

The Importance of Suicide Prevention

According to a new report by the World Health Organization, suicide continues to be one of the leading causes of death for more people worldwide than war and homicide combined. 1.5 million die annually from suicide and an estimated 20 times that amount in unsuccessful attempts occur, it seems the importance of prevention should take on a larger role. There is a movement under way by various Government agencies like the Substance Abuse Mental Health Service Agency (SAMHSA), the Center for Disease Control (CDC) and the National Institute of Health (NIH) to educate people in the health care profession and others but more needs to be done to help.

Today there is a virtual epidemic of male suicide in the U.S., and more awareness and avenues for help are needed to stem the tide.

Suicide prevention is an umbrella term for the collective efforts of mental health practitioners and related professionals to reduce the incidence of suicide through proactive preventive measures.

Various suicide prevention strategies that have been used are:

- Promoting mental resilience through optimism and connectedness.
- Education about suicide, including risk factors, warning signs and the availability of help.
- Increasing the proficiency of health and welfare services at responding to people in need. This includes better training for health professionals and employing crisis counseling organizations.
- Reducing domestic violence and substance abuse are long-term strategies to reduce many mental health problems.
- Reducing access to convenient means of suicide (e.g. toxic substances, handguns).
- Reducing the quantity of dosages supplied in packages of non-prescription medicines e.g. aspirin.
- Interventions targeted at high-risk groups.
- Research. (see below)

Intervention

A psychosocial / psycho educational group therapeutic intervention for anyone who makes repeated suicide attempts is being developed which involves a combination of open discussion of the daily lived experiences of

such individuals as well as teaching them new skills which can be used to “stay safe”. The hoped for outcome of skill use, staying “safe”, means avoiding making an attempt or engaging in behavior that is harmful to the person. Participants in this program are taught skills which they can reasonably apply in their everyday lives, from “basic personal rights” to self-soothing, setting boundaries in interpersonal relationships, distraction tactics, problem-solving strategies, and the idea that distress felt in the moment, no matter how seemingly unendurable, is not permanent but an experience that will pass.

Basic Personal Rights

Many individuals who make recurrent suicide attempts come from backgrounds that were abusive or otherwise detrimental. Often individuals with such backgrounds have been given the message that they have no rights. Teaching basic personal rights, such as “I have the right to say no to a request” and “I have the right to make choices that take care of ME.” helps to promote a sense of self-efficacy among participants. This can help set the stage for teaching skills that require participants actively to choose to care for themselves. Though a flaw may arise, when they think that they

Mental Health Month continued on page 3

IN THIS ISSUE

A Message from the President	p.2
2008 Board Elections	p.2
Thanks to Neil	p.2
A Facilitators Experience	p.4
Suicide Epidemic	p.5
A Better Person	p.6

A Message From *Our President*

Please mark your calendars to attend the Depression and Bipolar Support Alliance National Conference, September 10-14, 2008 in Norfolk, VA. You would not want to miss this exciting and educational event. The DBSA Tampa Bay has expanded with three new support groups up and running, we have Patricia Nelligan-Parsons to thank for her hard work as the Support Group Liaison, she is doing a wonderful job, visit our website to get the address for the new locations. A huge thank-you to the support group facilitators and co-facilitators at our various locations across the Tampa Bay area and also to those that attend. Lastly, thanks to everyone who has read, contributed, assisted and encouraged the continued success of the newsletter. Stay safe.

Sincerely,

Renè Anderson
President
DBSA Tampa Bay

Visit the
DBSA Tampa Bay Website:
www.dbsatampabay.org

"Have patience with all things--but first of all, with yourself."
-- St. Francis de Sales

DBSA Tampa Bay does not endorse or recommend the use of any specific treatments or medications mentioned in this newsletter. For advise about specific treatments or medications, individuals should consult their physicians and / or mental health professionals.

The Blanchard Educational Series 2008

Our lectures, seminars and workshops are held at 7:00 PM at St. Joseph's Hospital, Medical Arts Building, 3601 W. Dr. Martin Luther King, Jr. Blvd., unless otherwise noted.

