Peer to Peer support has numerous benefits for those with mood disorders such as major depression and bipolar disorder, anxiety, PTSD, OCD and other affective disorders.

It functions to complement, supplement and extend professional mental health services. The role of the peer support groups is distinct and does not replace the role of professional health care providers in the community but compliments it.

“DBSA pioneered depression and bipolar Peer support groups”

Also the role of a peer supporter is usually a voluntary one that is formally recognized, but generally not compensated. Although in the last fifteen years the individual state certifications for CRPS Certified Recovery Peer Specialist credentials has become a reality and useful for those who wish to seek employment using their professional preparation in combination with their lived experience to help others achieve and maintain recovery.

DBSA Tampa Bay along with the DBSAlliance network of chapters pioneered depression and bipolar Peer support groups nationwide starting initially in 1985. Prior to this organized effort there had been only a few attempts at this type of community based support. Thirty plus years later the idea of support groups has grown substantially and proven to be an extremely beneficial asset for support, stabilization and recovery for individuals suffering with mental illness as well as their family and friends.

What sort of benefits does attending a weekly Peer to Peer support group provide? It is a unique outlet for those who are suffering with a mood disorder to break the cycle of isolating and get out and discuss with others how they’re feeling, their progress with their treatment and sharing of coping skills with others who understand how they feel.

It has been found that the mere act of talking in a group of supportive individuals can be comforting for someone suffering with symptoms of mental illness. Helping those who attend to break the stigma surrounding the disorders and find out through sharing with others what helps to make one feel better.

“It is a unique outlet for those who are suffering with a mood disorder to break the cycle of isolating and get out and discuss with others how they’re feeling”

What are key points to successful peer support? Frequent components of successful peer support attendance include: Encouraging regular care, healthy eating, physical activity and medicine adherence as well as sharing of positive experiences for those activities. Assistance in developing problem-solving, decision-making, and coping skills are also a positive result.

Our volunteer facilitators are people who use their experience of recovery from mental health disorders to support others in recovery. Combined with skills learned in Peer Support Specialist training provided by our chapter, their experience and institutional knowledge put them in a unique position to offer support to others.

Edited from the article “What is Peer Support” at http://peersforprogress.org
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Living life with a mood disorder is never easy, but being properly diagnosed and having a treatment plan is half the battle. This is why attending a support group in conjunction with one's professional mental health treatment plan can be so beneficial and recognized as a positive influence for recovery.

Our organization has been helping those in the Tampa Bay community since 1985 by providing these safe and structured places to go and be with others who have similar feelings and experiences. We have grown over the years from just a few meetings in Tampa and St. Petersburg to a dozen meetings held in four counties. This increased size has made us one of the largest chapters of the Depressive Bipolar Support Alliance in the Unites States and proves that Peer to Peer support is a successful program that helps individuals to feel better.

We are proud to have sponsored inpatient support groups for our VA patients at the VA hospitals in Pinellas and Hillsborough Counties using our volunteer facilitator’s. We were asked to train VA staff also to run DBSA style peer support programs themselves for inpatient and outpatient purposes and they are continuing to use them with positive results. We also host our regularly held weekly Veterans community support group.

Looking forward to 2017 we will continue forward with new meetings and workshops planned and as always we are thankful for the support of our members and volunteers!

Sincerely,

John W. Balcomb
President
DBSA Tampa Bay, Inc.

The human mind is our fundamental resource.

~ John F. Kennedy

Persistent Depressive Disorder (PDD): Dysthymia

By Rebecca Faust

Do you remember being a happier person, but now, for the past couple of years, the glass seems always half empty? Have you had many of the symptoms of depression (down feeling all day, no motivation, low energy, poor concentration, fatigue, low self-esteem, over under eating, and sleep problems), although it’s not quite as bad as major depression? Can you mostly still function, and you aren’t suicidal, but this has been going on for two or more years? Talk to your doctor about whether this could be Persistent Depressive Disorder (PDD), also known as dysthymia.

