



**Depression and Bipolar
Support Alliance**

December 18, 2009

The Honorable Charles E. Grassley
135 Hart Senate Office Building
United States Senate
Washington, DC 20510-1501

Dear Senator Grassley:

I am writing on behalf of the Depression and Bipolar Support Alliance (DBSA) in response to your letter of December 7, 2009. As you know, DBSA is a consumer-focused, national mental health organization, with the mission “to improve the lives of people living with mood disorders.” Through over 1,000 support groups and 450 national chapters, DBSA reaches nearly 5,000,000 people each year with current, consumer-friendly information about depression and bipolar disorder, as well as empowering tools focused on an integrated approach to wellness and recovery.

DBSA could not achieve its mission without the support of charitable gifts from our community. These contributions come from numerous sources, including, as you have noted, the pharmaceutical industry. DBSA is proud of the work it has been able to do thanks—in part—to the support of this industry. Yet we also realize that there are numerous, complex issues surrounding the intersection of pharmaceutical funding and health-related advocacy and education.

In recognition of these sensitive issues, and to ensure the best possible information and programming for our national constituency, DBSA is committed to transparency in and about its relationships with all donors, including those supporters from within the pharmaceutical industry. We hope the following answers to the questions posed within your December 7, 2009 communication will demonstrate clear examples of DBSA’s commitment to openness. These responses are provided in addition to a chart that details annual amounts of industry funding (*attachment 1*).

Question 1) – Please describe the policies for accepting industry funding and whether or not DBSA allows companies to place restrictions or provide guidance on how funding will be spent.

In March 2007, DBSA’s board of directors approved a decision-making matrix (*attachment 2*) regarding the acceptance of funds from pharmaceutical companies. Then, in August 2007, based on recommendations from a task force appointed to look at this issue, the board also drafted a policy statement on funding from the pharmaceutical industry (*attachment 3*). Additionally, the board resolved that no more than 50% of DBSA’s total budgeted revenues may come from the industry. Finally, in December 2007, DBSA’s board updated its 2008-2009 strategic plan (*attachment 4*) to include a specific objective with respect to industry funding. It reads,

Priority Project 5Aa: **Increase non-pharmaceutical company revenues so the percentage of pharmaceutical revenues decreases by five percent each year.**



Depression and Bipolar
Support Alliance

These measures act as safeguards for the integrity of any projects that might be supported by the pharmaceutical industry.

Like all donors, pharmaceuticals may provide grants at their discretion, and DBSA uses donated funds only for the broad purposes outlined within a grant agreement. That is to say, for example, if a grant is made to support educational materials about bipolar disorder, DBSA will use the funds only for this designated purpose. However, as indicated within DBSA's policy statement, point #3, "Any program supported by a pharmaceutical company will be under the sole control of DBSA. Pharmaceutical companies will have no ability to edit the materials."

Question 2) – *If DBSA allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company, and restriction placed on funding.*

As noted in the response to question 1), no grant agreement may stipulate that the final content of DBSA's educational or promotional materials be subject to the review or alteration of a donor. To indicate when project-related support (as opposed to general operating grants) has been provided by our healthcare industry donors, please see the "Reason(s) that funding was provided" column within our accounting of all industry grants made between 2006 and 2009 (*attachment 1*).

Question 3) – *Please explain what policies, if any, DBSA plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.*

The measures outlined above represent the proactive steps DBSA has already taken to ensure openness, transparency, and honesty in all its work. No additional policies are in DBSA's immediate plans, yet these existing initiatives and guidelines will certainly be maintained.

Notably, DBSA has for many years included the giving levels of all its donors—including pharmaceutical corporations—within its annual reports (*attachments 5-7*).

Question 4) – *Please explain your policies on disclosure of outside income by your top executives and board members.*

DBSA maintains a conflict of interest policy that covers both board members and senior-level employees (*attachment 8*).

Question 5) – *Please provide the disclosures of outside income filed with your organizations by your top executives and board members.*

Attached is an accounting of all outside income reported by DBSA board members (*attachment 9*). No DBSA senior staff members received any outside compensation from pharmaceuticals during 2006-2009.



