



Depression and Bipolar  
Support Alliance  
Greater Chicago

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**The Depression and Bipolar Support Alliance—Greater Chicago, DBSA-GC,  
publication for members, friends and family, and health professionals**

## ***Forgotten Medication***

**by John Jurowicz, PhD**

The famous Kennedy family, one of whom was President of the United States, included Rosemary, the eldest daughter. Rosemary was diagnosed with retardation during her early years and later diagnosed with a mental disorder. The latter diagnosis was not made public until her brother John became President; however, it did cause Rosemary to have severe behavioral problems. At that time in the 1940s the new suggested treatment was a lobotomy, which the family agreed to have performed. Rosemary was 23 years old at the time. The result was tragic, a complete personality and life change for Rosemary Kennedy. She spent the rest of her life being cared for by an institution in Wisconsin, where she lived until the age of 86 in 2005. The family was advised that the treatment would help adjust her mood swings. Rosemary missed the advent of psychotropic medication by a few years, medication that could possibly have enabled her to lead a relatively happy life.

Although psychotropic medication is widely used today for treating the spectrum of mental disorders, there is much said and written against it. No one appreciates being dependent on any medication for an extensive period of time, yet the results are often life saving. The advent of medication for mood and other disorders began in the early 1950s, and new medication continues to be developed. But there are those consumers and professionals who wonder if the new medications are actually an improvement over the older medications or only an attempt by their producers to sell products at higher prices. Many of the older medications worked well, yet when patents expire after about 20 years, they are replaced by new products. In his book *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (2009, Oxford Press), Edward Shorter writes that "it is not at all implausible that there are a number of effective drugs in psychiatry's history that, like burnt out volcanoes, have simply been forgotten. And in their place are medications that are not necessarily better" (p. 4).

It is not the purpose of this article to refute the effectiveness of psychiatric medication, although this, itself, is a worthy topic for consideration. In an article entitled *Anatomy of An Epidemic*, Robert Whitaker writes that research found "that over the long term the drugs cause changes in the brain with a *worsening* of the very symptoms the drugs are supposed to alleviate" (p. 29). It appears that the numbers of people with mental illness have dramatically increased since the availability of psychiatric medication in the 1950s and continues to increase with the current development of drugs such as Prozac.

Although we typically trace the origins of contemporary psychotropic medication to the advent of chlorpromazine (Thorazine) in 1952, certain medications were available in the 19<sup>th</sup> century. Belladonna was used as a sedative, alcohol to adjust mood problems, laudanum (opium plus alcohol) for anxiety and melancholia. The barbiturates were used to treat people who were anxious and agitated. Amytal was prescribed for mood disorders with noted success in a short period of time. Amphetamines originated in 1887 Germany. In 1914 methamphetamine was suggested as an appetite suppressant. Methamphetamine is known today by such street names as ice, crystal, speed, and which Shorter maintains "is also one of the most effective antidepressants ever created" (p.27).

Before the 1950s there were other psychiatric medications than those mentioned above. However, in the early 1950s many new medications entered the market. Ritalin and Miltown were two of the better known, with Ritalin being used extensively today. Ritalin is a stimulant while Miltown (meprobamate) was in the tranquilizer family, used for treating some depression, anxiety, and stress. Again, Shorter writes that Miltown "was probably one

**Forgotten Medication continues on the next page.**

## President's Letter



Dear Members and Friends,

Alas this is a last minute attempt to share with you my bi-monthly missive. I do enjoy writing to you all. I have been thinking about a retrospective of previous president's letters, but I decided to write it in a little different way, in my own voice, which I think you have all come to recognize. First, it has been an honor to serve as your president and, yes for now I still am. We had our November elections at the board meeting and Miriam Silvergleid, our veteran Secretary and the chapter's memory, Bill Cocagne, board member who served many years as our Treasurer, and yours truly were all re-elected. Mary Beth Nick served her term well but chose not to run again. We also welcomed newly elected Randi Kranz who is also active with our National organization's advocacy mission. Two other potential future members were present to meet the board and to see the process of serving. We hope that we will be welcoming them back as board members in the new year.