The National Institute of Mental Health’s website says this: “Dysthymic disorder is characterized by chronic low-level depression. While the depression is not as severe as that characterizing major depressive disorder, a diagnosis of dysthymia requires having experienced a combination of depressive symptoms for two years or more.” So maybe it’s not just a personality change you’ve experienced. Maybe you haven’t become a permanently grumpy person. Maybe there’s something you can do about this.

The causes for PDD are the same as for most mental illnesses. Basically, doctors and scientists are still figuring it out. They believe it’s some combination of brain chemistry and biology, genetics, and life events. Left untreated, PDD can lead to a major depressive episode, even suicide. PDD is also associated with substance abuse, chronic illnesses, personality disorders, decreased productivity and relationship difficulties. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association, gives different criteria for a diagnosis of dysthymia for an adult (over age 21) or child. In an adult, depressed mood occurs most of the day for two or more years. For a child, depressed mood or irritability occurs most of the day for at least one year. 3

So what can you do about Persistent Depressive Disorder? If you want a better quality of life, there are several things you can try. First talk to your doctor. He or she is the key to guiding you through this journey into wellness. Psychotherapy is often the first recommended treatment. Also known as talk therapy, there are many types of psychotherapy including cognitive-behavioral and interpersonal. These therapies are scientifically proven to help people with depression. The problem can’t be solved in one visit, but over time, your quality of life will improve greatly. Your doctor might also prescribe medication. These could include antidepressants. Many of these take anywhere from three to six weeks to start working, so don’t expect to start feeling better right away. You may also have to try a few different kinds of antidepressants in order to find one that works for you. Exercise and healthy eating habits have also been shown to help alleviate depression. Alternative medicine therapies can be used but should be discussed with your doctor, since some don’t work and some conflict with other medications

* Financial: Money problems like debt or inability to meet expenses
* Environmental: External conditions such as hurricanes.

What does Stress do to the body? Stress causes your body to make physical and chemical changes. When you are under stress, your body’s first reactions are a rise in blood pressure, quicker breathing, increased perspiration, quicker heartbeat and dilated pupils. All your senses go on high alert. The body stays keyed up until the danger passes and then returns to a state of calmness. However, if the high levels of stress continue, the senses stay on high alert. When the body no longer has the energy to adapt, it becomes exhausted. This damages the body’s organs and can even cause death. Stress has been associated with many health problems. Some of these are high blood pressure, heart trouble, asthma, fatigue and muscle pain. If stress is not relieved, it can cause emotional problems such as anxiety or depression or possibly trigger inherent psychiatric conditions such as major depression and bipolar disorder. Stress can also hurt your relationships with friends, family and coworkers. What are the signs of stress? Major problems can be avoided if symptoms are identified early. You probably already know some of them—headaches, tense muscles, knotted stomach and sweaty palms. Some of the signs of serious problems are:

* Self-confidence
* Learn to relax. Deep breathing—slow deep breathing—portable and simple.
* The power of hope. You are not alone and you do have the power to overcome your obstacles—physical and mental.
* Remain resilient. You can move forward—no matter what curveball is thrown your way.
* Build healthy relationships. Healthy relationships allow for individuality, bring out the best in both people and invite personal growth.

For more information regarding stress induced depression, anxiety and treatments talk to your doctor and therapist.

How does one overcome PTSD and move on with your life? After a traumatic experience, it’s normal to feel frightened, sad, anxious, and disconnected. But if the upset doesn’t fade and you feel stuck with a constant sense of danger and painful memories, you may be suffering from post-traumatic stress disorder (PTSD). PTSD can leave you feeling powerless and vulnerable so it’s important to realize that you’re not helpless. There are things you can do to alleviate your PTSD symptoms, reduce anxiety and fear, and take back control of your life.

What is PTSD?

