

## OUTREACH



Newsletter of the

**Depression and Bipolar Support Alliance**

## INSIDE

2

**DBSA and Me:  
A Family Member's  
Perspective**

5

**2005 Road to  
Recovery  
Conferences**

6

**Communication  
with Health Care  
Providers**

7

**Avoiding  
Medication  
Withdrawal**

## 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)

## DBSA Celebrates 20 Years of Hope, Help and Support

June 2005 marks the 20th anniversary of DBSA's official incorporation. The organization began taking shape in the late 1970s with the help of dozens of dedicated volunteers. Their goal was to start a patient group to address stigma and provide information, support and examples of people with manic depression and depression who had been successfully treated.

The first meeting of patients, loved ones and professionals took place in the fall of 1978 at a home in Chicago's northern suburbs. Facing widespread stigma and misunderstanding, this small and courageous group began holding regular meetings, as well as lectures in local libraries. They wrote press releases, which they hand-delivered to local newspaper offices. Attendance at meetings quickly grew and lectures were often filled beyond capacity. By 1979 there were too many attendees to fit into the average living room and the group began meeting at a local restaurant.

Jan Fawcett, M.D., Professor of Psychiatry at University of New Mexico School of Medicine (formerly Chair of the Department of Psychiatry at Rush-Presbyterian-St. Luke's Medical Center in Chicago) advised the group. He enlisted fellow medical professionals to help spread the word and give financial support. "I told the group members it would be difficult," he explains.

"Problems could come up, such as members' having relapses of manic or depressive symptoms. I also told them I would help in any way I could. I could see how powerful a force this group could be in helping patients in a way no doctor could provide."

In 1982, members began speaking to psychiatric hospital staff and patients. They offered support

groups as a resource for people after they were discharged. Group members described their own experiences having a mood disorder, getting treatment, coping with relationship issues and facing stigma.

A phone number, answering service and P.O. Box were set up, and inquiries flooded in, all of which were answered by volunteers. Many people who received information went on to start and lead groups in communities across the country. In 1984, 27 of the groups sent representatives to a meeting in Chicago to begin a national movement. In 1985, the National Depressive and Manic-Depressive Association was incorporated. In 2002, National DMDA changed its name to the Depression and Bipolar Support Alliance (DBSA) to reflect changes in scientific terminology, appeal to more people

looking for help, and highlight what makes our organization unique - patients and families helping one another through support.

"As the group developed a more organized and businesslike structure, it became stronger, more effective and able to help many more people and successfully attack stigma with scientific information. It has become a powerful resource to people all over the country and beyond, and touches

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many lives positively," said Dr. Fawcett. "I have seen this organization make tangible contributions that no one individual could make. Helping this organization get started is one of the most valuable things I have been able to do during my career. I smile when I see the cream of academic psychiatry on the Scientific Advisory Board. I'm so proud of everyone who has been a part of this."

## President's Outlook



**Lydia Lewis**

It's 2005, and DBSA is turning 20 years old. Twenty years ago, our organization was a small group of patients, family members and professionals who met to educate one another, share hope and experience, and work to eliminate stigma. We still do those things today, only now there are millions of us and we are everywhere.

In addition to the help, hope and support that DBSA represents, the story of our organization's growth (see page 1) is truly inspiring. It shows how dedication, perseverance and cooperation can build a life-changing, life-saving organization.

DBSA's story is not unlike the personal recovery stories of many people with mood disorders. Our organization faced overwhelming challenges at its inception and over the years, but we grew and flourished because of our common goals. Similarly, when we are first diagnosed with a mood disorder, the idea of recovery and a meaningful life may seem impossible. Only through small steps, determination and the help of others can we make positive changes happen.

Many things have changed since 1985. We have a greater variety of treatment options available and better access to information about our illnesses. Stigma, while still strong, is not as powerful as it once was. More people can say, "I have depression" or "I have bipolar disorder," and not feel ashamed. But many people still hide, for fear of judgment or discrimination.