September 16th
November 4th

Suicide Prevention
Survival Strategies

All groups & Lectures may change without notice. Please RSVP with e-mail to info@dbsatampabay.org if you plan to attend.

A Special Thanks to Mr. Neil Bush

Neil Bush is currently the state wide Chairperson for DBSA Florida and has been a great help to our local organization DBSA Tampa Bay over the last 7 years. He was our Past President for 5 terms, 1st Vice President, facilitator, chief fundraiser, and all around coordinator of events. Still currently serving on the board and also helping out as interim Treasurer, Neil continues to give of himself to keep things going smoothly. Thank you to Neil and his wife Betty for all the long hours.

If you are a DBSA Tampa Bay member interested in attending a December Holiday gathering this year, then send us your name and best way to contact you or just drop us an email so we can let you know of the date.

Educational Resources

American Psychiatric Association
888-357-7924 • www.psych.org

American Psychological Association
800-964-2000 • www.apa.org

Advocacy Center
800-342-0823
www.advocacycenter.com

Child & Adolescent Bipolar Foundation
847-256-8525 • www.bpkids.org

National Alliance for the Mentally Ill
800-950-6264 • www.nami.org

National Association for the Dually Diagnosed
800-331-5362

DBSA (National)
800-826-3632
www.DBSAlliance.org

National Family Caregivers Association
301-942-6430

National Foundation for Depressive Illnesses
800-248-4344

National Institute of Mental Health
800-421-4211 • www.nimh.nih.gov

Panic Disorder Line:
800-64PANIC(7-2642)

Anxiety Disorder Line:
800-888-8-ANXIETY(26-9438)

National Mental Health Association
800-989-6642 • www.nmha.org

Confidential Depression Screening
www.depression-screening.org

Obsessive-Compulsive Foundation
ocfoundation.org

Compulsive Hair Puling
stoppuling.com

Compulsive Skin Picking
stoppicking.com

Tourette Syndrome Association
tsa-usa.org

Depression and Bipolar Support Alliance Tampa Bay

P.O. Box 340572 • Tampa, Florida 33694

Tel: (813) 878-2906

You can e-mail us at: info@dbsatampabay.org

have the right to choose the personal course of the life they want, including whether or not they should die; this approach is known as the right to die.

Self Soothing

Self-soothing, a skill that is taught in suicide prevention groups and also in Dialectical Behavior Therapy, involves using one of the five senses to provide some sort of stimulation that is calming to the individual. For example, many find a hot beverage such as tea or coffee to be comforting. Other self-soothing activities might include a warm or cool bath or shower, putting on favorite comfortable clothes, stroking a pet, burning incense, or listening to music. The goal of self-soothing is to lessen the person's current level of distress by providing stimulation that feels positive.

Interpersonal Boundaries

Individuals who make recurrent suicide attempts often feel that they have very little control over their lives, or that their lives are controlled by other people rather than themselves. The goal of teaching boundary-setting skills is to make the participants aware that it is okay for them to have needs and wants and to go about getting these needs and wants met. Boundary-setting also encourages participants to be aware of when other people in their lives are asking for things the participant would rather not give/share, or acting in a way that makes the participant feel unsafe. Boundary-setting means choosing actively which things will be shared and which will not, when someone is welcome to visit and when not, and so on.

Distraction tactics

Another skill that this particular therapeutic intervention and DBT have in common is the use of distraction tactics. The goal of using a distraction is to survive the period of distress by doing things that take one's mind off it. Distraction tactics can range from a quiet task like reading a favorite book, to an active task like going for a run. Distraction does not act to lessen the emotional pain, but it can take the mind off it long enough for it to recede, which may prevent a suicide attempt that is made to escape seemingly unendurable pain.

Actively applying the above techniques is proven to help in the event of suicidal ideation and if learned can be a torch that lights the way to prevention of suicide.

