

# 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.

How will the new Medicare changes affect you?

Find out online!

www.DBSAAlliance.org

## Mental Health Reform: The Patient Voice is Heard

The President's New Freedom Commission has brought about a shift in the mental health care

***"The best way [for consumers] to assist the Campaign in achieving these important reforms in America's mental health system is by staying in close touch with the organizations [like DBSA] that came together to establish the Campaign. This collective action will get results."***

*Campaign for Mental Health Reform Director Charles S. Konigsberg*

model. Because of this report, lawmakers, policy makers and health care providers must place patients in the center of care. Mental health treatment is to be directed toward meeting the expressed needs and desires of patients.

At long last, what we have been practicing and advocating is becoming widely accepted. The tide is starting to turn – people who

can make changes are listening. Although we have much more to accomplish as consumer and family advocates, we now have something to celebrate.

At DBSA, we have always known that the only way people with depression or bipolar disorder can become truly well is to be active partners with their health care providers in treatment. Today, productive communication and wellness alliances have

gained recognition. Patient- and family-centered communication are on their way to becoming the norm, not the exception.

We might not see the results of mental health reform at our next doctor visits. Lasting change will not happen overnight, but it is happening. National insurance parity laws (equal coverage for mental

***Recovery is about individuals taking control of their own lives and not having others determine their care or treatment. The concept has evolved to mean the process by which an individual comes to terms with [an] illness and learns to cope. Recovery does not imply a cure but a life long journey and process.***

A. Kathryn Power, M.Ed.,  
Director, Center for  
Mental Health Services

and other physical illnesses) have not been passed, but statewide parity has been passed or mandated in many states. Mental health advocates are working with U.S. policy-makers to analyze, review and recommend ways to change our current system. They are also working to improve access to care for people who receive Medicare or Medicaid. Our

cause has the attention of more government and legislative officials than ever before. As long as we stay informed and keep working for change, we can look forward to seeing real results in the future.

"It is time to put some action into the 'Action Agenda,'" said Congressman Patrick Kennedy (D-RI). "With the Administration's release of its Action Agenda and the Campaign for Mental Health Reform's leadership, I hope we will finally begin to see a level of attention [that matches] the magnitude of the problem."

*continued on page 4*

www.mentalhealthcommission.gov



## President's Outlook



Lydia Lewis

Recovery from depression and bipolar disorder is an ongoing process. Recovery is not just freedom from symptoms, but the ability to live a full life and be active in our communities. Relief from symptoms is important, but we need to create goals that go far beyond this relief to full recovery and return to the lives we were meant to live.

When DBSA was founded 20 years ago, treatment of mood disorders focused primarily on education and getting rid of symptoms. Things have come a long way since 1985. The idea of full recovery is new, but DBSA is here to guide you through it. We are here to provide knowledge, empowerment, and hope.

Your road to recovery must begin with knowledge. Have you found out everything you can about your illness? Do you know how to get a correct diagnosis and choose a treatment option with your health care provider? Is your health care provider aware of your needs? Do your family and friends know the best ways to help you? Do you have a plan of action to use when you feel your symptoms becoming worse?

DBSA can help by providing you with facts that are easily understood and tools that empower you in your treatment. The more you know about your illness, the better equipped you are to cope with the symptoms. Never forget that you are living your own unique life and you play the Number One role to ensure you live the best life possible.

DBSA also knows that peer support is essential to mental health. Putting together an effective peer support network might not always be easy, but I urge everyone to keep working at it. Peer support has a positive effect that cannot come from any chemical, therapy, magazine, or textbook. It's that unique feeling that comes over you when you realize - someone understands! Someone knows what it's like to have an illness that often puts your moods out of your control or drives you toward self-destructive behavior.

DBSA exists to help you in any way we can to live a full and fulfilling life. No matter how hopeless your illness may make you feel, never forget that you are not alone. By being a part of DBSA you are a part of something important. Those who have been there can help you get through your most challenging times, and when you share your experiences with others, you can help them, too. None of us needs to be alone. And who knows more about living with depression and bipolar disorder than others who have been there? We are an alliance for hope, help, and support.

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



## DBSA AND ME

I remember my first visit to my local DBSA chapter in Portland, Maine. I was quite intrigued by the concept of peer support. I asked myself, "What do they do here? Do they really help? Who goes to these meetings anyway? What if I'm one of those people?"

As I entered the room, I pondered for a moment, "One of what people?" Maybe these people had had problems with treatment similar to mine, and just needed to find a place where they felt at home and were treated with respect. Then I wondered, how could there be this many people who had issues with treatment? Wasn't it just me who questioned the types of treatment available, who questioned every move my doctors made and asked them to explain their thoughts in detail so I could understand and believe them?

