how to recognize their own symptoms and when to report them to adults. Parents should also insist that their children never keep their own, a friend's or a sibling's suicidal thoughts a secret.

[www.DBSAlliance.org/
info/suicide.html](http://www.DBSAlliance.org/info/suicide.html)



According to new data from Jan Fawcett, M.D., young people with eating disorders are at an increased risk of suicide. If your child is diagnosed with an eating disorder, talk with your child's doctor about using extra caution when prescribing medications. Build a support system that includes family, friends, educators and professionals. Encourage your child to keep track of symptoms each day.

If you or someone you care about has suicidal thoughts, it is very important to find someone to talk with, even if it's a stranger on a telephone help line. Remember that suicidal thoughts are a symptom of depression or bipolar disorder, a result of a thought dysfunction that makes a person think there is no way out. There is help and there is hope.

Beyond Depression: A Survivor's Story



Jacqueline Castine
DBSA Metro Detroit

I always wondered what the term "nervous breakdown" really meant. Several years ago, I found out. My mind would not stop running, I couldn't sleep and I was contemplating suicide. I called my twin sister and spilled the details of my shameful story. She already knew my retirement savings were gone. I admitted I was \$43,000 in debt. She was relieved and said, "Finally, we can get you some help."

I knew my children, mother and sister had been concerned about me, but they had felt powerless. I believed I had a special calling and no one could talk me out of it. I thought I was spending money doing God's work. But I was asking myself – after 10 years of not drinking, why did I have so many crying outbursts, end up in abusive relationships, get fired from jobs and make such self-defeating decisions? What happened to the responsible, talented woman who raised three children, won top

awards in her corporate sales career, wrote two books, and traveled nationally as a speaker on radio and television?

Having finally hit the wall, I sat holding hands with my sister in the waiting room of the emergency crisis center. A 45 minute psychiatric screening and one full box of kleenex later, I received a diagnosis: bipolar disorder, a treatable illness of the brain. Manic depression, the old name for bipolar disorder, fit my recent personality like a glove. It was strangely reassuring to name my illness and halt the spiral of denial that almost killed me.

My prescribed medications worked to ease the symptoms of hyperactivity, suicidal depression, and delusional thinking. But it took me more than a year to adjust to the side effects. All I wanted to do was eat and sleep. I gained weight and felt like my mind was in hibernation. I filed for bankruptcy, stood in line to collect food stamps and

went to live with my 85-year-old mother. I felt ashamed, as if there was no more "me," and I hardly cared. But I sensed a spiritual presence deeply and felt the love of my family daily.

Bit by bit, one step at a time, taking my medications faithfully, and gaining strength from supportive people, I found myself again. No pain, no gain, some say. Today, I am working as a community education specialist for Oakland County Community Mental Health Authority in Michigan and enjoying financial, emotional and physical restoration. I am living in my own very nice apartment, and enjoying my three children and six grandchildren. I am not in jail or dead, but laughing again.

*Jacqueline Castine is a member of DBSA's Speakers' Bureau. To request a speaker or learn about becoming one, e-mail jschauer@DBSAlliance.org or call (800) 826-3632. Castine's latest book, *I Wish I Could Fix It, But... Practical and Spiritual Guidance for Those who Love, Live with and Care for People with Mental Illness and Addictions* is available by mail. (Send \$20.50 to Phoenix Publishers, 43173 Woodward, Suite 331, Bloomfield Hills, MI 48302)*

Watching Washington

YOUR VOICE DOES MAKE A DIFFERENCE. A FEW MINUTES IS ALL IT TAKES TO CONTACT YOUR MEMBERS OF CONGRESS TO URGE THE PASSAGE OF LEGISLATION AFFECTING PEOPLE WITH MOOD DISORDERS AND THEIR FAMILIES. VISIT WWW.DBSCALLIANCE.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.

Mental Health Parity Legislation Blocked Again

Efforts to mandate equal insurance coverage for mental illnesses stalled again in Congress. A number of Republican senators blocked attempts by Senator Domenici (R-NM) to hold a vote on The Senator Paul Wellstone Mental Health Equitable Treatment Act of 2003. With the adjournment of the 108th Congress, the legislation will have to be re-introduced when Congress reconvenes in January. Prospects for its passage as a result of the recent elections are uncertain. President

Bush had previously said he would sign the legislation if Congress passed it. It is critical that all DBSA constituents contact their legislators and demand passage of this bill.

Congress Passes, President Signs Mentally Ill Offender Legislation

Shortly before the November election, President Bush signed into law legislation to establish collaborative programs among the mental health, substance abuse and criminal justice systems. The Mentally Ill Offender Treatment and Crime Reduction Act (H.R. 2387, S. 1194) is aimed at ensuring the provision of services for individuals with mental illness and co-occurring substance abuse, thus reducing the number of such individuals in adult and juvenile corrections facilities. The new law authorizes federal grants to states and communities to train law enforcement about mental illness and substance abuse disorders and to provide courts with alternatives to prosecution.

DBSA supported the legislation, one of the few mental health-related bills to pass in the last session of Congress.

Youth Suicide Prevention Bill Signed Into Law

The Garrett Lee Smith Memorial Act (H.R. 4799, S. 2634) named for the son of Senator Gordon Smith (R-OR), who took his own life, was the second significant piece of legislation related to mental health issues to pass in the 108th Congress. The President signed the bill into law in late October after it passed unanimously in the Senate and overwhelmingly in the House of Representatives. The bill amends the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies. It also authorizes grants to institutions of higher education to reduce student mental and behavioral health problems.



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Editor: Laura Hoofnagle



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