**Depression and Bipolar
Support Alliance**

We hope the foregoing responses address your inquiry completely. Should additional information be necessary, I hope you will not hesitate to contact me at (312) 988-1150 or PAshenden@DBSAlliance.org. Note that, because our offices will be closed from December 24, 2009 – January 4, 2010, any follow up will likely need to take place in the New Year.

Sincerely,

Peter C. Ashenden
President
Depression and Bipolar Support Alliance

Attachments (9): Amounts of industry funding (*attachment 1*)
 Pharma decision-making matrix (*attachment 2*)
 Pharma funding policy statement (*attachment 3*)
 2008-2009 strategic plan (*attachment 4*)
 2006 annual report (*attachment 5*)
 2007 annual report (*attachment 6*)
 2008 annual report (*attachment 7*)
 Conflict of interest policy (*attachment 8*)
 Amounts of DBSA board members' outside income (*attachment 9*)

cc: Mr. Stephen Propst, Chair, DBSA Board of Directors
 Ms. Christy B. Beckmann, Secretary, Chair-Elect, DBSA Board of Directors
 Dr. Allen S. Daniels, Executive Vice President and Director of Scientific Affairs, DBSA
 Mr. Allen Doederlein, Director of Development, DBSA
 Ms. Madalyn Kenney, Development Manager, DBSA
 Ms. Paula Cozzi Goedert, Partner, Barnes & Thornburg LLP

Depression and Bipolar Support Alliance
Funding from the Pharmaceutical Industry - 2006-2009
Last revised December 18, 2009

Year	Name of Company	Amount of funding	Reason that funding was provided
1/30/2006	Abbott Laboratories	\$250,000.00	Project support - dual diagnosis information
7/5/2006	Abbott Laboratories	\$15,000.00	Rebecca's Dream gala sponsorship
10/25/2006	Abbott Laboratories	\$40,648.00	General operations
11/3/2006	Abbott Laboratories	\$48,927.95	Project support - dual diagnosis and hospitalization information
12/31/2006	Abbott Laboratories	\$355,000.00	General operations
2/22/2007	Abbott Laboratories	\$24,659.68	General operations
8/28/2007	Abbott Laboratories	\$10,214.40	Project support - dual diagnosis information
12/31/2007	Abbott Laboratories	\$40,000.00	General operations
3/18/2008	Abbott Laboratories	\$12,984.16	Project support - dual diagnosis information and personal calendar printing
7/22/2008	Abbott Laboratories	\$3,248.84	General operations
10/27/2008	Alexza Pharmaceuticals, Inc	\$1,000.00	Rebecca's Dream gala sponsorship
4/7/2006	AstraZeneca	\$25,000.00	Project support - sleep information
6/14/2006	AstraZeneca	\$100,000.00	Project support - new diagnosis information
6/14/2006	AstraZeneca	\$50,000.00	Project support - sleep information
6/28/2006	AstraZeneca	\$100,000.00	General operations
7/26/2006	AstraZeneca	\$15,000.00	Rebecca's Dream gala sponsorship
7/26/2006	AstraZeneca	\$50,000.00	Project support - mood disorders information
7/26/2006	AstraZeneca	\$50,000.00	Project support - mood disorders information
12/1/2006	AstraZeneca	\$125,000.00	Project support - new diagnosis information
3/26/2007	AstraZeneca	\$50,000.00	Conference sponsorship
4/10/2007	AstraZeneca	\$2,500.00	Conference sponsorship
5/17/2007	AstraZeneca	\$200,000.00	Project support - FacingUs website
8/16/2007	AstraZeneca	\$25,000.00	Rebecca's Dream gala sponsorship
11/19/2007	AstraZeneca	\$50,000.00	Project support - mood disorders information
12/27/2007	AstraZeneca	\$25,000.00	General operations
2/19/2008	AstraZeneca	\$50,000.00	General operations
2/19/2008	AstraZeneca	\$10,000.00	Project support - new diagnosis information
2/19/2008	AstraZeneca	\$60,000.00	Project support - DBSAllianza.org Spanish-language website
3/6/2008	AstraZeneca	\$75,000.00	Project support - FacingUs website
3/6/2008	AstraZeneca	\$25,000.00	Project support - mood disorders information
8/18/2008	AstraZeneca	\$45,000.00	Rebecca's Dream gala sponsorship
8/18/2008	AstraZeneca	\$35,000.00	Rebecca's Dream gala sponsorship