I put on a name tag and sat down. I didn't see anyone I knew, or that I remembered ever meeting. My thoughts were racing so fast I had to remind myself to slow down, get a hold of myself. "Just try to fit in and don't make any waves like you usually do," I told myself.

An elderly man up front introduced himself as John, and continued to speak about our topic for the evening, cognitive behavioral therapy (CBT). I was glad I knew something about that topic. But should I open my mouth and risk looking like an idiot or sit quietly and listen? The majority of the time, I have a hard time sitting and listening without giving my opinions or ideas.

John continued describing CBT and how it could help people change poor automatic thoughts. I could feel that this man really was concerned about everyone's problems and how they were feeling. I hadn't seen anyone who expressed this level of awareness with the consumer. He seemed to know how the people in the room felt, and conveyed this by the way he talked and listened.

The meeting split into groups and I watched as John listened to each person who spoke with complete attention, then responded with a mouthful of ideas that made me think, "Wow, this guy is bursting with wisdom!" At one point he mentioned he had been living with bipolar disorder for 30 years, and knew what living with this disorder was like. This floored me - I had never seen anyone providing help who had the same issues as the people they were helping.

"What a concept!" I thought. The method of healing offered by DBSA was unique and exciting to me. I felt right at home in the meeting from day one, and I couldn't wait to get home and tell my wife all about my experience. I suspect the medical model of recovery from bipolar disorder could be very much improved by listening, hearing, understanding, and most of all, relating to one another's problems so we don't feel all alone in the treatment process. From my first day at DBSA Portland, I knew without a doubt that I'd be back.



Jeffrey Irving,  
Portland,  
Maine

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





*Miriam Johnson-Hoyte, Esq.*

All of us at DBSA are so heartened to see the reforms described in this issue's cover article. At last, the voice of the patient is not only being heard, but being actively sought out by professionals and policy makers! This is a new era for mental health care.

Illnesses of the brain affect illnesses of the body, and vice versa. Because the brain and its functions are so integral to our overall health, all health care providers, not just mental health care providers, need to understand the complex interaction between physical and mental illnesses. Depression and bipolar disorder are the most prevalent illnesses co-occurring with physical disorders.

Even with more informed professionals, what can we do to make our own care the best it can be? We can ask that we have input into our own treatment. We can encourage loved ones to take an active role in treatment. We can get familiar with the symptoms of depression and bipolar disorder, and let others know that these are real illnesses, not character weaknesses.

We also need each other, which is why our Annual Conferences have been such exciting and important events. This year each Conference included a Ceremony of Hope, an inspiring and moving presentation that celebrated our hope for a brighter tomorrow and let us reflect on those we have lost and the goals we still need to achieve.

Our Conferences this year brought so much hope, knowledge and inspiration to so many. People said that the feeling of being in a room with hundreds of

people who understood their experience was powerful and life-changing. Conferences have led to formation of numerous DBSA chapters and countless friendships.

If you weren't able to attend our Conferences this year, DBSA offers many additional opportunities for fellowship. Visit our Online Chat Room or Message Boards on DBSAlliance.org at any time and you are likely to find something you need. Attend a support group and you might be surprised how much relief and comfort you get from talking to others who understand.

DBSA is special for many reasons. One reason is that we are patient-run and patient-directed. Our chapters are led by people with experience – not necessarily in science – but in living with depression or bipolar disorder. Many of our support group leaders have lived with their illness for decades, and remember a time when treatment choices were limited and stigma about mood disorders seemed insurmountable. Things are not perfect today, but the work of DBSA and our chapters has helped reduce stigma and increase treatment options. Many of us endured setbacks and challenges on the way to stability, and many of us still do. But we persevered, reached out to others and worked for change.

My sincere congratulations to our Chapter Service Awardees, and my deepest thanks to our Chapter Professional Advisor Awardees, along with all of our hard-working Chapters and Chapter Professional Advisors. Each of you has helped this organization touch more lives than we will ever be able to count, and save more lives than we will ever know.

We've been there, we understand and we can help.

## Call for Nominations

Miriam Johnson-Hoyte, Esq., Chair of the DBSA Nominating Committee, requests candidates for the 2006 DBSA Board of Directors. Nominations will be considered for Board positions that become vacant after Dec 31, 2005. In addition, nominations are sought for the offices of President, Vice President, Secretary and Treasurer. Candidates for these executive 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 at [www.DBSAlliance.org](http://www.DBSAlliance.org). Forms must be postmarked by November 30, 2005.

# DBSA 2005 Board of Directors

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Chicago, Illinois

# Scientific Advisory Board Update

## Five Key Concepts for Families and Friends

Ellen Frank, Ph.D.  
SAB Chair



Educating yourself is extremely important when someone you care about is diagnosed with a mood disorder. Family members and friends should know the symptoms of mania and depression, and which symptoms their loved one finds most troublesome. There are also five key concepts that can help family members understand their loved ones.

