

the Recovery Route

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SUPPORT ALLIANCE OF OKLAHOMA

MISSION

**TO IMPROVE
THE LIVES
OF PEOPLE
LIVING WITH
MOOD
DISORDERS**

A BAKERS DOZEN + ONE

DBSA's National office in Chicago as well as our State Office here in Oklahoma City is often asked, 'What can I do to help?' With that in mind, here are fourteen ways you can help improve the lives of people living with mood disorders locally.

You may want to further modify this list to help your own local group involve volunteers.

1. Our local chapters really need people to help keep the groups going. Work to get the word out that your group exists by creating and distributing brochures and posters (the state office can supply these for you!) and by calling local newspapers. Help your group with day-to-day business by volunteering to fold newsletters, answer phone calls from the public, help with a web site, facilitate a support group and working with facilitators to develop new programs.
2. Promote education about mental illnesses by placing brochures (available at the State Office) in libraries, grocery stores, churches and synagogues.
3. Contact your area schools and offer a supply of our suicide prevention cards to hand out as well as copies of our, 'Is it Just A Mood?' brochure.
4. Organize a local event to raise awareness (and money). Some idea's: a walk, a comedy club, a dinner, a 'market day.'
5. Work with your public library to stock some of the books on mood disorders recommended by our scientific and patient advisory board.
6. Bring DBSA educational materials into area doctor's offices and encourage them to hand materials out or place them in waiting rooms. Or bring materials to the local police and counseling centers to encourage their use and distribution of information about mood disorders,
7. Write letters to the editor when you read something that perpetuates the stigma of mental illness.
8. Ask your local hospital to host a new DBSA support group- perhaps for teens, families, or people with a dual diagnosis.
9. Ask your cable station and area hospital(s) to use our videotapes to educate others about depression and bipolar disorder.
10. Write your legislators to support insurance parity and other issues of concern. Then track the legislation and send an e-mail or fax to their legislators from the DBSA website.
11. Ask your local paper and radio stations to cover mood disorders and offer group members as people willing to be interviewed.
12. Encourage your friends and neighbors to go online and take a confidential depression and/or bipolar disorder screening test and seek treatment if it is indicated, so that no one suffers needlessly.

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Volunteer cont'd

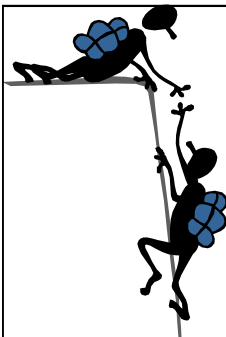
13. Donate financially and encourage your friends to do the same.
14. If you are a professional (attorney, accountant, computer expert, etc.) volunteer your professional services to your local chapter.

There are many things one can do to help DBSA and those living with mood disorders. Don't think you can only do what is on the list. Ask your group facilitator what you can do to help him/her. Call the State Office for idea's on how to help. We are always looking for people willing to sit a conference booth and talk to those interested that stop by!

WHERE TO GET HELP

It has occurred to us that not everyone knows where to go for help, or even what kind of help to pursue.

In addition to the numerous support groups DBSA holds, we also provide help with information such as; What is the phone number to the Department of Mental Health? Where can I get medication? I need immediate crisis services, what do I do? Who can attend support groups? Who do I call to locate a licensed counsellor or therapist?



So– to get you started– here are a few numbers that may help:

OK Department of Mental Health & Substance Abuse Services: 405-522-3908

Oklahoma County Medical Society: 405-843-5619

Oklahoma Mental Health Association: 405-843-9900

Oklahoma County Crisis Intervention Center: 405-522-8100

There are 17 mental health service areas inside the state of Oklahoma. Each area has services available to help. For a complete listing, visit <http://www.odmhsas.org/menthealth.htm#mhc>. If you do not have access to a computer, you are welcome to call ODMHSAS (listed above) or DBSA-OK at 405-286-9370 for a complete listing.