Our board has accomplished quite a bit in the last years. We now have 18 support group meetings across "Greater Chicago." In 1978 there was one monthly meeting, period. Then a monthly educational presentation was added. It remained so until about 2002 when more groups were started in more locations. Many of our board members are the facilitators, and we are training even more. DBSA-GC is in Chicago (Devon Bank, Northwestern Memorial Hospital, St. Benedict the African (East) Church, Palatine, Evanston, Brookfield, and now Berwyn. Remember our mission....to support and educate. We want our excellent educational meetings to be better attended, and really, I encourage you all to make the effort and attend as able. This is my big chance to ask you all to **\*\*SAVE THE DATE\*\*** for our 15<sup>th</sup> Annual Symposium, Saturday, May 3, 2014. The evaluations from our 2013 Symposium told us it was one of our best, and we are working together to make 2014's even better. See you there.

One of the things I would have mentioned in the retrospective is that worldwide not much has changed. The names of the countries at war may have changed or remained. The natural disasters have targeted yet more people in more places to greater damage than we can fathom. Man's inhumanity to man marches on. Only the consistent caring and support of good people everywhere to aid those in need help us keep our equilibrium. Just when you think you cannot bear one more horror story, your faith is salvaged by the heroics and just plain good works of real people with real heart.

Do remember to support your charities and causes this holiday season. Please make us one of them! If you are able, become a paying member and help us continue to help those that are unable to pay. We are here for everyone, but we need everyone who is able to help us continue.

If you receive this before the holidays, Merry Christmas and a Happy, Healthy New Year to all, and as always I wish you,

Peace!

*Judy Sturm*

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### **Forgotten Medication** *continued from the front page*

of the best drugs in the history of psychiatry" (p. 94). However, there were many accusations made against Miltown such as its being addictive, leads to suicide, and is generally a bad drug, as one psychiatrist stated. It was replaced by the benzodiazepines, one of them being Valium.

Librium and Valium were introduced, with Librium being billed as a wonder drug, with no side effects. They primarily are used to treat anxiety, but both of these drugs have declined in usage. "By 1990, Valium had sunk to number 47 on a list of most frequently prescribed drugs" (Shorter, p. 125).

The antidepressant category began with the introduction of Lithium in 1949. Imiprimine (Tofranil) and other tricyclic antidepressants entered the stage over the next 10 years. Although effective in treating depres-

sion, Tofranil produced unwelcome side effects. The tricyclics were in turn replaced by our current Paxil, Zoloft, and Prozac, which act to inhibit the reuptake of serotonin, an important neurotransmitter in our understanding of mental disorders.

The medications mentioned here are but a small portion of what has existed and exists today. The history of the life stories of these psychiatric medications is fascinating as are the reasons for the decline of use for many of them. The typical reason given for the decline has been that serious, often life threatening, side effects can occur with usage. However, much of the research does not verify many of these reasons. Psychiatric medication is somewhat controversial, but if the medication is effective, we tend to accept it as one of the means of treatment for mood and other mental disorders.

## The Spectrum Staff

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*The Spectrum*, Volume 28, Nbr. 1, January-February, 2014,  
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Other DBSA chapters are welcome to reprint *The Spectrum* articles in whole only and with proper notification and citation.

All contributions are encouraged. *The Spectrum's* contents are not intended to provide advice for individual problems. Such advice should be offered only by a health care professional familiar with the detailed circumstance in which the problem arises. Please direct submissions including "Ask the Doctor" questions to our editor: jurowicz@aol.com

## DBSA-GC Mission Statement

The Depression and Bipolar Support Alliance—Greater Chicago, a non-profit, self-help group of lay persons, endeavors to help people whose lives are affected by mood disorders to better their lives:

By offering emotional support and practical advice for dealing with the illness.

By educating those with the illness, their families and friends, government officials, and the general public as to the causes, symptoms, treatments, and the personal and social costs of mood disorders and the stigma attached.