Further understanding of prevention techniques can be found by visiting

www.DBSAlliance.org
www.save.org/
and www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

Sections of this article were reprinted from psychcentral.com/ and Wikipedia.

24 hour help can be found at National Suicide Prevention Lifeline 1-800-273-TALK or 211.

DBSA TAMPA BAY WEBSITE:

www.dbsatampabay.org

The place to learn more!
Research back issues of our newsletter.
Discover documents of interest.
Link to other resources.

Switching Meds Key to Treating Depressed Teens

40 percent don't respond to the first anti-depressants tried, study finds

CHICAGO - Reuters has reported that teenagers whose initial drug treatment fails to combat depression, which happens in four out of 10 cases, can be helped by switching medicine and adding psychotherapy, a recently published U.S. study claims.

Children's Cognitive Performance: A Potential Indicator of Bipolar Disorder And Schizophrenia

According to an article in the March 2007 of Science Daily. A research team at the Medical School of Laval University in Canada has found in a long term study that the cognitive performance of a percentage of children followed pointed toward future diagnosis of affective disorders and schizophrenia. Schizophrenia and bipolar disorder are problems that emerge early on in life, but are usually not diagnosed before the age of 20 or 25. The participants in the study (a group of 45 children from families densely affected by schizophrenia or bipolar disorder) had not yet been diagnosed for the diseases. However, they came from families where the prevalence of these illnesses was 15 to 20 times higher than in the general population and, in each case, one of the parents suffered from either bipolar disorder or schizophrenia. Both disorders take on many different forms and, as of yet, there are no biological tests to rapidly confirm diagnosis with certainty. It has recently been found that biomarkers in human blood may hold promise to determine if a child is at risk to develop bipolar disorder.

America's Male Suicide Epidemic

By Glenn Sacks

Several years ago a distraught father struggling with overdue child support obligations and adverse family court decisions tragically committed suicide on the steps of the downtown San Diego courthouse. Angrily waving court documents, 43 year-old Derrick Miller walked up to court personnel at the entrance, said "You did this to me," and fatally wounded himself with a gun.

Miller is one of 300,000 Americans who have taken their own lives over the past decade--as many Americans as were killed in combat in World War II. America is in the throes of a largely unrecognized suicide epidemic, as suicide has become the eighth leading cause of death in the United States today, and the third leading cause of death among adolescents. All Americans recognize that our country is rife with violent crime, but few know that 50% more Americans kill themselves than are murdered.

Who is committing suicide?

For the most part, men. According to the National Institute of Mental Health, males commit suicide four times as often as females do, and have higher suicide rates in every age group. There are many risk factors for suicide, including substance abuse and mental illness, but the two situations in which men are most likely to kill themselves are after the loss of a job, and after a divorce.

Because our society strongly defines manhood as the ability to work and provide for one's loved ones, unemployed men often see themselves as failures and as burdens to their families. Thus it is not surprising that while there is no difference in the suicide rate of employed and unemployed women, the suicide rate of unemployed men is twice that of employed men.

It is for this reason that economic crises generally lead to male suicide epidemics. During the Midwest farm crisis of the 1980s, for example, the suicide rate of male farmers tripled. A sharp increase in male suicide occurred after the destruction of Flint, Michigan's 70 year-old auto industry, as documented in the disturbing 1989 film "Roger and Me." Some suicide experts fear a rise in suicide related to our current economic downturn.

The other most common suicide victims are divorced and/or estranged fathers like Derrick Miller. In fact, a divorced father is ten times more likely to commit suicide than a divorced mother, and three times more likely to commit suicide than a married father. According to Los Angeles divorce consultant Jayne Major:

"Divorced men are often devastated by the loss of their children. It's a little known fact that in the United States men initiate only a small number of the divorces involving children. Most of the men I deal with never saw their divorces coming, and they are often treated very unfairly by the family courts."

According to Sociology Professor Augustine Kposow of the University of California at Riverside, "The link between men and their children is often severed because the woman is usually awarded custody. A man may not get to see his children, even with visitation rights. As far as the man is concerned, he has lost his marriage and lost his children and that can lead to depression and suicide."