We all need to talk openly about mood disorders. This doesn't mean we have to share personal information with people who might not understand. It means that we need to start more discussions about the real, treatable nature of these illnesses and the fact that they are no cause for shame. I meet people all the time who are affected in some way by a mood disorder and talk about it for the first time when I mention I work at DBSA.

These illnesses are no one's fault, and everyone can do something to help. Changing attitudes is everyone's responsibility. Become informed, write letters to your legislators, make a phone call, pass information along to help someone else – all of these things are small contributions you can make that will lead to bigger changes in the future.

I would like to extend a heartfelt thanks to those who started our organization 20 years ago, those who have supported us financially, our chapter leaders, our volunteers and all the support group participants who keep us going. You are all inspiring and amazing.

## DBSA AND ME



**John S. Tamerin, M.D.**  
**DBSA of Greenwich, CT**

Challenges come in many forms. Few are greater than the profound illness of a child and the helplessness a parent feels. As the parent of a child with bipolar disorder, I know what that feels like. I don't know whether the challenge is greater or less when you are supposed to know something about how to solve the problem, only to discover how helpless you really are when faced with that problem in your own child.

I have been a board certified psychiatrist for 35 years. I have treated hundreds of patients, conducted research, published scientific papers, sat on distinguished panels and taught medical students and residents the art and science of psychiatric evaluation and treatment. Presumably I of all people should have been prepared for this challenge. The truth is, I wasn't.

My child received the appropriate professional help, but a lasting solution was less attainable. At first I was not able to recognize and admit that it was not just my child who needed healing. I needed help as well. For quite a while, I chose not to discuss the problem, rather than honestly facing my personal anguish and shame with the issue itself and with its seeming insolubility.

When I couldn't seem to find anything that would help my own child, I thought perhaps I could do more to help others. A colleague told me about DBSA, which was then called National DMDA. With help from the national office, a few of us started a chapter in Greenwich, Connecticut. At that time, it was the first and only chapter in our state.

Our small group in Greenwich has helped many people. But I believe that the person it has helped most is me!

When faced with extreme challenges, we may pretend to ourselves that we can do it alone, but we all need help from others. I discovered in the group how much I needed to admit to myself and to others how sad, scared, overwhelmed, angry, helpless, confused and even despairing I had become.

I never realized how much I, myself, needed empathy, wisdom, perspective and guidance from other parents and patients. I found this and more in the DBSA group I had helped to create. I also discovered compassion, objectivity, subtlety and courage. I learned all of this from a warm, loving and wise group of fellow travelers.

Together we learned not only how to cry but how to laugh. From despair we learned to rekindle and renew hope. In helping others we learned how to ultimately help ourselves.

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





**Miriam Johnson-Hoyte, J.D.**

Spring should be such a meaningful time because each of us is encouraged to make new beginnings. In this season of rebirth, we are expected to feel hopeful about the future. But as we know too well, mood disorders can rob us of those feelings; and otherwise encouraging words may be a source of guilt. We may know

that we're supposed to feel hopeful or renewed, but we just don't. Well-meaning friends, family and neighbors who have not experienced mood disorders may minimize or ignore our feelings.

Who could possibly understand the feelings of despair, the mood shifts, the battles with therapists, psychiatrists, insurers and others that are so draining? Who could possibly understand how these feelings can escalate at times when we're supposed to be positive about the future? As the newly elected chair of the DBSA Board of Directors, it's so rewarding to say, "We've been there. We can help."

The support of peers is more than just a self-affirming experience, it is crucial in identifying and overcoming social stigma and the negative feelings that come from it. DBSA fights these things with a national network of chapters – peers helping peers – with a common mission.

For many years I worked in the domestic violence movement. The stigma associated with domestic

violence was overwhelming. Law enforcement minimized the impact of the violence; physicians, employers and others ignored or blamed the victims; and families often shunned the victims, falsely believing it was not their concern. It was not until victims began to come together and support each other that they were able to demand legal and other protections, which began the Battered Women's Movement. The peer support that victims gave to each other not only helped save lives, it also worked to reduce stigma and heighten public awareness. Congress eventually enacted the Violence Against Women Act in response to the grassroots activism. Peer support can bring about personal and societal transformation for people with mood disorders as well.