1. **No one ever chooses to have symptoms of depression.** Depressive symptoms are part of a medical illness. They are not an attempt to manipulate others or escape responsibility. Treat your family member with depressive symptoms the same way you would treat one with a physical injury – help when you are needed. Know that your loved one's symptoms may prevent him or her from showing appreciation for your help.
- 1b. **...but some individuals with bipolar disorder sometimes do choose to have hypomania.** Hypomania can be a pleasurable state for many people, especially compared to depression, and it is tempting for many people to allow their hypomanic symptoms to escalate. Be aware that impaired judgment is a feature of mania, and your loved one may not have insight into what is happening. Know that communication will be more difficult and it is helpful for you to stay as calm as possible.

2. **Communicating your concerns and desires through "I messages" is more likely to be effective than using blaming "you messages."** Speaking about the things *you* need or want is more likely to get results than telling your loved one what he or she is doing wrong. For example, "I need to have some quiet time," rather than "You're talking too much," or "I'm concerned about you," instead of "You're acting crazy."
3. **Most individuals with mood disorders benefit from regular routines that lead to adequate (but not too much) sleep.** Regularizing your loved one's (and possibly the entire family's) daily rhythms and routines may be difficult at first, but the long-term rewards are worth it.
4. **Being an effective support to someone with a mood disorder is very challenging.** You may feel helpless, overwhelmed, confused, hurt, angry, frustrated, guilty, ashamed or resentful. *All of these feelings are normal.*
5. **Because it can be so challenging, you, too, need support.** DBSA support groups can provide this support. Many chapters offer family and friends' groups, and many loved ones have taken leadership roles in these groups. Being with other family members who have been there not only provides perspective and relief, but it can be an excellent source of advice for keeping a family healthy.

## Mental Health Reform

*continued from page 1*

We may not realize it, but everyone's participation in DBSA activities makes a difference. As we all keep working together toward common goals of individual and system-wide wellness and stability, we will be part of the solution.

Campaign for Mental Health Reform Director Charles Konigsberg recommends, "The best way [for consumers] to assist the Campaign in achieving these important reforms in America's mental health system is by staying in close touch with the organizations [like DBSA] that came together to establish the Campaign ... This collective action will get results."

For more information, visit:  
[www.mhreform.org](http://www.mhreform.org)  
[www.annapoliscoalition.org](http://www.annapoliscoalition.org)  
[www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov)  
[www.DBSAlliance.org](http://www.DBSAlliance.org)



## Mental Health Reform Efforts A Brief Synopsis of Recent Years

# 1999

- U.S. Surgeon General David Satcher, M.D., Ph.D., issues a **Call to Action on Suicide Prevention**
- **First White House Conference on Mental Health**

# 2000

- **Dr. Satcher releases *Mental Health: A Report of the Surgeon General*, informing us that, "future care systems and quality tools will need to reflect person-centered values."**

# 2001

- **Annapolis Coalition on Behavioral Workforce Education holds first meeting to define goals for a new patient-focused generation of mental health professionals.**

# 2002

- **New Freedom Initiative is launched by President Bush and New Freedom Commission is formed. In its Interim Report, the Commission affirmed that "Americans deserve a health care system that treats their mental illnesses with the same urgency as it treats their medical illnesses. In an ideal system, all individuals would receive prompt, high quality, effective care with the same priority, regardless of diagnosis."**

*chart continues on page 9*

# Depression and Bipolar Support Alliance

## 2004 Annual Report

DBSA's mission

**To improve the lives of people living with mood disorders.**

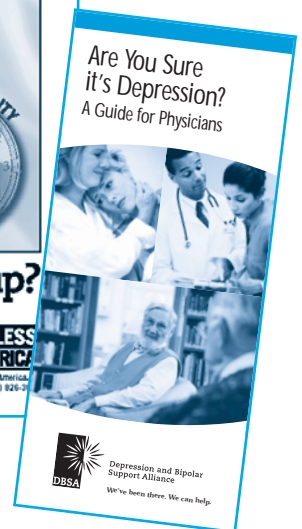
How we met our mission in 2004



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

DBSA's message of hope was heard or seen over 700 million times through print and broadcast media. DBSA also reached out to communities across the country with a variety of programs and events.

- *Sleepless in America* focused on a common mood disorder symptom: insomnia. Thousands of Sleep Kits, including sleep tips and mood disorder information, were requested each month and helped many people learn about mood disorders for the first time.
- *Men and Depression* targeted colleges and universities with public service announcements and brochures to help young men identify symptoms of depression and let them know the real sign of strength is seeking help.
- DBSA took two educational programs on the road, *Ask the Doctors* and *Detour to Wellness*. *Ask the Doctors* featured a panel of expert clinicians addressing common consumer questions, while *Detour* featured informative and inspirational speakers including author Lizzie Simon.
- *Are You Sure it's Depression?*, educated professionals about bipolar II disorder and offered new hope to people facing treatment challenges.