There have been a rash of father suicides directly related to divorce and mistreatment by the family courts over the past few years. For example, New York City Police Officer Martin Romanchick, a Medal of Honor recipient, hung himself after being denied access to his children

and being arrested 15 times on charges brought by his ex-wife, charges the courts deemed frivolous. Massachusetts father Steven Cook, prevented from seeing his daughter by a protection order based upon unfounded allegations, committed suicide after he was jailed for calling his four-year-old daughter on the wrong day of the week. Darrin White, a Canadian father who was stripped of the right to see his children and was about to be jailed after failing to pay a child support award tantamount to twice his take home pay, hung himself. His 14 year-old daughter Ashlee later wrote to her nation's Prime Minister, saying, "this country's justice system has robbed me of one of the most precious gifts in my life, my father."

We'll never know exactly why Derrick Miller took his life and if his suicide could have been prevented. What we do know is that male suicide is one of America's most serious public health issues, and it is time to address it.

"Serenity is not freedom from the storm, but calmness within the storm."

-Anonymous

Thank You!

To all of you who have paid your dues, subscribed to our newsletter, or made donations to our organization, we truly thank you. Without this monetary support, we would not be able to provide educational materials, literature, newsletters and a website to those that need our help.

Through educating and enlightening the public, it is hoped that the stigma of mental illness will someday be eliminated.

"In order to win, you must expect to win."

-- Richard Bach

A Facilitator's Experience with Lithium Poisoning: Support Groups and the Value of Sharing Story

Patricia realized there was something wrong when her adverse reactions to the combination of a “new research drug” and her lithium medication she was taking caused her to become confused, unknowingly. This confusion was not because Patricia did not take an active part in her treatment, in fact, she had. As a patient, Patricia treated her mental illness as occasion for story. In other words, she continually communicated with the doctors about the drug reactions she was experiencing, tracked her symptoms, and followed the prescribed dosage. However, the only one aware of her needs for care while under treatment was herself; and what she wanted most was simply to be listened to and understood along the way, as most patients do. As an American literary critic Anatole Broyard wrote, “Stories are antibodies against illness and pain”... very much the way support groups serve in our lives. For Patricia, her adverse drug reactions became an opportunity to share her experience and stress the importance of staying aware of yourself and needs while under medical care.

Leading up to the confusion is what Patricia wants others to be acutely aware of while medicating and, that is, “be aware of yourself and your needs.” This is a story not about depression or Bipolar disorder, per say, but one facilitator's desire to communicate much needed information about tracking your symptoms while being treated for mental illness. In other words, your voice matters when it comes to getting the help you need. And developing relationships of trust can determine critical outcomes in your emergency health care situations. Patricia says the question that most often arises in support groups is “how does a drug reaction occur while under medical care?” This is a good question and deserves an explanation. But for now, since we are not likely to get it from the medical professional, we are going to provide strategies to avoid this from happening to you.

There is a cultural perception that if someone consumes more than the prescribed amount he or she has intentionally overdosed. Patricia wants to make it perfectly clear that this was not the case. The problem, as she describes is the lack of careful listening, noting symptoms in the chart, and considering her symptoms as she reported them to the health organization, which ultimately rendered her hospitalized. Research shows that Patricia is representative of the adult population who often receives suboptimal treatment, and characterizes the prevalence of adverse health effects in older adults as a result. For instance, depression frequently accompanies and complicates chronic conditions such as heart disease, diabetes, and stroke, as it did in Patricia's case. Not every medical encounter is going to leave us feeling that our doctor really knows what it “feels like to be us,” but we can help conversation along by providing a vividness or realness to our situation with a little “preparedness” prior to our visit with our doctor.