Depression and Bipolar Support Alliance
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Last revised December 18, 2009

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10/23/2008	AstraZeneca	\$50,000.00	General operations
12/1/2008	AstraZeneca	\$50,000.00	Rebecca's Dream gala sponsorship
12/1/2008	AstraZeneca	\$40,000.00	Conference sponsorship
12/31/2008	AstraZeneca	\$225,000.00	Project support - FacingUs website
8/26/2009	AstraZeneca	\$25,000.00	Industry Advisory Board membership
10/5/2009	AstraZeneca	\$350,000.00	Project support - FacingUs website
10/5/2009	AstraZeneca	\$18,000.00	Rebecca's Dream gala sponsorship
11/5/2009	AstraZeneca	\$25,000.00	Conference sponsorship
11/12/2009	AstraZeneca	\$10,000.00	Project support - mood disorders information
11/27/2006	Bristol-Myers Squibb Company	\$320,000.00	General operations
6/25/2008	Bristol-Myers Squibb Company	\$37,500.00	General operations
7/31/2008	Bristol-Myers Squibb Company	\$37,500.00	General operations
10/14/2008	Bristol-Myers Squibb Company	\$37,500.00	General operations
8/11/2008	Bristol-Myers Squibb Company	\$10,000.00	Rebecca's Dream gala sponsorship
12/3/2008	Bristol-Myers Squibb Company	\$25,000.00	Project support - treatment-resistant depression information
1/20/2009	Bristol-Myers Squibb Company	\$25,000.00	Project support - treatment-resistant depression information
4/14/2009	Bristol-Myers Squibb Company	\$25,000.00	Project support - treatment-resistant depression information
7/16/2009	Bristol-Myers Squibb Company	\$25,000.00	Project support - treatment-resistant depression information
8/16/2006	Cyberonics, Inc.	\$25,000.00	Conference sponsorship
11/8/2006	Cyberonics, Inc.	\$1,000.00	Rebecca's Dream gala sponsorship
12/8/2006	Cyberonics, Inc.	\$12,500.00	Project support - treatment-resistant depression information
2/6/2007	Cyberonics, Inc.	\$12,500.00	Project support - treatment-resistant depression information
5/4/2007	Cyberonics, Inc.	\$12,500.00	Project support - treatment-resistant depression information
7/17/2007	Cyberonics, Inc.	\$10,000.00	Conference sponsorship
8/3/2007	Cyberonics, Inc.	\$12,500.00	Project support - treatment-resistant depression information
10/15/2007	Eli Lilly and Company	\$15,000.00	Rebecca's Dream gala sponsorship