By counteracting the isolation caused by such illness, providing a sense of community, sharing the experience of the illness and its management.

By restoring self-esteem so as to empower members to live responsibly, to be fulfilled, and with as much enjoyment as can be achieved.

## January 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	◇		1 HAPPY NEW YEAR	2 Northwestern Hospital Support Group 6:30 pm	3 Brookfield Support Groups 7:00 pm	4 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
5	6 Evanston Hospital Support Group 6:30 pm	7 Evanston Hospital Support Group 3:00 pm	8 Chicago-North Support Groups 6:30 pm	9	10 Brookfield Support Groups 7:00 pm	11 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
12	13 Chicago Educational Meeting 7:00 pm	14	15 Palatine Support Group 7:00 pm	16 Chicago-South Support Group 3:00-4:30 pm ↓	17 Brookfield Support Groups 7:00 pm	18 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
19	20 DBSA-GC Board Meeting 7:00 pm	21 Evanston Hospital Support Group 3:00 pm	22	Northwestern Hospital Support Group 6:30 pm	24 Brookfield Support Groups 7:00 pm	25 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
26	27 Chicago-North Support Groups 6:30 pm	28	29	30	31 Brookfield Support Groups 7:00 pm	

## February 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 MacNeal Group
2	3 Evanston Hospital Support Group 6:30 pm	4 Evanston Hospital Support Group 3:00 pm	5 Palatine Support Group 7:00 pm	6 Northwestern Hospital Support Group 6:30 pm	7 Brookfield Support Groups 7:00 pm	8 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
9	10 Chicago Educational Meeting 7:00 pm	11	12 Chicago-North Support Groups 6:30 pm	13	14 Brookfield Support Groups 7:00 pm	15 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
16	17 DBSA-GC Board Meeting 7:00 pm	18 Evanston Hospital Support Group 3:00 pm	19 Palatine Support Group 7:00 pm	16 Chicago-South Support Group 3:00-4:30 pm ↓	21 Brookfield Support Groups 7:00 pm	22 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
23	24 Chicago-North Support Groups 6:30 pm	25	26	Northwestern Hospital Support Group 6:30 pm	28 Brookfield Support Groups 7:00 pm	

## Event Locations

**Chicago-North** at Devon Bank, 6445 N. Western Ave., (Lower Level), Chicago, Illinois  
Educational Meeting—2<sup>nd</sup> Monday of the month  
Support Groups—4<sup>th</sup> Monday and 2<sup>nd</sup> Wednesday

**Chicago-South (NEW)** St. Benedict the African (East) Church  
6550 S. Harvard St., Chicago, Illinois, Martin Luther King Room,  
(773) 776-3316, Enter parking lot north side of building. Then  
enter door at the NE corner of the building.  
Support Group—3<sup>rd</sup> Thursday of the month, 3:00-4:30 pm.

**Evanston Hospital**, 2650 Ridge Ave., Evanston, Illinois  
Support Groups—1<sup>st</sup> Monday and 1<sup>st</sup> & 3<sup>rd</sup> Tuesdays of the month  
[check main desk for room assignment].

**Chicago-Central** at Northwestern Hospital, Feinberg Pavilion, 251  
E. Huron St., Room 2-715 or 2-716, Chicago, Illinois, Support  
Group—1<sup>st</sup> & 3<sup>rd</sup> Thursdays of the month

**Palatine Public Library**, 700 N. North Court, Meeting Room 3,  
Palatine, Illinois - Support Group—  
1<sup>st</sup> & 3<sup>rd</sup> Wednesdays of the month

## Brookfield (IL) Village Hall

8820 Brookfield Ave—Police  
Entrance—Stay Left—Downstairs—  
Conference Room C, Contact  
John Ross (708) 856-1992  
Veterans Welcome;

7-8 pm, EVERY Friday night

## MacNeal Hospital (NEW)

3249 S. Oak Park Ave., Berwyn, Illinois,  
Conference Room A1  
Basement next to the cafeteria,  
Contact John Ross, 708-856-1992  
EVERY Saturday Noon to 1:30 pm

## For More Information

Visit the DBSA-GC website,  
www.dbsa-gc.org  
For the national DBSA, visit  
www.dbsalliance.org

# Health Tips

## Know Your Hormones by Miriam Silvergleid



When it comes to hormonal changes, women get the most attention. But hormones have a profound effect on the health of women and men. In fact, these important chemical messengers that constantly send instructions from one part of the body to another, may be the root of mysterious and frequently undiagnosed health problems, such as fatigue, insomnia, memory loss, depression, and weight gain.