Helping people successfully manage their disease

At DBSA, we know that where disease management is concerned, knowledge is power and an essential part of recovery is sharing experience and hope with peers who have been there.

- DBSA's *Mind, Body, Spirit* Conference in Pittsburgh brought together hundreds of individuals for fellowship and learning.
- With the help of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, DBSA implemented our Peer-to-Peer Center. We conducted several training sessions for Certified Peer Specialists across the country, to assist people with self-determination, self-management and support system development.
- Our *Just Diagnosed... What Now?* brochure, a shortened version of 2002's successful kits, was reprinted and distributed to thousands of professionals and patients.

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# DBSA 2004 Year in Review

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- DBSA's specialized online training for chapters helped chapter leaders offer the best possible help to their communities.
- DBSAAlliance.org continued to grow, offering online chats with Scientific Advisory Board members, weekly online support groups and a database of frequently asked questions about mood disorders.

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

- DBSA began a Hospitalization Education and Outreach program, to help chapters reach out to their local inpatient facilities and the families of people receiving inpatient treatment. DBSAAlliance.org also added a section to educate people about voluntary and involuntary hospitalization, advance directives and patient rights.
- DBSA helped raise awareness about veterans' struggles with mental health by participating in the Veterans' Administration Committee on Veterans with Serious Mental Illness.
- DBSA kept constituents informed throughout the controversy surrounding Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants prescribed to those under 18. DBSA also testified on Capitol Hill regarding the importance of informed families and supervised treatment.
- DBSA began working on the steering committee of the Annapolis Coalition, helping to reframe medical education and increase patient focus and empathy among health care professionals.

## Expanding the ability of people to receive treatment

- DBSA's 800 number helped hundreds of thousands of people find the resources they needed.
- DBSAAlliance.org helped people learn about finding a mental health professional with patient-to-patient recommendations, referral service listings and ideas on reducing treatment costs.
- DBSA educated patients and families on forming collaborative partnerships with health care providers to receive the best treatment possible.
- DBSAAlliance.org provided a Legislative Action Center with step-by-step instructions on advocating with policymakers for laws that make better mental health care accessible to more people.



## Advancing research to improve mood disorder treatment options

DBSA has worked to ensure that the patient is at the center of national research agendas.

- Our organization served on numerous research advisory boards, conducted national consumer and family surveys, and provided essential patient perspectives through publication in scientific journals and speeches to researchers, clinicians and policy makers.
- DBSA presented the annual Klerman Awards to recognize outstanding researchers in the field of mood disorders and encourage future research.
- DBSA submitted written testimony to the FDA stating the need for more research on the issue of prescribing SSRIs to children and adolescents.
- DBSA President Lydia Lewis joined the Academic Consortium of National Mental Health Organizations and met with Congress to encourage increased funding for mental health research at the National Institutes of Health.



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

DBSAAlliance.org kept readers current on events and active in legislation. Endorsed bills included

- The Positive Aging Act
- Medicare Mental Health Copayment Equity Act
- Medicare Mental Health Modernization Act
- Youth Suicide Early Intervention and Prevention Expansion Act of 2004
- Keeping Families Together
- The Senator Paul Wellstone Mental Health Equitable Treatment Act

In the fall of 2004, we applauded when The Mentally Ill Offender Treatment and Crime Reduction Act, with the goal of reducing the number of individuals with mental disorders in prisons, and the Garrett Lee Smith Memorial Act, which supports early intervention and suicide prevention, were signed into law.

All of us at DBSA express our sincere gratitude to each of our chapters and supporters. With your help, we can continue to provide help, hope and support to the millions of patients, families and professionals living and coping with depression and bipolar disorder.



William Ashdown



Lydia Lewis

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# DBSA 2004 Year in Review

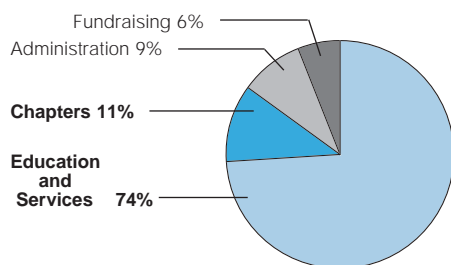
DBSA ended the fiscal year of 2004 with a surplus. It was a great accomplishment to keep expenses as conservative as possible without affecting the high quality of service that DBSA provides to over four million individuals and families living with depression or bipolar disorder.

The auditor's report stated that DBSA continues to be in compliance with GAAP and Sarbanes Oxley Act. We are proud to report that 85 cents of every dollar is spent on programs and services and only 15 cents of every dollar is spent on fundraising and administration.

DBSA continues to use donations wisely and prudently while offering the majority of our programs, products and services at no charge to all who ask for help.