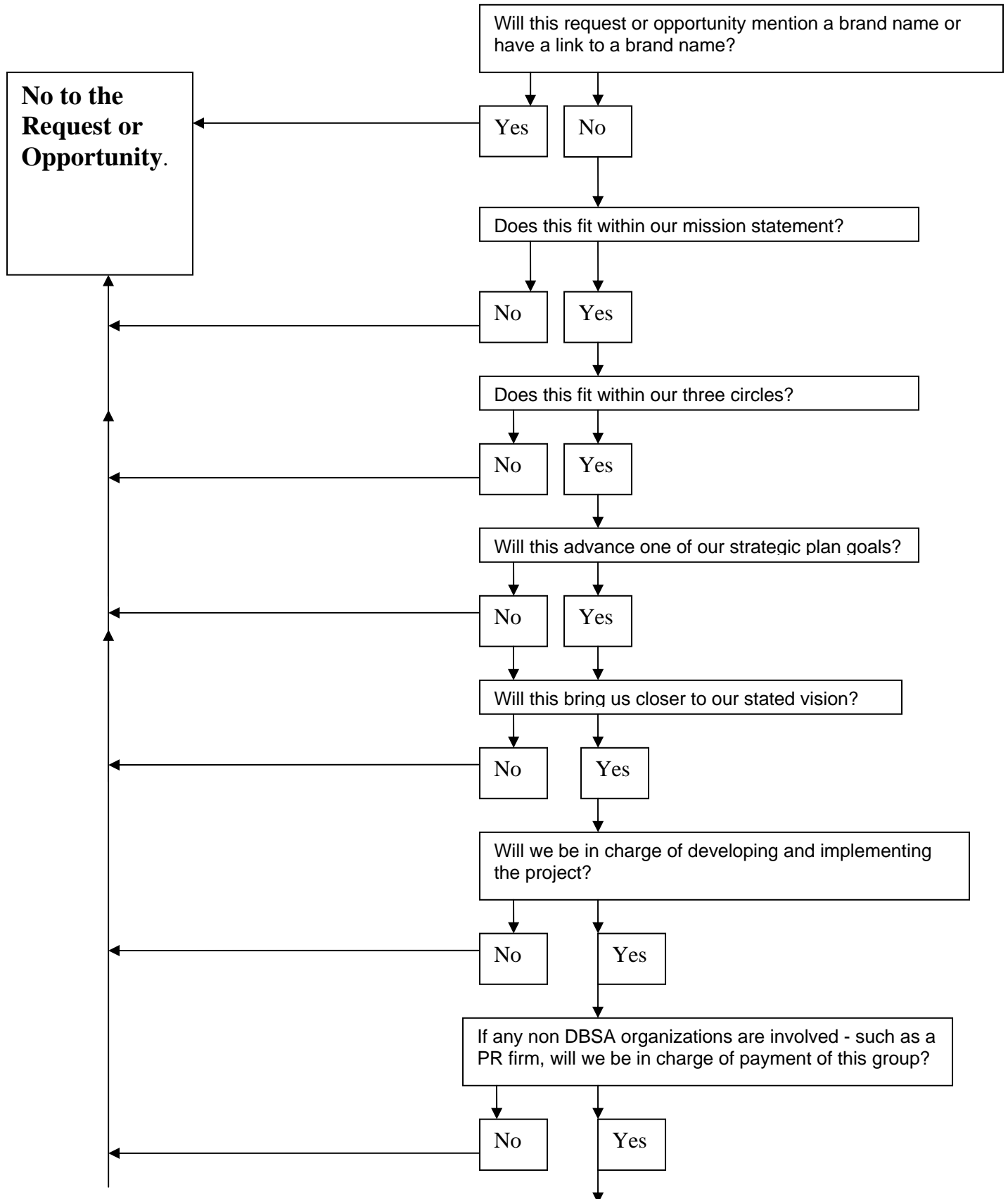
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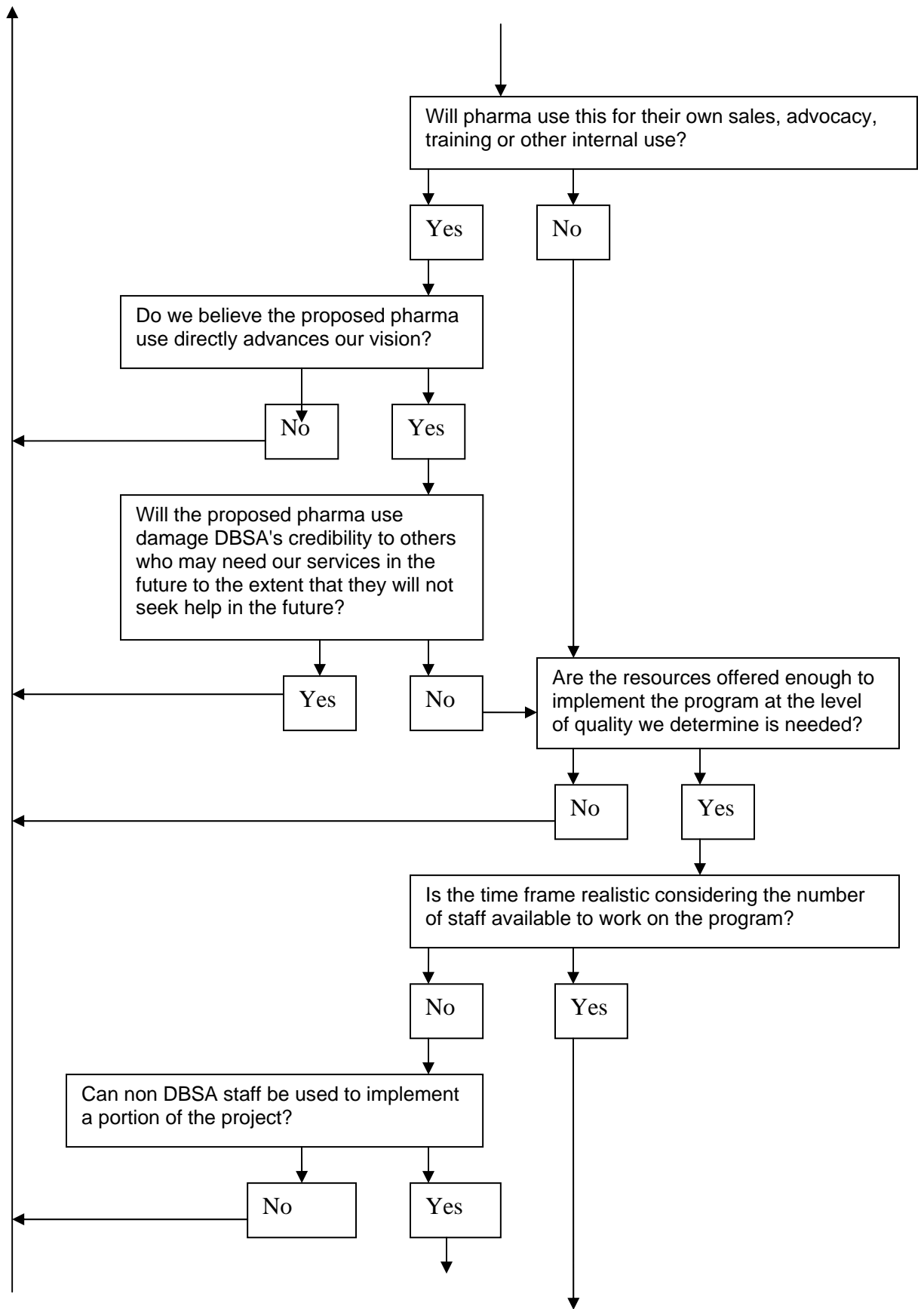
Year	Name of Company	Amount of funding	Reason that funding was provided
12/31/2007	Eli Lilly and Company	\$100,000.00	Project support - peer-specialist training
10/9/2008	Eli Lilly and Company	\$5,000.00	Rebecca's Dream gala sponsorship
9/8/2009	Eli Lilly and Company	\$5,000.00	Rebecca's Dream gala sponsorship
9/8/2009	Eli Lilly and Company	\$60,000.00	General operations
12/31/2006	Forest Laboratories	\$75,000.00	Project support - anxiety information
8/8/2007	Forest Laboratories	\$115,000.00	Project support - anxiety information
2/3/2006	GlaxoSmithKline	\$53,300.00	Project support - finding a mental health professional
6/14/2006	GlaxoSmithKline	\$50,000.00	General operations
2/27/2007	GlaxoSmithKline	\$100,000.00	General operations
4/26/2006	Janssen	\$125,000.00	Project support - advocacy training
10/25/2006	Janssen	\$10,000.00	General operations
11/8/2007	Janssen	\$15,000.00	Rebecca's Dream gala sponsorship
11/8/2007	Janssen	\$25,000.00	General operations
11/8/2007	Janssen	\$35,000.00	Project support - family education