There is a humanizing effect when the doctor reciprocates talk. It prepares, strengthens, and somehow consoles you if there is a potential to adverse reactions with your medical treatment plan. Yes, a doctor responding to our immediate crisis can give the impression that they appreciate what we are experiencing. Patricia gradually experienced her symptoms increasing and taking over her ability to remain in control of her routine; for example, the heat and lack of drinking enough water culminated the inducement of the lithium poisoning. She states, “I was not in control during the weeks I was sick leading up to my hospitalization. I suffered pain in my knee, blurred vision, rapid speech, disorientation, and was afraid I was going to die if I went to bed. I could not go to sleep because of my own spiritual delusions. The doctors are just not taking the time to listen!” This aspect of care became a mission for change, prevention, and strategy for those that

she met at her support groups.

Like anyone who has had an extraordinary experience, she wanted to describe it and let others have a strategy should they find themselves in the same situation. Certainly, there is therapeutic value in talking; it keeps from allowing mental illness from diminishing or disfiguring ourselves. Patricia's advice is twofold: You need to have people around you that you trust and can communicate your treatment and regimen to in the event you are unable. Second, know your medication even the “fillers” because those, too, can be a culprit for adverse reactions. But there is a third strategy worth mentioning here, and, that is, write down your routine. Keep a log of your medication, when you take it, how much, and any reactions to them. This allows you to chronicle your treatment plan and document how it affects your health overall. But, and most important, your drug log becomes a narrative instrument to discuss with your doctor those matters that have most concerned you when your least likely to remember them—during your appointment time. This gives him the chance to place his technical posture aside—momentarily—and move into the human arena of listening to you.

In case of an adverse drug reaction emergency, please call poison control at 813-253-4444 and you will be directed to the nearest center.

See your DBSA support group for a drug log.
Gina Rathbun, M.A.

**NEVER ADJUST OR STOP
TAKING YOUR MEDICATIONS
WITHOUT CONSULTING YOUR
DOCTOR.**

**TAKE YOUR MEDICATIONS AS
PRESCRIBED**

I Want to Be a Better Person

by Tom Wootton

I have finally settled on a motto that says it all for me - "I want to be a better person." For me that simple phrase addresses many of my issues; my arrogance, my bad behavior, my admission of having done wrong, my acceptance of who I really am, and most of all my need for hope. "I want to be a better person" reflects my belief that in spite of my bipolar condition I can overcome my bad tendencies and become someone to admire instead of someone to fear or feel sorry for.

My desire is so strong that "I want to be a better person" is now my motto. It might sound simple, but putting it into practice is the hardest challenge I have ever faced.

My journey to wanting to be a better person was long and convoluted, painful, yet even funny some times. My hope is that by sharing some of it with you I will have an even greater desire to live up to my dreams and perhaps give someone else hope as well. There are of course countless details left out and no doubt many details gotten wrong, but the general path may help to paint a picture of how I got to this point in my life.

Long before my diagnosis as Bipolar I, I have exhibited behaviors that should be considered horrible, to put it mildly. I thought I was smarter and better than anyone and could justify my behavior as the fault of whoever was my victim at the time. It was always "your" fault that I am being a jerk and if it wasn't for "you" I would be a saint. My extreme rages were more than outdone by my delusions and denial that I was responsible for my behavior, or even that my behavior was not perfectly justified.

I finally got sick of my own behavior and bought the estate next door to the monastery that I once lived in. I volunteered to manage the computer systems department and was put under the direction of Lee, a senior monk who I have known for over 20 years. One day I had a falling out with a friend of mine that I had hired to do some work for the monastery. We ended up in a heated email exchange that was rapidly escalating to the point that it was harming the monastery. Lee stepped in, and because I was representing the monastery, insisted that all emails that I sent needed to be approved by him. It has been almost five years now, but that experience is one that I have finally grasped.

Mike would send me an email that was pretty rude; at least my deluded mind thought so. I of course wanted to reply with the full force of my rage, but knowing Lee would not approve it I would rant and rave around the office until I calmed down enough to write the first draft. I would read my draft to my co-workers and they would tell me "no way is Lee going to let you say that." I would go for a walk, try to soak up some of the peace from the monastery, and go back for another try. My co-workers would again tell me "no way" and I would repeat the effort all day. Finally by the end of the day, or sometimes the next day, I would have a draft ready for Lee. He would calmly change what I had written into something that sounded like a saint would write it.