## 2004 Functional Expenses

How each dollar was spent



## 2004 Audited Financial Statements

### Balance Sheet

#### Assets

	2004	2003
Cash and cash equivalents	576,144	104,859
Investments	446,657	418,099
Accounts receivable	8,573	36,435
Contributions receivable	100,000	462,768
Other	22,329	50,858
Property and equipment	38,825	62,372
<b>Total Assets</b>	<b>1,192,528</b>	<b>1,135,391</b>

#### Liabilities and Net Assets

Capital lease obligations	10,258	14,276
Accounts payable and accrued expenses	46,560	138,946
Accrued liabilities-payroll, rent	64,853	44,079
<b>Total Liabilities</b>	<b>121,671</b>	<b>197,301</b>

#### Net Assets

Unrestricted	856,933	816,070
Temporarily restricted	213,924	122,020

<b>Total Net Assets</b>	<b>1,070,857</b>	<b>938,090</b>
<b>Total Liabilities and Net Assets</b>	<b>1,192,528</b>	<b>1,135,391</b>

## Statement of Activities

### Revenues, Gains and Other Support

Contributions	2,852,868	2,732,378
Other	160,192	229,250
<b>Total Income</b>	<b>3,013,060</b>	<b>2,961,628</b>

### Expenses

Program services	2,430,875	2,889,690
Supporting services		
Management and general	258,786	184,837
Fundraising	190,632	196,509
<b>Total Expenses</b>	<b>2,880,293</b>	<b>3,271,036</b>

Change in net assets	132,767	-309,408
Net Assets		
Beginning of the year	938,090	1,247,498
End of year	1,070,857	938,090

## Planning for the future – The Dr. Jan Fawcett Heritage Society

Help us reach our long-term goals by planning for DBSA's future today

More than 20 years ago, Jan Fawcett, MD, assisted a group of people with mood disorders who were helping each other to improve their lives. In 1985, this group incorporated as the National Depressive and Manic-Depressive Association, now the Depression and Bipolar Support Alliance. In the beginning, the future of the organization was unknown. It was peers helping peers, hopeful that they could make a difference.

A lot has changed in those 20 years! DBSA is now the nation's leading patient-directed organization focused on mood disorders. We have more than 400 chapters and more than 1,000 support groups across the country. More than four million people contact us each year looking for support and information on depression and bipolar

disorder. And, our goals for the future are clear – improving recognition, early detection and diagnosis of mood disorders, helping people successfully manage their disease, expanding the ability of people to receive treatment and advancing research to improve mood disorder treatment options.

While we cannot reach all of these goals tomorrow, this month or even this year, with your help they can be reached. Please consider joining a key group of supporters working to ensure that our goals become our realities by including DBSA in your plans for the future. The Dr. Jan Fawcett Heritage Society was established to recognize and honor those generous donors who have included DBSA in their estate plans.

The most common way of including DBSA in your estate plans is to designate us as a recipient in your will. A will should be done in consultation with an attorney and a tax advisor who can help you prepare a document that is legally sound and provides the maximum tax benefits.

Other planned gifts include donations of stock, life income gifts and gifts of retirement plans. If you would like to learn more about these or other types of planned gifts, please consult with your attorney and tax advisor.

If you have already planned a gift to DBSA or would like to include DBSA in your estate plans, please contact us at (800) 826-3632 to find out how you can become a member of the Dr. Jan Fawcett Heritage Society.

# Special Thanks to our Donors

In DBSA's Annual Report, we celebrate those individuals, organizations, foundations, and corporations that demonstrated their commitment "to improve the lives of people living with mood disorders" by generously supporting our 2004 programs. These inspirational gifts were crucial to providing life-saving services to more than four million people. Thank you!

## LEADERSHIP CIRCLE (\$150,000 AND ABOVE)

Abbott Laboratories  
AstraZeneca  
Pharmaceuticals  
Bristol-Myers Squibb  
Company  
U.S. Dept. of Health &  
Human Services,  
Substance Abuse &  
Mental Health Services  
Administration (SAMHSA),  
Center for Mental Health  
Services (CMHS)  
Eli Lilly and Company  
GlaxoSmithKline  
Janssen Pharmaceutica  
Products  
Pfizer Inc  
Wyeth Pharmaceuticals

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

Carole B. & Kenneth J.  
Boudreaux Foundation  
MedEd Resource Group  
Merck & Co., Inc.  
Edward M. Scolnick, M.D.