Post-traumatic stress disorder (PTSD) can develop following a traumatic event that threatens your safety or makes you feel helpless. Most people associate PTSD with rape and battle-scarred soldiers— and military combat is the most common cause in men—but any event (or series of events) that overwhelms you with feelings of hopelessness and helplessness can trigger PTSD, especially if the event feels unpredictable and uncontrollable. PTSD can affect:

- People who personally experience the traumatic event
- Those who witness the event
- Those who pick up the pieces afterwards, such as emergency workers
- Friends or family members of those who experienced the trauma

Traumatic events that can cause PTSD include:

- War
- Natural disasters
- Car or plane crashes
- Terrorist attacks

PTSD Symptoms, Self-Help, and Treatment

- Sudden death of a loved one
- Rape
- Kidnapping
- Assault
- Sexual or physical abuse
- Childhood neglect

PTSD symptoms: Everyone is different

PTSD develops differently from person to person. While the symptoms of PTSD most commonly develop in the hours or days following the traumatic event, it can sometimes take weeks, months, or even years before they appear. There are three main types of symptoms:

1. Re-experiencing the traumatic event. This may include upsetting memories, flashbacks, and nightmares, as well as feelings of distress or intense physical reactions when reminded of the event (sweating, pounding heart, nausea, for example).

2. Avoiding reminders of the trauma. You may try to avoid activities, places or thoughts that remind you of the trauma or be unable to remember important aspects of the event. You may feel detached from others and emotionally numb, or lose interest in activities and life in general, sensing only a limited future for yourself.

3. Increased anxiety and emotional arousal. These symptoms include trouble sleeping, irritability or outbursts of anger, difficulty concentrating, feeling jumpy and easily startled, and hypervigilance (on constant “red alert”).

Other common symptoms of post-traumatic stress disorder (PTSD)

- Guilt, shame, or self-blame
- Substance abuse
- Feelings of mistrust and betrayal
- Depression and hopelessness
- Suicidal thoughts and feelings
- Physical aches and pains

Types of treatment for post-traumatic stress disorder (PTSD)

- Trauma-focused cognitive-behavioral therapy involves gradually “exposing” yourself to feelings and situations that remind you of the trauma, and replacing distorted and irrational thoughts about the trauma with more balanced picture.

- Family therapy can help your loved ones understand what you’re going through and help the family work through relationship problems.

- Medication is sometimes prescribed to people with PTSD to relieve secondary symptoms of depression or anxiety, although they do not treat the causes of PTSD.

- EMDR (Eye Movement Desensitization and Reprocessing) incorporates elements of cognitive-behavioral therapy with eye movements or other forms of rhythmic, left-right stimulation, such as hand taps or sounds. These work by “unfreezing” the brain’s information processing system, which is interrupted in times of extreme stress.

By Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D. Used by Permission.

By Hara Estroff Marano

Twenty years ago, everyone thought that, as the body’s chief calcium-regulating hormone, vitamin D’s contribution to health was the making of strong bones. That may now be the least of it.

Ongoing studies show that the nutrient plays a regulatory role in almost every system in the body. And its most notable actions may be in the brain. There, researchers find, it has an array of effects, from stimulating the growth of nerve cells to preserving memory and executive function, all while clearing out the toxins implicated in Alzheimer’s disease. And no one has a firm fix on how much it takes to underwrite all its newly discovered talents in maintaining brain health.

Vitamin D deficiency not only puts older adults at risk for cognitive decline and dementia, reports Michael Holick, but has “serious long-lasting consequences for mental health” throughout life. In utero D controls the necessary pruning of nerve cells as the brain develops.

The researchers found that vitamin D facilitates memory consolidation by boosting the strength of nerve signals: It stimulates gene expression of molecules essential to neurotransmission. It also preserves the myelin sheath around nerve fibers.