The process of receiving an email and taking all day to respond went on for over a month. Good thing I was working for a monastery or I would have been fired for accomplishing nothing all month. Towards the end

I told Lee that he was expecting me to act like a saint, to which he replied "did you expect anything less?" I finally quit that job (is that what you call something you do for free?) and went back to my old ways.

A year or so later I was diagnosed with bipolar and by then was back in form. The delusions had taken over and I was sure everyone was out to get me. I was doing preemptive strikes and would vent my rage at anyone I thought was a danger, literally everyone. The lesson Lee had tried to teach me had not only failed to sink in, I never noticed it in the first place. The diagnosis seemed like the worst thing that ever happened to me, but now I see it as the best. I finally saw that I was acting inappropriately and there was a reason for it. I resolved to get a handle on my 'disorder' and Lee stepped in again and tried to help me to understand. He told me that it was not a 'disorder,' it is a 'condition' that I have to overcome. I put together a workshop so that I could gain the insight of other bipolar people and decided to call it 'Bipolar In Order' because I wanted to get the 'disorder' under control. I have learned so much from the workshops and will continue to facilitate them for as long as I can afford to.

Like most of what Lee tries to teach me, it took many years to understand what he meant by 'condition.' Does it really matter whether my actions are the result of a mental illness or just the accumulation of bad habits? I don't think so. It is who I am today and I finally realize what Lee was trying to help me understand. I now want to be a better person and that desire makes me try to say and do the right thing whether Lee is there to correct me or

not. Everything that happens to me; a post on a bulletin board that I do not agree with, an event that happens on the street or in a store, my daily interactions with my wife, my friends, and everyone I meet, creates the same process in me. My first thought is to go into a rage. I then think "I want to be a better person" and try to temper my reaction. If I am doing well I choose to not react right away and I think about how I would react if Lee was there. I sometimes even act in ways that would make him proud.

I am finding that my desire to do the worst is starting to go away. My ability to do the right thing, or at least something approaching the right thing is getting stronger. Very slowly I am becoming a better person. I don't beat myself up about it, but I do put a lot of thought into analyzing my efforts. My introspection is getting easier because I can now honestly say that I have become a better person than even six months ago. My desire is so strong that "I want to be a better person" is now my motto. It might sound simple,

but putting it into practice is the hardest challenge I have ever faced. It is also the most rewarding. Some day I might even live up to Lee's hopes and become that saint.

Tom Wootton is the author of the Bipolar Advantage ISBN-13: 9780977442300. He was a highly paid technology trainer for Fortune 500 companies and has written a number of very good articles on the subject of bipolar disorder which he was diagnosed with in 2000. He was a DBSA group facilitator and has done numerous seminars and workshops also. The Editor.

**DBSA Tampa Bay
Speaker's Bureau**

Would you like to have a speaker at your group or organization?
Members of our organization volunteer to give informal talks about depression and bipolar illness.

For more information, please email us at info@dbsatampabay.org

We Need Your Help

We are looking for sponsorship for our quarterly newsletter.

Each issue costs our organization \$1000 and we publish 4 issues per year. If you can make any donation toward the cost of an issue or sponsor an entire issue,

**Please call Renè Anderson
813-878-2906**

Thank You!
We look forward to hearing from you.

DBSA Tampa Bay is an all volunteer non-profit organization

"Dance like no one's watching, love like you'll never be hurt, sing like no one's listening, live like it's heaven on earth. "

--William Pukey

OUR MISSION

The depression and Bipolar Support Alliance Tampa Bay's mission is to provide education, self-help, fellowship and other direct services to people with Affective Disorders and to their relatives and friends.

This organization is a non-profit, 501(c)(3) organization operated by it's members. DBSA Tampa Bay is affiliated with the national organization now called DBSA. Contributions are non-taxable as provided by law

2008 MEMBERSHIP APPLICATION

Name _____

Address _____

City/State/Zip _____

Phone _____

How did you hear about our organization? _____

Confidentiality is very important to us. Our membership list stays within DBSA Tampa Bay only and will not be sent to any other organizations.