8/9/2006	Neuronetics, Inc.	\$18,000.00	Project support - function/symptom management information
9/20/2006	Neuronetics, Inc.	\$2,000.00	General operations
10/27/2008	Neuronetics, Inc.	\$1,000.00	Rebecca's Dream gala sponsorship
7/31/2009	Neuronetics, Inc.	\$20,000.00	General operations
10/23/2009	Neuronetics, Inc.	\$15,000.00	Conference sponsorship
9/29/2006	Organon, Inc.	\$50,000.00	General operations
12/7/2006	Organon, Inc.	\$30,000.00	General operations
9/17/2007	Organon, Inc.	\$80,000.00	Rebecca's Dream gala sponsorship
9/17/2007	Organon, Inc.	\$80,000.00	General operations
2/2/2007	Otsuka America Pharmaceutical Inc.	\$10,000.00	General operations
10/15/2007	Otsuka America Pharmaceutical Inc.	\$10,000.00	General operations
11/1/2006	Pfizer Inc	\$5,000.00	Project support - whole-health/wellness information
11/28/2006	Pfizer Inc	\$100,000.00	General operations
10/3/2007	Pfizer Inc	\$30,000.00	Rebecca's Dream gala sponsorship
10/3/2007	Pfizer Inc	\$120,000.00	Conference sponsorship
10/27/2008	Pfizer Inc	\$30,000.00	Rebecca's Dream gala sponsorship
11/17/2008	Pfizer Inc	\$120,000.00	Conference sponsorship
11/16/2009	Pfizer Inc	\$60,000.00	Rebecca's Dream gala sponsorship
10/6/2008	Schering-Plough Corporation	\$10,000.00	General operations