## ADVOCATE COUNCIL (\$5,000-9,999)

Anonymous (1)  
Cyberonics, Inc.  
Forest Laboratories  
Milliken Foundation  
Neuronetics, Inc.  
The Henry Foundation  
University of Pittsburgh  
Medical Center  
Mr. & Mrs. Jerry Wagner

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

Anonymous (2)  
Mr. Orrin Addis  
The American Gift Fund  
Michael & Angela Berman  
Philanthropic Fund  
Bloomingdale's  
Mrs. Alisa Boonsopon  
The Earl & Margery  
Chapman Foundation  
Mr. & Mrs. Norman Cutler  
Ellen Frank, Ph.D.  
Mr. Larry Fricks  
Ms. Cheryl Gidley  
Mr. David Graber  
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Kay Redfield Jamison, Ph.D.  
Jewish Healthcare  
Foundation of Pittsburgh  
Wayne Katon, M.D.  
Landmann Family Fund,  
Upper Valley Community  
Foundation  
Livingston College  
Governing Association  
J. J. Mann, M.D.  
Microsoft  
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Memorial Charitable  
Foundation  
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Ph.D.  
Edward Nunes, M.D.  
Nutrition 21  
Ms. Marilyn Pearson  
Ms. Susan Penry-William  
Pfizer Foundation  
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Staunton Farm Foundation  
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Miles Bart  
DBSA New Directions Delaware

I grew up in Manhattan and graduated from NYU with an engineering degree. By 1964, I was married with three sons, working as a project manager, and having severe mood symptoms my doctor couldn't explain.

I had months of severe depression followed by months of manic highs, and I couldn't work during either of them. I was put on a mood stabilizer but was unable to achieve stability. My marriage ended in 1970. I moved to several different states in search of employment.

Throughout the 70s and 80s, I was often suicidally depressed. I was hospitalized and had electroconvulsive therapy, but the depressions kept returning. In the winter of 1990, in the midst of another suicidal depression, I prayed and made a promise to spend the rest of my life helping people if I could find some relief.

My therapist suggested a support group, so I attended the nearest DBSA group, New Directions in Abington, Pennsylvania. It made such a difference that I decided to start a new support group closer to home with two new friends I had made. There were six people at our first meeting, which was held at a local church.

I attended my first Annual Conference of what was then National DMDA in 1993, where I met Mary Ellen Copeland, MS, MA, a mental health educator and developer of the Wellness Recovery Action Plan (WRAP). I used what I learned from her books to start a 12-week seminar to teach consumers and families how to understand and manage their illness. We hold several seminars each year, and many

people who have completed the seminars have gone on to become leaders in our chapter.

Today New Directions Delaware holds two support groups (about 30 participants) and one educational speaker group (about 150 participants) each month. We invite outside speakers to educate us about a variety of topics from suicide prevention to vocational rehabilitation. We have a mailing list of more than 2,600 people and organizations.

Our Road to Recovery includes Nine Steps.

1. Take control of your life.
2. Find a good psychiatrist.
3. Take the right medication.
4. Utilize all workable therapies.
5. Educate yourself about your illness and your medication.
6. Learn to prevent full-blown episodes of depression and mania.
7. Join a support group.
8. Stay active and involved at work and other meaningful activities.
9. Reach out to help others.

During the fourteen years of New Directions Delaware's existence, our chapter and I have received awards for outstanding volunteer participation including the Go On And Live (GOAL)/Points of Light Foundation award and a citation from the governor of Delaware.

Our support groups teach that, through understanding and managing our illness, joining together and learning that we are not alone, we can find New Directions toward health and happiness.

## Mental Health Reform Efforts A Brief Synopsis of Recent Years

*continued from page 4*

### 2003

- **President's New Freedom Commission on Mental Health releases Final Report: Achieving the Promise: Transforming Mental Health Care in America, which confirmed that, "Recovery is possible; promoting recovery (not just symptom relief) should be a driving goal of a transformed system; and care should be consumer and family driven."**
- **Annapolis Coalition on Behavioral Workforce Education releases Best Practices in Behavioral Health Workforce Education and Training, recommending that, "consumers and family members should be engaged as teachers of the workforce; consumers and families should be empowered as caregivers and educators; and care should be safe, person-centered, effective, efficient, equitable and timely."**

### 2005

- **Substance Abuse and Mental Health Services Administration publishes Transforming Mental Health Care in America: The Federal Action Agenda: First Steps, recommending that reformers, "focus on the desired outcomes of mental health care, which are to attain each individual's maximum level of employment, self-care, interpersonal relationships and community participation."**
- **Campaign for Mental Health Reform (CMHR), a coalition of 16 national mental health advocacy organizations including DBSA, releases Emergency Response: A Roadmap for Federal Action on America's Mental Health Crisis, entreating America's government to, "prevent the negative consequences of mental disorders by getting the right services to the right people at the right time; and promote independence by increasing employment, eliminating disincentives for economic self-sufficiency and ending homelessness."**

# Chapter Highlights

## DBSA Chapters Touched by Hurricanes

One year ago DBSA chapters in Florida were pooling resources and people-power to support the victims of hurricanes that swept through Florida. Now, in the face of the Gulf Coast hurricanes, DBSA chapters and participants are again struggling with the devastation of terrible storms. Six different DBSA chapters are located within 200 miles of where the storms touched land. DBSA's national office has had countless calls from constituents all over the country with warm wishes and questions of concern. As the water recedes, and the region fights its way back to normalcy, DBSA's network of caring chapter participants send their warm wishes for comfort and safety to all those directly and indirectly affected by this disaster. DBSA will be working through local chapters to provide support, help and hope to people in areas suffering from the aftereffects of the hurricanes.