Even if you are not feeling much like making a new beginning this spring, consider the benefits of the peer network available through DBSA. Your participation alone will help reduce stigma and thereby impact the lives of others. If you aren't able to get to a group, consider participating in our online chats or forums. Reach out, we're here.

I'd like to welcome new Board members Judith A. Cook, Ph.D. and Alan Zais. Dr. Cook is Professor of Psychiatry at University of Illinois at Chicago and Mr. Zais is Director of the HOPE VI Program and Manager of Operations and Admissions for the Winnebago County, Illinois Housing Authority. I wish all the best to our departing Board members. Everyone at DBSA is grateful for all of their hard work over the past few years.

## Can DBSA Depend on You?

Few things are as helpful in recovery as knowing there's someone you can depend on. Whether it's a friend, family member, support group participant or health care provider, having someone reliable and consistent in your life can make all the difference.

DBSA is a dependable resource for millions of people. When you need information, help and support, DBSA provides it.

### Can we depend on you?

When you sign up to give automatic donations, you ensure that DBSA has your ongoing support, and help us continue to provide information and encouragement to millions of people.

You choose the amount of your recurring gift and the frequency (monthly, quarterly or yearly). DBSA does the rest. Funds will be automatically transferred from your checking or credit card account

to DBSA. To discontinue your donations, simply notify us in writing. At the end of the year, you'll receive a statement of all your gifts for tax purposes.

Please give what you can. DBSA knows that all donations help, regardless of size, and we work hard to make sure your contributions are used carefully and efficiently.

In honor of our 20th anniversary, please consider becoming a recurring donor. Consider donating \$20 each month. Your gift will not only change lives, it may save them.

To become a recurring donor, contact DBSA's Development Department at (800) 826-3632.

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



# DBSA 2005 Board of Directors

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# Chapter Highlights

## Local Chapters Involved in National Efforts

Dozens of local DBSA chapters have recently played important roles in the planning, promotion and implementation of some exciting national programs. DBSA wishes to recognize and thank the chapters that have made these powerful programs so successful.

**For more information** about these programs contact the Chapter Relations Department at [chapters@DBSAlliance.org](mailto:chapters@DBSAlliance.org).

## Detour to Wellness

Detour to Wellness was a free and interactive program designed for patients living with bipolar disorder and their families. Attendees were challenged to raise their standards for long-term health and wellness and become familiar with DBSA and the local chapters. The speakers' panel included Lizzie Simon, author of *Detour: My Bipolar Road Trip in 4-D*, Lydia Lewis, President of DBSA, and Gary Sachs, M.D., Director of the Bipolar Clinic and Research Program, Massachusetts General Hospital and Associate Professor of Psychiatry at Harvard Medical School. The 2004 promotion team included three chapters: **DBSA Metropolitan Atlanta (GA), DBSA Metropolitan Detroit (MI) and DBSA Greater St. Louis (MO).**

## On-Line Support Groups

DBSA chapters from different parts of the country are expanding their services by hosting Support Groups via the DBSA web site. Two of the groups are specialty groups, one designated for older adults and one for teenagers. Thanks to: **DBSA Riverside (CA), DBSA Colorado Springs (CO), DBSA Highlands County (FL), DBSA Island Bipolar Support Group (FL), DBSA Cadillac (MI), DBSA NW Ohio (OH), DBSA Oklahoma (OK) and DBSA Del Rio (TX).**

[www.DBSAlliance.org/Info/On-lineSupport.html](http://www.DBSAlliance.org/Info/On-lineSupport.html)



Visit [www.DBSAlliance.org](http://www.DBSAlliance.org) today and sign up to receive our e-newsletter and stay up-to-date on everything you need to know about bipolar disorder and depression.