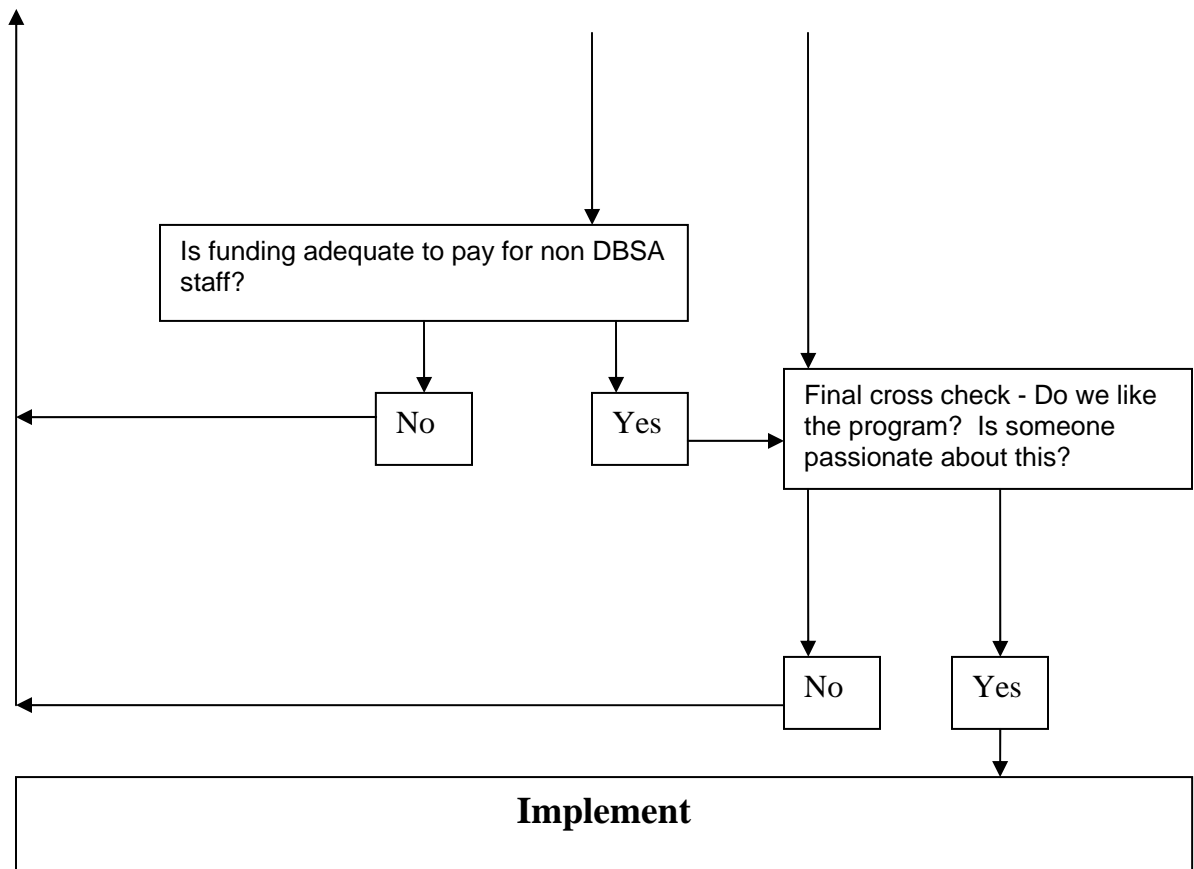
Depression and Bipolar Support Alliance
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Year	Name of Company	Amount of funding	Reason that funding was provided
9/14/2009	Schering-Plough Corporation	\$25,000.00	Industry Advisory Board membership
1/13/2006	Shire Pharmaceuticals Inc.	\$40,000.00	Project support - treatment strategies information
6/9/2006	Wyeth Pharmaceuticals	\$40,000.00	Project support - educational information dissemination
10/11/2006	Wyeth Pharmaceuticals	\$20,000.00	General operations
10/11/2006	Wyeth Pharmaceuticals	\$5,000.00	General operations
12/7/2006	Wyeth Pharmaceuticals	\$75,000.00	Project support - "Depression is Real" public education campaign
3/16/2007	Wyeth Pharmaceuticals	\$65,000.00	Project support - "Depression is Real" public education campaign
5/7/2007	Wyeth Pharmaceuticals	\$45,000.00	SAB Luncheon sponsorship
9/18/2007	Wyeth Pharmaceuticals	\$60,000.00	General operations
10/26/2007	Wyeth Pharmaceuticals	\$5,000.00	Rebecca's Dream gala sponsorship
2/25/2008	Wyeth Pharmaceuticals	\$10,000.00	SAB Luncheon sponsorship
2/25/2008	Wyeth Pharmaceuticals	\$60,000.00	Conference sponsorship
6/2/2008	Wyeth Pharmaceuticals	\$40,000.00	General operations
10/27/2008	Wyeth Pharmaceuticals	\$40,000.00	General operations
5/7/2009	Wyeth Pharmaceuticals	\$236,000.00	Project support - "Blueprint for Hope" public education campaign
7/1/2009	Wyeth Pharmaceuticals	\$28,000.00	Project support - "Depression is Real" public education campaign
10/20/2009	Wyeth Pharmaceuticals	\$5,000.00	Project support - "Blueprint for Hope" public education campaign