Please print clearly and mail to DBSA Tampa Bay, PO Box 340572, Tampa, FL 33694

MEMBERSHIP (includes newsletter)

- \$20⁰⁰ Individual or Support Person
- \$30⁰⁰ Family/Household
- \$100⁰⁰ Individual Lifetime

NEWSLETTER

- \$10⁰⁰ Newsletter only / year
- \$24⁰⁰ Priority Packet / year (\$6/issue)

\$ _____ **DONATION**

\$ _____ **TOTAL**

Depression and Bipolar Support Alliance Tampa Bay SUPPORT GROUPS

PLEASE BE ON TIME

...in consideration of others. Thank You.

Times and locations may change due to circumstances beyond our control.

Brandon:

Monday 7:00 PM
Brandon Christian Church
910 Bryan Road (at Lumsden)

Carrollwood/Northdale:

Thursday 7:00 PM
Northdale Recreation Center
15550 Spring Pine Drive
Directions: From Dale Mabry turn west onto Northdale; 2nd left onto Spring Pine. Center is on the right side of Spring Pine.

James A. Haley V.A. Hospital:

Saturday 7:00 PM
13000 Bruce B. Downs., Room C104 West

FMHI (USF Area)

Tuesday 7:00 PM
USF Department of Psychiatry and Behavioral Medicine.
3515 East Fletcher Ave.
Directions: From Fletcher Ave, turn south at Magnolia Drive. The Psychiatry Center is the first building on the left.

Visit the

DBSA Tampa Bay Website:
www.dbsatampabay.org

***Tampa Bay Area Crisis Center
Telephone Numbers***

Hernando County (352) 596-4306
Hillsborough County 211
Manatee County (941) 741-3117
Pasco County 211
Pinellas County 211

***Children & Adolescents
and their Parents & Families***

Jimmie B. Keel Regional Library
2902 W. Bearss Avenue
1st and 3rd Thurs: 7:00 to 8:30 pm

St. Petersburg:

Monday 7:00 PM
Lutheran Church of the Cross
4545 Chancellor St., NE
From 4th Street turn west on 62nd Ave N.
Turn right on Bayou Grande Blvd. NE. Turn left on Shore Acres Blvd NE. Turn right on Chancellor St. NE.

St. Josephs Hospital:

Wednesday 7:00 PM
Grupo en Espanol y en Ingles
3001 W. Dr. Martin L. King Jr Blvd. St. Joseph's Hospital Medical Arts Building First Floor Conference Room. Free parking in the garage behind the Medical Arts Building.

Zephyrhills:

Monday 7:00 PM
Florida Hospital (formerly EPMC)
7050 Gall Blvd. (Use Hwy 301)
Meeting is in the Speech Therapy Room near the Wellness Center.

***National Suicide Hotline:
1-800-SUICIDE***

Multiple Copies?

DBSA Tampa Bay members, affiliates and supporters may order multiple copies of our newsletter via Priority Mail for \$24/year (4 issues). A packet holds about 25 newsletters

Would You Like To Reach Us?

Call 813-878-2906

or you can also email us at:
info@dbsatampabay.org

Would you like to become a member of the DBSA Tampa Bay?

Would you like to receive our newsletter?
Please refer to the application on page 7.
We also appreciate any donations which help to defray the cost of our services

Thank You.

DBSA Tampa Bay

P.O. Box 340572, Tampa, FL 33694

Professional Advisor:

Michael F. Sheehan, M.D.

Founder:

John C. Massolio, Jr.

Executive Board:

President: René Anderson
1st Vice President: John Balcomb
2nd Vice President: Mary Watkins
Treasurer: Carol Yaros
Secretary: Sherri Armstrong
Newsletter Editor: John Balcomb

Register to Vote

PLACE
STAMP
HERE

Serving the Community since 1985