Low vitamin D levels accelerate memory loss. University of California at Davis researchers found in a study of nearly 400 older men and women followed for five years. The RDA for vitamin D is 600 International Units for people between ages 1 and 70; it’s 800 IU for those over 70. Even at the recommended dose, Holick reports, 76 percent of new mothers and 81 percent of newborns are D-deficient. He believes that 4,000 IU of vitamin D3 is optimal during pregnancy. He downs 4,000 units a day, “and that’s what I prescribe for all my patients. They tell me all their winter aches and pains disappear.” It has been found that it’s best to take vitamin D3 (Cholecalciferol) when used as an oral supplement. This is the same type of D vitamin created in your body when you expose your skin to sunlight.

Vitamin D in the Brain

Vitamin D in the brain directly protects cells in the hippocampus, it is essential for memory consolidation and spatial navigation, regulates differentiation and maturation of neurons by stimulating production of nerve growth factors, also acts as a potent antioxidant by inhibiting production of free radicals, it lowers risk of stroke and resulting impairment, regulates levels of anti-inflammatory agents, regulates genetic expression of neurotransmitters including dopamine, acetylcholine, and serotonin and maintains mood!

Vitamin D is certainly a Vitamin of many talents!

Hara Estroff Marano is an author, journalist and editor and has written articles for a number of publications including The New York Times and The Smithsonian. The mother of two grown sons, she lives in Brooklyn, New York. Used with permission.

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Give to Mental Health and the Community by making a Tax deductible donation to a worthy cause with your car, truck or van! Call, email or write us for details on how to do this.

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Treating Manic-Depressive Illness
By John Young

Before we decide how to treat an illness, we need to define it with as much insight as possible. The terms melancholia and mania both originate with the Greeks and their use by Robert Burton in The Anatomy of Melancholy (1621) anticipate much of our understanding of manic-depressive illness early in the 21st century. But the first comprehensive understanding of the disease came from Emil Kraepelin, a German psychiatrist, who did extensive research and wrote several books on this illness resulting in a six-part definition.

In his book, Manic Depressive insanity and paranoia, Kraepelin says this disease: 1) primarily involves the emotions; 2) occurs as a result of body chemistry; 3) can exist independently of other forms of mental illness - such as neurosis; 4) has a periodic or cyclic nature; 5) seems to have a genetic component; and 6) appears in individuals who seem to have a personality predisposition for it. Kraepelin's textbook was written in 1921, now it is 2016, ninety-five years later, and yet scholars still credit all parts of his definition as holding up.

Some parts of his definition demand a psychiatrist, an M.D. or D.O., who can focus on the body chemistry, on the appropriate nutrition and medication, on the genetic implications, and other scientific aspects. Other parts of the definition require a talk therapist, (a psychoanalyst), who is more adept at steering us through personal relationships and other life issues and challenges. Susan Dime-Meenan, an executive director of the National Depressive and Manic-Depressive Association, clarified the relationship between the role of the psychiatrist and talk therapist when she said, "It wasn't until I was on medication that I could start dealing with the emotional issues. Psychotherapy has helped me tremendously, but had the therapy preceded the medication, I'd have been on the couch the rest of my life."

Those with bipolar disorder experience this illness because physically and emotionally their tools for adaptation are limited. But as Susan Dime-Meenan instructs us above, biochemical and emotional adaptation work together and supplement one another. Her medication produced the change that allowed her to benefit from the talk therapy; the talk therapists reduce stress and conserve limited biochemical resources. The two forms of treatment work hand in glove and both are needed to help us treat Kraepelin's six-part definition and reach the optimum stability and health.