DBSA Pharma Decision Making Matrix









DEPRESSION AND BIPOLAR SUPPORT ALLIANCE STATEMENT **ON THE USE OF PHARMACEUTICAL FUNDING**

DBSA's mission is to improve the lives of people living with mood disorders. Over four million individuals contact DBSA every year for help, hope and support. In 1990 DBSA made a decision to stop requiring membership dues to access our programs and services. DBSA did this with the knowledge that depression and bipolar disorder are the number one and number six leading causes of disability in the world. This means that many people living with these illnesses do not have the financial resources available to pay membership dues – no matter how modest these dues may be.

DBSA therefore needs to work with supporters who will underwrite the costs of the programs, products and services that consumers have told DBSA leaders – who are also primarily consumers - are needed. DBSA maintains an active donor recruitment program asking individuals to financially support the organization. DBSA aggressively seeks foundation support and governmental funding, when available. DBSA also seeks corporate partners who have similar interests. Pharmaceutical companies are one category of corporate partners who look to meet some needs of individuals living with mood disorders.

Understanding that pharmaceutical companies are by their nature profit oriented, DBSA has sought to implement guidelines that ensure our partnerships support the mission of DBSA without serving as a commercial vehicle for any specific medication or treatment strategy. We are grateful to these partners for their commitment to our work and their belief in the importance of consumer run and delivered programs, products and services.

The following DBSA guidelines have been developed to ensure that pharmaceutical corporate donations do not promote a specific medication or treatment strategy:

1. All programs, products, and services will illustrate multiple treatment modalities that are available to consumers including non-medication based treatment strategies such as talk therapy, recovery tools, peer support and any medication or device options open to consumers that lead to recovery. No single treatment strategy, medication, brand or device will ever be promoted over another treatment modality.
2. DBSA will never promote a single specific medication, device, or brand name. DBSA's online presence will never have a link to a product or brand name. DBSA may mention medication classes (such as Antidepressants or SRRIs) in its educational materials. DBSA may provide consumer created information about multiple products or medications so consumers can find information about side

3. Any program supported by a pharmaceutical company will be under the sole control of DBSA. Pharmaceutical companies will have no ability to edit the materials. Pharmaceutical companies will have no ability to suggest or direct content, delivery or implementation. DBSA may agree that these non-branded DBSA materials may be distributed to doctors offices, hospitals or clinics through pharmaceutical representatives as a way to get these into consumer hands quickly and in an inexpensive manner. Again, these materials may not mention any individual medication, brand, or treatment and will cover non-medication/device options such as recovery tools, peer support and talk therapy as well as any medication or device options that are open for consumer choice and decision.