## Ask The Doctors

DBSA brought together experts in the mental health field to answer questions on depression and bipolar disorder in four locations recently. This event was a panel discussion featuring nationally-renowned clinicians, researchers and patients addressing issues surrounding depression, bipolar disorder and living well. Chapters that served important roles in the promotion and planning of these events were **DBSA Greater Chicago (IL), DBSA Boston (MA), DBSA San Antonio (TX) and DBSA Greater Seattle (WA).**

## Hospitalization Awareness Program

DBSA chapters are using grants and hard work to help patients and family members prepare for hospitalization and maintain wellness after discharge. The chapters implementing these programs in their community hospitals are:

**DBSA Colorado Springs (CO), DBSA Island Bipolar Support Group (FL), DBSA Jacksonville/Ten Broeck (FL), DBSA Tampa Bay (FL), DBSA Southwest Georgia (GA), DBSA Des Moines (IA), DBSA Topeka (KS), DBSA Louisville (KY), DBSA New Focus (MI), DBSA Kalamazoo (MI), DBSA Henderson (NV), DBSA Southern Nevada (NV), DBSA Newark (NJ), DBSA Albuquerque (NM), DBSA Finger Lakes (NY), DBSA Oklahoma (OK), DBSA Reach Out (PA) and DBSA Greater Arlington (TX).**

## New Chapters

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

### U.S.

- DBSA Birmingham (AL)
- DBSA Jacksonville (AR)
- DBSA Azusa Pacific University (CA)
- DBSA Central Coast (CA)
- DBSA Fallbrook (CA)
- DBSA Pasadena (CA)
- DBSA Port St. John (FL)
- DBSA Madison County (IL)
- DBSA Lexington (KY)
- DBSA Tarkio (MO)
- DBSA Winston-Salem (NC)
- DBSA Scottsbluff (NE)
- DBSA Orange County (NY)
- DBSA Christian Family (OH)
- DBSA Youngstown (OH)
- DBSA Beaufort County (SC)
- DBSA Snohomish County (WA)

### International

- DBSA Tallinn City (Estonia)

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



## What's new at [www.DBSAlliance.org](http://www.DBSAlliance.org)?

- Information and online registration for our 2005 Conferences
- New survey: How does your anxiety affect your mood disorder?
- DBSA Merchandise – Support DBSA in style!
- Advocacy – Let the 109th Congress know you support equal insurance coverage for mental illnesses

Plus news, screening forms, the latest SSRI information, peer-to-peer support, support group locator, true stories from people with mood disorders and much more.



# Road to Recovery

A mental health conference designed  
with YOU in mind!

Join friends, family members, and consumers  
as we discover new recovery skills, get the latest news  
on treatment options, rediscover hope, become inspired,  
network with others who have had the same experiences,  
and make a difference in our lives and the lives of our loved ones!