Hormones always act together. That is why a hormonal imbalance can trip up your health in many ways. Some key hormones that may be out of whack include cortisol, insulin and thyroid. Cortisol, from the adrenal gland, tells the body to respond to stress, both internal (such as inflammation) and external (such as being caught in traffic). Progesterone (a hormone) that is produced by the adrenal gland, the ovaries, and to a lesser amount by the testes acts as a chemical building block for cortisol, estrogen, and testosterone. If you are constantly under stress, you generate high levels of cortisol, depleting progesterone and, in turn, reducing the production of estrogen and testosterone. That is why effective stress management is essential to overall hormonal balance. High cortisol levels can cause excess belly fat, high blood pressure, insomnia, and weakened immunity.

Low cortisol levels can cause allergies, apathy, and chronic fatigue.

Advice for stress management is to breathe deeply for a count of 4, hold for a count of 5, and breathe out for a count of 6. Do this whenever you feel stressed. Another technique is to identify your major source of stress and create boundaries to regain control. For example, if a friend causes stress by always complaining, tell the person the topics you are willing to listen to, and those you are not.

Insulin, from the pancreas, regulates blood sugar (glucose) telling muscle cells to burn glucose for energy and fat cells to store it for future use. The common signs of trouble are constipation, excess belly fat, poor memory, pre-diabetes, and diabetes. Advice to balance glucose is eating smaller meals throughout the day, 5 or 6 small meals consisting of good protein sources such as nuts, cottage cheese, hummus and oily fish such as sardines and salmon. Also good are slow-digesting carbohydrates that don't create spikes in glucose levels, such as starchy veggies, fruits, whole grains, and beans.

Thyroid hormone from the thyroid gland regulates metabolism, including temperature and heart rate. Cold hands and feet, dry skin, fatigue, hair loss, and slow heartbeat are common signs of imbalance. Reducing stress is the key for balancing this hormone. Also gluten intolerance is linked to thyroid problems. Symptoms of gluten intolerance are abdominal pain, bloating, and diarrhea. A physician needs to verify gluten intolerance..

## Post Traumatic Stress Disorder: A Brief Description

by John Jurowicz, PhD



As its name indicates, Post Traumatic Stress Disorder occurs when someone is exposed to powerfully stressful situations, such as war or accident. It is recognized and categorized by the American Psychiatric Association's fourth *Diagnostic and Statistical Manual of Mental Disorders* as an anxiety disorder.

The disorder is a reaction to an event that is experienced as life threatening or the possible cause of serious injury. A person who witnesses such an event occurring to someone else also can suffer with PTSD. Even hearing about a family member or close friend having experienced such an event can result in the disorder. Extreme fear, helplessness, and horror must accompany the event for the disorder to occur.

The symptoms of Post Traumatic Stress Disorder include ongoing re-experiencing of the traumatic event,

avoiding anything associated with the trauma, and being numb to general responsiveness but quick to be aroused to action. The list of possible negative results is extensive. The person with PTSD has persistent anxiety symptoms that can include difficulty sleeping, nightmares, irritability, anger outbursts, difficulty concentrating and completing tasks. There may be feelings of guilt about surviving while others did not or about what actions were taken in order to survive. Also the person may be subject to an increased risk of developing other disorders such as phobias, depression, panic disorder, and substance abuse.