DBSA is here to help. Whether that help is with us or through us, our focus is on YOU and helping you get what you need.

FACILITATOR NEWS

Please welcome our new support group facilitators! Dennis Shue, Larry Rogers, Susan Hardin, Carol Hardin, David Engle, Carol Ann Tilden, Robert Tilden, Diane McGuire and Marsha Braudrick. Also– DBSA National will be coming to OKC to do a 7 hour intense facilitator training– probably in August. If interested, please contact Rave at the state office.

FROM SANDY'S CHAIR



I was prompted by a phone call today to look at the expectations we have of ourselves in general and specifically in DBSA. I want to say this about that: perfection is not a requirement to be a facilitator in DBSA. One requirement is very important; Take care of your own mental health. No one has to ask permission of another person to do this.

What I am struck by, as a relative newcomer to DBSA, is that there is not enough sharing about the tools of recovery, especially from facilitators. I guess I understand when facilitators don't do a lot of sharing in their own group, but if we don't then the sharing has to happen somewhere else. I think this is where new facilitators get confused. They don't see facilitators sharing and so they think that the facilitators have reached a "higher state" than appears possible if you're new. Not so I would reply. Facilitators are just peers, a person of equal standing with another. I will say this though, people's behavior gets better as they get older, and that is, they have learned to cope with the outside world and are not taken so by surprise by their interior life.

One of the things that support groups furnish is the opportunity to try tools, examples, suggestions, from other people in the group to learn new coping skills. I would say that this deliberateness about recovery is one of the differences that sets peer support group members apart.

Many thanks to Jeff Davis, Director of Advocacy at Mental Health America in Tulsa. Jeff has written a petition to be signed by all the advocacy organizations in the state. This petition protests the addition of a tiered program for antipsychotic medication use by all Oklahomans whose cost for medical care is covered by the Oklahoma Healthcare Authority (Medicaid). The petition will be presented at a meeting on May 29 with Mike Fogarty, CEO of the Oklahoma Health Care Authority. Paul is a perfect example of Mental Health Advocacy in Action.

THERE IS A DIFFERENCE– Psychologist or Psychiatrist

Excerpt taken from <http://www.oklahomapsychiatry.org>

The psychologist holds an **academic degree** (*Ph.D., Psy.D. or Ed.D.*) and has not been to medical school. Psychologists have training in abnormal psychology, psychological theory, psychological testing, counseling techniques and psycho-social evaluations. The training emphasis is on human behavior and testing. Psychologists focus on the human mind and behavioral change through **talk therapy**, not on underlying biological causes and problems.

The psychiatrist is a **medical doctor** (*M.D. or D.O.*) who specializes in the treatment of the mental illnesses, just as a cardiologist specializes in heart disease. Training for such a degree involves four years of pre-medical school education, including courses in biology, chemistry, genetics, physics, anatomy and four years of medical school (a minimum of 4,000 actual hours); and, four more years of internship and residency training nearly all of which takes place in an inpatient hospital setting; followed by, one or more years of additional training if the medical doctor wishes to specialize in the treatment of children, adolescents, substance abuse, geriatrics, etc. As a medical doctor, the psychiatrist is trained to diagnose and treat medical and psychiatric illnesses. Some

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**WE'VE BEEN THERE,
WE CAN HELP.**

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psychiatric illnesses may appear to be psychological when in fact they have a critical biological cause like depression caused by thyroid disease. Psychiatrists are trained to balance the treatment between medical and biological illnesses. As a medical doctor, the psychiatrist is trained to review medical records, examine patients, order medical tests, analyze laboratory reports, take medical histories, and prescribe medications. The psychiatrist is trained daily in pharmacology and the complex, potentially dangerous, interactions involving medications. Psychiatrists focus on the human brain as a part of the neurological system, working with the entire brain, mind and body of the patient.

FACILITATOR SUMMIT

WEDNESDAY JUNE 18

4:30 PM

@ STATE OFFICE