## Illinois

Stephens Convention Center  
Rosemont, IL  
Saturday, August 27

## New Jersey

Hanover Marriott  
Whippany, NJ  
Saturday, September 10

## Texas

Fort Worth Plaza Hotel  
Fort Worth, TX  
Saturday, October 8

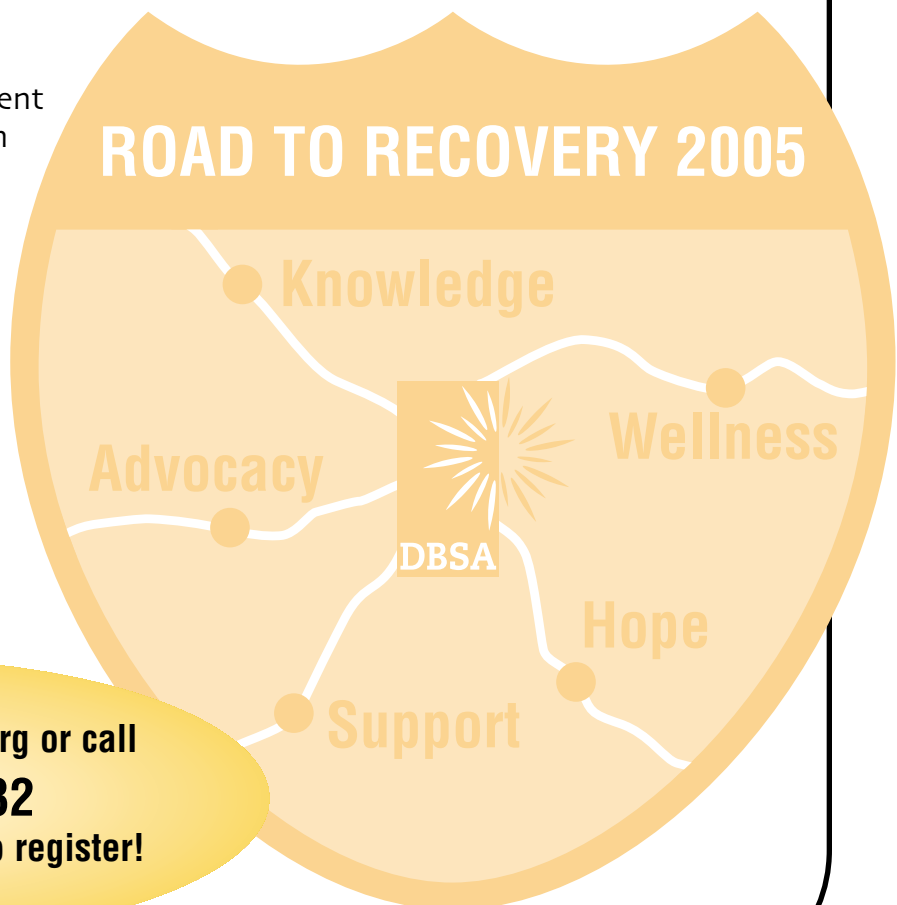
**Registration starts as low as \$45!**

### Breakout sessions include:

- Wellness Strategies
- Taking an Active Role in Your Treatment
- Mental Health Treatment for Children
- Advocacy In Action
- Helping a Family Member or Friend

### Speakers include:

- Andy Behrman, author of *Electroboy: A Memoir of Mania*
- Peter Ashenden, Executive Director of the Mental Health Empowerment Project, Inc.
- Jan Fawcett, MD, co-author of *New Hope for People with Bipolar Disorder*



Visit [www.DBSAlliance.org](http://www.DBSAlliance.org) or call  
**(800) 826-3632**  
for more information or to register!

# Scientific Advisory Board Update

## Elements of Good Communication

Ellen Frank, Ph.D.  
SAB Chair



In a previous column, I wrote about the basics of a good therapeutic alliance: education about illnesses and treatments and working toward wellness through positive lifestyle changes. A good therapeutic alliance is not possible without good communication. The most productive communication happens when you and your health care provider(s) work together and communicate openly to help you achieve the greatest level of wellness possible.

Since mood disorders affect a person's perception, you may face more communication challenges than individuals with other illnesses. Depression may make you think you don't deserve to feel better. Mania or depression can get in the way of your being able to interpret your clinician's efforts as being in your best interest. It may be difficult to work on improving communication at first, especially if your symptoms are severe. But keep working on it – the results are worth it.

### What can you do to help your health care providers improve communication?

- **Discuss your full range of symptoms** (mental and physical), life events, behaviors and anything that affects your wellness. Your provider should ask you direct questions such as, "Have you been having trouble sleeping?" or "Have you had thoughts of death or suicide"? If your provider asks more general questions, such as "How are you?" bring your own list of symptoms and issues to your appointment.
- **Be sure your providers know your treatment needs and preferences.** Recognize that you know more than anyone about your own mind, body and life. Providers should make an effort to understand the way you see the world and be sensitive to your cultural background. This includes giving you the opportunity to use your spiritual beliefs in your treatment.

- **Ask your providers to talk to you in a language you can understand.** Write down or repeat back anything that is complicated. If your providers are using medical terms you don't understand, don't be afraid to ask them for more explanation in simpler terms.
- **Learn everything you can** about your illness and its treatments so you can make informed decisions. Ask your providers for written information on your illness, along with a number you can call if you need help between appointments.
- **Find a provider who gives you hope.** Good mental health care focuses on the things you and your provider can do to improve your condition. A good health care provider will not act as if your situation is hopeless, tell you you're not going to get better, or say there's nothing else he or she can do to help you, unless he or she also sends you to see someone else with more experience treating your illness. A good health care provider reminds you that your illness is real, treatable, and not your fault.
- **Find out what you can expect** from your treatment, both positive (such as increased energy) and negative (such as side effects).
- **Ask your providers to accept input and feedback from your loved ones** if you think this would help your treatment.