A member of our Clearwater support group, the author John T. Young had his worst attacks of Bipolar Disorder at ages fourteen and eighteen. A retired teacher of thirty-six years with six grandchildren, he is the author of "Sad Love Stories: A Study in Manic-Depressive Illness" available on Amazon.com

Educational Resources

Mental Health Advocacy
Mental Health America
http://www.mentalhealthamerica.net

DBSA
Child & Adolescent Parent Network
www.bpkids.org

DBSA Tampa Bay, Inc. (Local Chapter)
727 410-1569
www.dbsatampabay.org

DBSA (National Organization)
www.dbsalliance.org
1-800-826-3632

DBSA Interactive Clubhouse
Great online feature of DBSA.
Check it out!
www.facingus.org

Suicide Hotline
Military Veterans Press 1
1-800 273-8255

National Alliance for the Mentally Ill
www.nami.org
1-800 950-6264

Caregivers Action Network
www.caregiveraction.org
1 202 772-5050

National Institute of Mental Health
www.nimh.nih.gov
1-866 615-6464

Teens Crisis Text Line
Teens & young adults age 13-25
741-741 text the word Listen

Men & Depression
www.mengetdepression.com

Local 24 Hour Suicide Line
Crisis Line
Referrals to Local Mental Health Providers
Pinellas - Dial 211
Hillsborough - 211

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is an all volunteer non-profit organization.
We are solely funded by our members & donations.
If you'd like to become a member or make a donation, please see the form in this newsletter or contact us at info@dbsatampabay.org

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

“I'm a success today because I had a friend who believed in me and I didn't have the heart to let him down.”
—Abraham Lincoln

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 DBSA. Contributions are tax deductible as provided by law.

Membership Application

Name ____________________________
Family Members ____________________
Address ___________________________
City/State/Zip _____________________ Phone ______ Email ___________________

Men & Depression www.mengetdepression.com

Local 24 Hour Suicide Line Crisis Line Referrals to Local Mental Health Providers
Pinellas - Dial 211 Hillsborough - 211

MEMBERSHIP (includes newsletter)
☐ $20 Individual or Support Person
☐ $30 Family/Household

NEWSLETTER
☐ $10 Newsletter only / year
☐ $24 Priority Packet / year (6 issues)

☐ $ ___________ DONATION

☐ ___________ TOTAL

I like the dreams of the future better than the history of the past.
— Thomas Jefferson

We are always looking for volunteers. If you would like to give back to your community and the world, contact us about volunteer opportunities. You can make a difference!!
SUPPORT GROUPS

Please be on time in consideration of others. Times and locations may change due to circumstances beyond our control.

Brandon (Hillsborough)
Monday 7:00-8:30 PM (Weekly)
Brandon Christian Church
910 Bryan Rd. (Corner of Bryan & Lumsden)
Brandon, FL

South Tampa
Tuesday 7:00-8:30 PM (Weekly)
Palma Ceia Presbyterian Church
3501 W. San Jose Street
In the First Floor Bride’s Room

Zephyrhills (Pasco)
Monday 7:00-8:30 PM (Weekly)
Florida Hospital (formerly EPMC)
7050 Gall Blvd. US 301 Zephyrhills, FL
Conference room inside front entrance next to gift shop

USF Area (Tampa)
Tuesdays 6:30 - 8:00 PM
USF Department of Psychiatry and Behavioral Medicine
3515 East Fletcher Ave.

Tampa (Metro) Near I-275 & Dale Mabry
Wednesday 7:00 - 8:30 PM (Weekly)
Windmoor Behavioral Health
1201 North Clearview Ave. Tampa, FL

Support Group Guidelines
* We are here to support mental health and your prescribed treatment. Family and friends are welcome.
* We maintain confidentiality: What is said in group stays there.
* As volunteer facilitators, we help guide your discussions. We share experiences, wisdom, successes, and common problems.
* We limit the discussions to depressive, bipolar, and other affective disorders.
* We are not mental health professionals and do not diagnose, advise or recommend specific treatments or doctors.
* Our participants respond with compassion, not judgment. Sharing is encouraged, how ever you are not required to. You may remain silent if you wish.
* We are support groups and not therapy groups. We are here to give and receive support.

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 (3 issues).
A packet holds about 25 newsletters

Visit Our Website @ www.dbsatampabay.org
Would You Like to Reach Us?
Email us at: Info@dbsatampabay.org
Phone: 727-410-1569

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.

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