It is obvious from these symptoms that PTSD is very debilitating, and it can occur at any age. The elderly, who often do not have support systems and typically have a limited sense of control are prone to PTSD. Also, people who already have an emotional disorder are more likely to develop PTSD after a traumatic event. PTSD typically makes its appearance about 3 months after the event that caused it, but it can lay dormant for a number of months or even years. It is often diagnosed as acute stress disorder which typically is gone after a month. If the stress symptoms remain, the diagnosis is

PTSD continued on the next page

# Ask the Doctor

Please send your *Ask the Doctor* questions to our editor: [jurowicz@aol.com](mailto:jurowicz@aol.com)  
All questions are welcome.

**Q:** *What suggestions do you have for facing the holidays? I have bipolar disorder, and my family and friends seem to treat me differently from everyone else. Also, it is always very hard for me to face the new year. Do you have any ideas that will help me cope with New Year's Eve and making healthy new year's resolutions? (Repeated from the Nov/Dec 2013, issue)*

**A:** This answer is a follow-up to last issue's question about facing the holiday season. Now that the holidays are over, the new year has begun. Facing the new year can be a time of frustration and anxiety for persons with mood disorders. There is often a decidedly frightening and anxious attitude in terms of planning for the new year. We all wish to have a better new year. We all wish to eliminate our negative thoughts and actions. We all wish to live a richer, more fulfilling life. We all long for a new year where we can interact with self and others in ways that facilitate a new year filled with peace and happiness.

For many people it is a time to contemplate New Year's resolutions. In this issue's answer, I wish to encourage people to **not** make New Year's resolutions. Rather I encourage persons with mood disorders to take one day at a time. Do not fool yourself into thinking that you can make plans for long ranging changes in your behavior. Take comfort and direction from a 12 step approach to the new year. In other words, take one day, one hour maybe even one minute at a time. As usual, I recommend slowly altering one's behavior in a positive direction regarding lifestyle. One step at a time! One has a better opportunity for success with attention paid to diet, exercise, medication compliance, and other lifestyle principles. It may be as simple as getting a proper night's



sleep. It may be a firm commitment to get a half hour of exercise today! It may be a decision to attend one session of a self-help group, such as those offered by DBSA or NAMI. It may even be a decision to take one shower, or get one haircut, or just call a friend or family member.

Regardless of the particular decision, keep in mind and be alert to the fact that this is something just for now. There is no long-range goal. There is just today. Using the tools of meditation, focus and mindful attention, one can emphasize the present, not ruminating over past mistakes or potential future failures. Breathing deeply and regularly is an essential element in facing decisions and potential change in behavior. Breathing is something that you have no control over in terms of its existence in your life. However, with practice you can regulate your breathing in such a way that it provides you the opportunity for relaxation and self control in decision making. There are numerous groups that deal in meditation and proper breathing. I encourage you to check on a website such as [meetup.com](http://meetup.com) to find one of these groups in your area. In this way you will learn ways to breathe more deeply and regularly creating a physiological and psychological atmosphere that will help you in maintaining a here and now focus.

Remember the basic tenets of Direct Decision Therapy (DBT). Stay aware of and try to avoid negative reactions to triggers. Stay in the present, maintain healthy habits, and try to establish relationships with minimal expectations.

Best wishes for a fulfilling new year, one step at a time....

**Dr. Manuel S. Silverman**

## **PTSD** *continued from the previous page*

usually changed to PTSD. The DSM mentions that PTSD generally shows up in 1% to 14% of a given community. However, for certain populations such as war veterans and victims of natural disasters (volcanoes) or violence, the rates range from 3% to 58%. Another disorder close to PTSD is adjustment disorder. Symptoms can be similar for adjustment disorder, but they occur in response to any stressor of varying severity that is not life-threatening.

Prognosis for the treatment of PTSD is better if the treatment begins soon after the event, with people who were already functioning well and have strong belief

systems. The client typically is encouraged to resume his or her prior lifestyle. A number of treatment approaches can be effective including such techniques as stress management, relaxation training, challenging dysfunctional thoughts, encouragement, and education. Developing a support system through support group attendance and social skill and communication training can be helpful. Medication may be given if the anxiety aspect of the disorder warrants it.