It's normal to be worried about bringing up symptoms or concerns to your health providers. It's understandable that you might be nervous about looking for a second opinion. But you have a right to the best treatment possible. The more strongly you advocate for good treatment, the better chance you have of achieving the wellness you deserve.

## The Road to Recovery

Iva Cook – DBSA Yukon, OK,  
DBSA Oklahoma State



I first had symptoms of bipolar disorder when I was 16. I had some major stress in my life and reacted to it by becoming hyper. I took medication for about a month and felt better. This happened again after the birth of my second child.

I have four siblings, all of whom are diagnosed with a mental illness. I was familiar with all the symptoms. So when I became ill again in the winter of 1976, I quickly realized what was wrong and got help as soon as I could. My doctor diagnosed me with bipolar disorder. I was blessed that the first medication I took worked for me.

I continued working for about seven years after my diagnosis.

I didn't tell anyone at work that I had bipolar disorder until I had an episode and needed to take three months off. Later I developed physical problems after a car wreck and had to stop working. I tried three times to get Social Security Disability (SSDI) but was turned down. Several years later, I applied again and was told I should have kept trying the first time. Finally, I received SSDI. Without the stress of a job, my wellness improved a lot, and I had time to volunteer. After volunteering for Mothers Against Drunk Driving for six years, I decided to get more involved with mental health organizations.

In January of 1989 I attended my first DBSA support group. At that time, there was only one support group in Oklahoma. Today there are 12 chapters and more than 30 support groups.

My recovery improved even more when I realized how much helping others helped me. I always enjoyed public speaking, so facilitating support groups was easy for me. Through my work with DBSA, I've

*continued on page 7*

## Ask the Doctors

**Question:** When I was without my antidepressant for several days, I had withdrawal symptoms. Why is that?

**Greg Simon, M.D.:** Withdrawal reactions seem to be more common with the shorter-acting of the serotonin-boosting antidepressants. The typical symptoms are dizziness, ringing in the ears, or a “buzzing” sensation. The withdrawal symptoms usually go away quickly if you re-start the medication promptly.

If you are stopping a medication, it's especially important to taper off (slowly lower the dosage over time) with your doctor's assistance. Don't stop taking it without talking to your doctor first.

### To avoid being without medication:

- Be sure you get your prescription refills on time. Write reminder notes, or schedule refills on a memorable day like payday or the first of the month. Find out if your pharmacy offers automatic refill or reminder services.
- If you're concerned about not being able to pay for your medication, ask if your doctor has samples to give you. Your doctor may also be able to contact the manufacturer of the medication to see if there are any programs offering your medication at reduced prices. For more information, visit [www.HelpingPatients.org](http://www.HelpingPatients.org).
- When traveling, always pack medications in your carry-on bag.
- Keep a day's worth of medication with you at all times, or store some at your workplace in case you forget your morning dose.

### To help you remember to take medications:

- Take them at the same time(s) every day. It may help to take them along with a meal, before bed, or when waking up.
- Use a weekly pillbox with pre-fillable daily compartments.
- Store them in a place you will notice them. If you don't like leaving prescription bottles out, store them in another container.
- Ask a friend or family member to remind you.
- Set an alarm or timer.

**Question:** Why are benzodiazepines sometimes prescribed for treatment of bipolar disorder? Aren't they addictive?

**Dr. Simon:** Benzodiazepines, a class of medications commonly known as tranquilizers or sleeping pills, can all lead to tolerance (need to take more to get the same effect). I've found that some people develop a tolerance and other people don't. Benzodiazepines may also lead to dependence (a withdrawal reaction

when you stop taking them). Some of these medications can help control mania symptoms for some people. But they are recommended as a second or third option. If you are prescribed benzodiazepines over the long term, your doctor should monitor closely for signs of tolerance. I tell my patients, “If you feel that you need to take more of this, you really need to take less.”