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



## Honoring Facilitators, A Chapter's "Heart and Soul"

DBSA Greater Houston (TX) demonstrated the importance of saying "thank you" recently. Earlier this year the chapter held its first ever "Heart and Soul Luncheon" to honor the volunteers that facilitate the chapter's support groups. The facilitators were treated to a lunch out on the town with members of the chapter's Board of Directors, and were presented a black leather portfolio as a gift recognizing their hard work. The chapter also presented four "Big Heart" awards to their most outstanding facilitators.

**For information:** DBSA Houston, (713) 812-1235, [info@dbsahouston.org](mailto:info@dbsahouston.org).

## "Small" Chapters – Big Achievements – Beyond Support Groups

At the core of DBSA chapters is the support group; over 1,000 peer-led, self-help support groups are hosted by DBSA chapters across the United States and abroad.

DBSA is more than just support groups though, and many chapters, even "small chapters" (those with fewer than 50 participants and with annual budgets smaller than \$500), are providing services beyond peer support. These are only a few examples of the countless ways DBSA chapters with limited resources maximize their impact.

DBSA Milwaukee Southside (WI), a chapter formed last year has held leadership training sessions, represented DBSA at mental health resource fairs, and held a successful public education session in July

titled "Joanne Unveiled: A Psychospiritual Journey to Wellness."

DBSA Bergen County (NJ) has launched a website, provided 24 scholarships to its participants for the DBSA "Road to Recovery" Conference, started a chapter library, and is planning an art therapy project all with the help of a local corporate donor.

Even the simplest efforts beyond peer support groups are worth celebrating. Barbara Danaher of DBSA Northwest Connecticut provides a welcome gift to every chapter participant - Barbara makes a colorful needlepoint nametag for every one of them. "This labor of dedication and love is very much appreciated by all," says Doyle Finan, Co-Chairman of the chapter.

**For information:** DBSA Milwaukee Southside, Roseann Schmidt, (414) 964-2586, [schmidt9739@hotmail.com](mailto:schmidt9739@hotmail.com); DBSA Bergen County, Cecily Buck, (973) 423-4394, [bergendmda@aol.com](mailto:bergendmda@aol.com); DBSA Northwest Connecticut, Doyle Finan, (860) 567-8928; Palmer Marrin, (860) 567-5454.

## Many Perspectives on Wellness

DBSA Finger Lakes (NY) and DBSA Berwyn (IL) have provided their chapter communities with many diverse expert perspectives on how best to treat depression and bipolar disorder over the past year. Many DBSA chapters provide educational speakers, but these two chapters represent the effort by local DBSA leaders to give the full picture of the countless wellness strategies and treatments for these illnesses.

The Finger Lakes chapter hosted speakers in the past year including their professional

## New Chapters

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

### U.S.

- DBSA Fort Smith (AR)
- DBSA Hot Springs (AR)
- DBSA NW Arkansas (AR)
- DBSA Sun Valley Community Church (AZ)
- DBSA Yuma (AZ)
- DBSA Chico (CA)
- DBSA Oroville (CA)
- DBSA Palomar (CA)
- DBSA West Slope (CO)
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- DBSA Hastings (MI)
- DBSA Livingston County (MI)
- DBSA Petersburg (MI)
- DBSA Greater Brookside (MO)
- DBSA Flathead Area (MT)
- DBSA Las Cruces (NM)
- DBSA West Chester (PA)
- DBSA Williamsport (PA)
- DBSA San Juan (PR)
- DBSA Jackson (TN)
- DBSA Acton – Granbury (TX)
- DBSA Amistad (TX)
- DBSA Christian Community of San Antonio (TX)
- DBSA Navarro County (TX)
- DBSA Southeast San Antonio Family Christian (TX)
- DBSA Chesterfield (VA)
- DBSA Portsmouth (VA)
- DBSA Walla Walla (WA)
- DBSA Fond du Lac (WI)

advisor, a cognitive therapist, a nutritionist, a psychiatrist, a kinesiologist (movement/muscle specialist) and an expert on helping persons with disabilities find employment.

The Berwyn chapter has increased its monthly educational speakers this past year and hosted 23 different educational presentations, including topics such as: recovery, anger management, conflict management skills, assertiveness, self injury, leisure and fitness, and others.