*Note: John Ross will be speaking on the subject of PTSD at our January 13th Educational Meeting. Please see page 7 for more information.*

***Madness: A Memoir, by Marya Hornbacher***  
**reviewed by Judy Storm**



In June, in Miami, I met Marya Hornbacher at the hotel where she was immersed in her computer. An attractive, sharp young woman was my immediate impression. After a few casual hello meetings, we started chatting, and I learned she too was a part of the DBSA conference there. I also learned that she would be moving to Chicago to lighten the commuting load to Northwestern University where she was teaching. She mentioned that she was writing a book and that she would be interviewing people for research purposes. I offered to put her in touch with some sources that might be of help. We planned to get together once she was settled in.

I had no idea that she was a successful writer, an acclaimed writer, a Pulitzer Prize nominee for her first book: *Wasted: A Memoir of Anorexia and Bulimia*.

*Madness*, was a book amongst those that had been donated to us by the Balanced Mind Foundation. Wow! What a find! I started reading it immediately. My heart broke during the prologue. The reading was riveting. Marya writes so that you are not only with her but within her. I had to stop often because it was often difficult to bear. Though I knew she would eventually have a good productive life, I was now going through it all as she had experienced it. Being in the moment is not always pleasant. Her writing is visceral and the insights it gives into the multiple bipolar rapid-cycling episodes that have her in a constant whirl of upheavals. I had no idea that rapid-cycling was the most difficult type of bipolar to treat. So many meds required...so many more side-effects. If you can imagine bp "on steroids," you have just scratched the surface. She is a testament to inner strength doing everything possible for recovery...even if she gets sidelined many times, often by her own hand.

Marya's salvation includes the wide range of people in her life. Her husband was incredible in his love and support for the woman who changes on a dime. Her family and friends were totally committed especially through her hospital commitments. Though she found an excellent psychiatrist in her quest for sanity, Marya was sometimes thwarted by much less competent doctors and psychotherapists. She has good things to say generally about the hospitalizations and the staffs there. They were life savers and kept her safe from herself...and others. They were a great comfort.

One thing is very important in her writing and in the reading: humor! She sneaks it in when you are not looking, and you are grateful for the release from the near-tears. It is a luxury Marya did not have in real time. For anyone who has a mood disorder, and those that love them, this is a must-read. Aside from the drama and trauma, Marya's experiences and the fact that she has to

work at recovery like a second job just proves that there is always hope. Nothing is more important than keeping the positives in place and putting the negatives behind. Today is the day that counts. Let Marya's book be your inspiration and motivation.

***DBSA Joins the Fight for Mental Health Reform***  
**by Randi Kranz**



On September 16, 2013, a small coalition of DBSA Advocates joined the National Council for Behavioral Health in Washington DC for the annual Mental Health Hill Day, 2013. This partnership brought together over 600 advocates.

What is "Hill Day"? Many organizations with a passion for change set aside one day a year to visit the Senate and House in Washington DC. The mission is to tell elected officials what legislation is important to their cause. The mental health Advocates had five issues:

1. The Mental Health Awareness and Improvement Act
2. The Mental Health First Aid Act
3. The Behavioral Health Information Technology Act
4. The Excellence in Mental Health Act
5. Support Senate Appropriations Committee spending levels for 2014

The Mental Health First Aid Act is probably the most talked about piece of legislation. It provides \$20 million in grants for Mental Health First Aid training programs. This Bill is sponsored by Senator Mark Begich, (D-AK), and Senator Kelly Ayotte, (R-NH). The premise of this proposal is to teach people how to recognize and administer first aid as easily to someone with a mental health condition as to someone experiencing a heart attack. More than 20% of Americans experience a mental health or substance abuse condition annually. Lack of awareness about behavioral health creates stigma and reduces access to care.

DBSA has joined forces with The National Council to help create a larger voice to reduce stigma and provide care to those who do not have access to care. One tool that has been created is the CareForYourMind.com forum. Anyone can sign up to receive emails from Care For Your Mind. This web site asks relevant questions pertaining to mental health issues. People can state their opinion about these issues or respond to others comments about issues. The idea behind this site is to get conversation started about mental health issues.