**Question:** I go to a psychiatrist who only manages medication. Should I see another provider for talk therapy?

**Dr. Simon:** Some psychiatrists may provide both talk therapy and medication management. But that's becoming less common. More often a psychiatrist prescribes medication and psychotherapy comes from another mental health provider such as a psychologist or social worker. Start by discussing your concerns with your psychiatrist. Make sure that you and s/he have the same understanding of the treatment s/he is providing. You could then ask for a referral to a therapist who has expertise in helping people with depression or bipolar disorder. Encourage your psychiatrist and talk therapist to communicate with one another.

**Question:** Can a person have bipolar disorder and still work?

**Dr. Simon:** Of course! Bipolar disorder affects different people in different ways. The severity of the illness can vary a lot over time. I believe that a job offers many positive, therapeutic things. For example, it can provide regular structure and positive contact with other people. But it's true that some people with bipolar disorder may have times when they aren't able to work or need special accommodations at work. You should discuss your own situation with your doctor. But don't place any artificial limitations on yourself or give in to any over-generalizations about people with bipolar disorder.

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



*Since joining DBSA's Scientific Advisory Board in 2000, Greg Simon, M.D., has been a strong advocate for the organization. Dr. Simon is a Research Associate Professor in the University of Washington Medical School's Department of Psychiatry and Behavioral Sciences. In addition, he is an investigator for the Center for Health Studies at the Group Health Cooperative in Seattle.*

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

## Road to Recovery (continued from page 6)

learned a lot about leading a group of people with many personalities and symptoms.

I've also found enjoyment in traveling across Oklahoma to help others start support groups and sharing what I've learned at the DBSA Conferences. One year I came home from a National Conference and went to a meeting of our state organization. One of our members was discouraged and suggested disbanding the state organization. I was so inspired by the Conference I'd just been to, I said, “Absolutely

not!” and the others went along with me. If I hadn't gone to that Conference, I might not have been as enthusiastic and our state organization might have ended that day.

I feel I do a lot more service to mankind by volunteering than I would if I worked a “regular” job. It's so rewarding to see people come to the group for the first time. At the beginning of the meeting they look so sad, and before the meeting ends you can see the depression going away as hope takes its place.



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DBSA does not endorse or recommend the use of any specific treatment or medication. For advice about specific treatments or medications, patients should consult their health care providers.

**Editor:** Laura Hoofnagle



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

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Just your gift alone will make a difference. Your gift alone will change a life. It may even save one. Contribute to DBSA by using this form, calling us at (800) 826-3632 or visiting our secure website at [www.DBSAlliance.org](http://www.DBSAlliance.org).

All information provided is held in strict confidence. If you have any questions, please call (800) 826-3632 or (312) 642-0049.

**Thank you for your gift!**



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Please shop through [www.igive.com](http://www.igive.com) to support DBSA when you buy online.

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**mailing@DBSAlliance.org**

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

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

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Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

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

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

- I'd like details on including DBSA in my will.  I wish my gift to remain anonymous.
- I have enclosed my company's matching gift form.  Please send me more information on mood disorders.
- Please send me \_\_\_\_ donation envelopes to share.  Please send all correspondence in a confidential envelope.

**To make a recurring donation or pledge, visit [www.DBSAlliance.org/gifttypes.html](http://www.DBSAlliance.org/gifttypes.html)**

**If you would like to make your gift a Memorial or Honorary tribute, please complete the following:**

In memory of / In honor of (circle one) \_\_\_\_\_

Please send an acknowledgment of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please send this form and payment, using the envelope in the center of *Outreach*, to:  
 DBSA, 730 N. Franklin St., Suite 501, Chicago, IL 60610-7224 USA.  
 Credit card payments may be faxed to (312) 642-7243.

*DBSA is a not-for-profit, 501(c)(3) Illinois corporation. All donations are deductible based on federal IRS regulations. Please consult your tax advisor for details. All information provided is held in strict confidence and at no time will be shared with, sold or rented to other organizations. [OUT SPR05]*