**For information:** DBSA Finger Lakes, Lola Mitchell, Ed.D., (607) 733-1145, [lmitch1052@aol.com](mailto:lmitch1052@aol.com); DBSA Berwyn, L.J. McGill Haviland, (708) 795-1387, [ljmael@sbcglobal.net](mailto:ljmael@sbcglobal.net)

# 2005 Chapter Leadership Awards

## DBSA Grand Haven Odyssey, Michigan

DBSA Grand Haven Odyssey was launched in 2002 by a crew of three professional advisors and two consumers. The chapter's theme, "Odyssey," was chosen to represent the quest for individual and group wellness. Group facilitators and advisors meet regularly and refer to themselves as "tankers," since they form a think tank for the chapter's publicity, presentations and community outreach. The chapter credits its numerous advisors with being "an unending source of spiritual, emotional and financial assistance and encouragement."

The chapter has maintained a vital space in its community by listing with a statewide assistance line, "Dial 211"; participating in health fairs; distributing event press releases to local newspapers, radio and TV; designing and distributing eye-catching event flyers; and participating in awareness events such as the Mental Health Walk.

In addition to regular support groups, DBSA Grand Haven holds quarterly speaker meetings that are open to the public. Topics have included Substance Abuse and Mental Health; Using our Strengths to Manage our Moods; and From Depression to Empowerment.

DBSA Grand Haven also supports DBSA at the national level, buying DBSA merchandise, recommending treatment facilities on DBSAlliance.org, participating in the DBSA Chapters' National Case Studies competition, and generating enthusiastic support for the Road to Recovery Conferences.



DBSA Grand Haven's Linda, Joanie and Helen at the Whole Health Fair.



DBSA New Directions Delaware secured an in-kind donation to advertise their chapter on a major highway.

## DBSA New Directions Delaware

DBSA New Directions Delaware was founded over 10 years ago and has grown to provide eight monthly support groups to hundreds of people, families and friends in the four state area including Delaware, Pennsylvania, Maryland and New Jersey. At each support group, insights, successes, hopes, active listening, confidentiality and the importance of helping others are emphasized.

DBSA New Directions exemplifies fellowship with a variety of community events. The chapter holds monthly speaker meetings and an annual memorial event featuring leading mental health professionals such as Kay Jamison, Ph.D., and David Burns, M.D. A 12-week Depression Seminar based on Mary Ellen Copeland's Wellness Recovery Action Plan is offered twice a year for a nominal fee. The chapter also offers Facilitator Training and a six week meditation program. An extensive library of written information and video tapes, many from previous Speaker Meetings, is maintained by chapter members.

Fundraising is also important to DBSA New Directions. Participants work to obtain in-kind donations from area merchants, including a billboard advertising the chapter and directing people to the web site, [NewDirectionsDelaware.org](http://NewDirectionsDelaware.org).

A person attending a New Directions meeting for the first time will meet people of all ages from all walks of life, most likely, several with whom they share things in common. Many participants develop new self-esteem and confidence, as well as lasting friendships and renewed hope and optimism.

# DBSA's Chapter Professional Advisor Service Awards

## Frederick Jacobsen, M.D., M.P.H., D.F.A.P.A.

DBSA Capital Area, Washington, D.C.

Dr. Jacobsen has been DBSA Capital Area's professional advisor since 1987. Early in the group's existence, he helped establish the chapter's monthly speaker program, and more recently he has led the way in securing the meeting space at a local university which is easily accessible by both car and public transportation. He recommends DBSA support groups to his many patients and fellow professionals.

Dr. Jacobsen's medical research studies have led the way in finding treatment solutions for people with difficult-to-treat mood disorders. He is willing to seek unconventional solutions for unusual symptoms and helps all the people he treats work toward complete wellness.

Because of Dr. Jacobsen's efforts, people in the DC area have better access to up-to-date information about depression and bipolar disorder. His exemplary professional assistance to DBSA Capital Area has empowered and improved the lives of countless people and families affected by mood disorders.

## Mark S. Bauer, M.D.

DBSA East Bay – Rhode Island and Southern Massachusetts

Dr. Bauer has been instrumental in building the new DBSA East Bay chapter by fostering active participation and leadership. The chapter began about one year ago when Dr. Bauer brought a group of people with mood disorders together to collaborate on research into peer-led illness self-management.

Throughout his research career, Dr. Bauer has always sought the patient perspective. He is respectful and mindful of people's needs and interested in the experiences of the people he treats. As professor of Psychiatry and Human Behavior at Brown University, he is teaching the next generation of psychiatrists the importance of including patient and family perspectives in treatment.

The belief that patients are their own best experts is essential to Dr. Bauer's research, teaching and practice. Members of his chapter credit him with their thriving existence and commend him for committing himself to grassroots activism.



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