For those interested in joining DBSA's grass roots efforts here in Illinois, contact Randi Kranz at [rkrantz63@gmail.com](mailto:rkrantz63@gmail.com). Keep up to date on current issues by signing up for [Careforyourmind.com](http://Careforyourmind.com). Lastly, get to know who your senators and representatives are and write to them. Ask them to support any legislation that involves mental health care reform.



**January and February Educational Meetings  
DEVON BANK (LOWER LEVEL) 6445 N. WESTERN AVE., CHICAGO**

**Monday, January 13<sup>th</sup> 7:00 pm: Post Traumatic Stress Disorder**

Our first educational meeting of the new year will have the topic, Post Traumatic Stress Disorder, presented by our own Board member, John Ross. He will focus on PTSD as it affects war combat veterans, its causes and impact on their lives, and others who suffer with it. Included in the presentation will be a discussion of the use of service dogs and the role they play with PTSD.

John, himself, is a veteran of Vietnam and suffers from Post Traumatic Stress Disorder. He spent time in actual combat as a platoon leader and executive officer with the rank of Second Lieutenant in the infantry. He now spends his time helping others who had similar experiences and have lived with challenging emotional results. This is a must meeting with someone who has spent his or her life on the front lines of battle and mental health.

PLEASE NOTE: ONE (1) CEU IS NOW AVAILABLE AT EACH EDUCATIONAL MEETING TO PROFESSIONAL ATTENDEES FOR NO CHARGE. JUST ASK AT THE MEETING.

**Monday, February 10<sup>th</sup> 7:00 pm: Sleep and Mood Disorders**

Our February meeting will feature Ms. Tina Jenkins. Her presentation will highlight the importance of sleep for people who suffer with depression, bipolar, and anxiety disorders. Sleep disorders are a common symptom of mood disorders and Ms. Jenkins will speak about the correlation between sleep disorders and mental health. A change in sleep patterns is often the first sign associated with depression and can enhance or worsen manic and depressive symptoms.

Ms. Jenkins is the Director of Sleep Programs for the Merit Center for Sleep Help which has 15 locations throughout the Chicago area. The Merit Center diagnoses and treats sleep disorders with a qualified team of sleep professionals, meeting the requirements of the American Academy of Sleep Medicine Standards. Merit's website mentions that "Living with a sleep disorder can interfere with your performance at home, school, or work and can even affect your relationships with family and friends." Go to their website [www.meritsleep.com](http://www.meritsleep.com) and take the very brief online quiz regarding your own sleep tendencies. This is one meeting to stay awake for, and attend .

**Depression and Bipolar Support Alliance—Greater Chicago Membership & Donation Form**

Please mail with your check to: DBSA-GC, 6666 N. Western Avenue, Chicago, IL 60645-5024

Circle: **NEW, RENEWAL**, and/or **DONATION**

If a donation, please check:

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***We need and appreciate your generosity.***



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**January -February 2014**  
 Published six times each year by DBSA-GC  
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**THE SPECTRUM**

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Volume 28, Number 1  
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**NEW MACNEAL HOSPITAL SUPPORT GROUP ANNOUNCED**

Thanks to the work of John Ross, we are proud to announce that the MacNeal Hospital support group in Berwyn will continue to meet under the sponsorship of DBSA-GC. Its weekly Saturday meetings bring our total to 18 support group meetings that we sponsor each month in the greater Chicago area.

The MacNeal support group is located at the hospital, 3249 S. Oak Park Ave., Berwyn, Illinois. It meets EVERY Saturday afternoon, noon to 1:30 PM. You will find us in the hospital's basement level, next to the cafeteria, in Conference Room A1.

John, a DBSA-GC board member, will be the facilitator. He is also is the facilitator at all of the Brookfield support meetings. John can be reached at (708) 856-1992.

Please check Page 3 for information on all of our support group meetings.