DBSA STRATEGIC PLAN (2008-2009) Adopted December 7, 2007

MISSION STATEMENT

The mission of the Depression and Bipolar Support Alliance (DBSA) is to provide hope, help, and support to improve the lives of people living with depression or bipolar disorder. DBSA pursues and accomplishes this mission through peer-based, recovery-oriented, empowering services and resources *when* people want them, *where* they want them, and *how* they want them.

ORGANIZATIONAL VALUES

WE ARE:

- (1) **Mission Driven:** The Depression and Bipolar Support Alliance (DBSA) provides effective, consistent, and high quality services to improve the lives of people living with mood disorders. We will serve our constituents with respect, compassion, and enthusiasm. Each program and service we offer will be developed and evaluated using our mission as our guide.
- (2) **Recovery-oriented:** DBSA believes in the strengths of each person and the ability of everyone to build on those strengths to achieve recovery. Recovery to us is a full life in the community, including meaningful work, a home, and friends – a life that is not hindered by our mental illness.
- (3) **Peer-Based:** DBSA represents, promotes, and delivers peer-to-peer support. The power of an individual supporting another based on their shared experience with a mental illness is a driving force for organizational activities. Peer support is at the heart of all DBSA services.
- (4) **Empowering:** DBSA works to give confidence, practical tools, power, and possibility to its constituents so they have the opportunity to create the meaningful lives they desire. We believe all individuals have the ability and right to create their own lives, and we work to help people make recovery real.

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- (5) **Knowledge Based:** DBSA continually solicits information from the full range of our constituents, including experiences and expertise beyond those of the DBSA staff, to ensure we understand and address all our constituents' needs. We will also expand our knowledge through continuous learning. All our programs and services will be based upon scientifically accurate information from a wide range of sources.
 - (6) **Responsive:** We work for our constituents. DBSA actively seeks meaningful advice and information from a broad and diverse range of constituents that drives and informs everything that we do. We respond to our constituents openly, kindly, promptly, and with the utmost respect.
 - (7) **Innovative:** DBSA uses every available resource, both internal and external, to continually seek innovative solutions and develop proactive services to better serve our mission. We will strive to be innovative leaders.
 - (8) **Open and Accurate Communicators:** DBSA listens to constituents, striving to understand the needs and concerns of our peers, family members, providers, policy makers, and the public. We provide constituents, policymakers, providers, the media, and the public with accurate information developed in a consumer friendly manner and delivered in an effective and timely way.
 - (9) **Ethical and Fiscally Responsible:** DBSA operates with the highest ethical standards in business practice. We seek to allocate as much of each donation as possible directly to programs and services that meet our mission and directly serve our constituents, allocating as little as possible to overhead expenses in any year. We will seek the cost effective strategy to implement each and every program and service in order to serve the broadest audience possible.
 - (10) **Mutually Respectful:** DBSA promotes working as a team and respects the unique value of each individual team member. DBSA representatives exude a positive, productive, solution-oriented attitude in our behaviors and interactions with each other and with all of our constituencies. We work to promote the talents, interests, skills, and wisdom of each team member, supporting their personal and professional growth while honoring their personal wellness and achievement needs.
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GOAL 1: Increase and improve local grassroots organizations to positively impact a greater number and diversity of individuals and communities with peer-based, recovery-oriented services.

- **Objective 1A:** Increase the number of chapters, state organizations, and individuals served by these organizations.
 - ✓ **Priority Project 1Aa:** Create 180 new chapters, eight new state organizations, and at least 30 new specialty population support groups, while retaining 85 percent of existing chapters.
 - ✓ **Priority Project 1Ab:** Provide chapters and state organizations with at least four community outreach programs to increase the number of individuals served.
 - ✓ **Priority Project 1Ac:** Implement a national communications strategy that focuses on high-need markets to generate interest in starting support groups and achieves at least 300 million media impressions.
- **Objective 1B:** Improve the quality of services delivered by chapters and state organizations.
 - ✓ **Priority Project 1Ba:** Host a state organization meeting that will include trainings on such topics as advocacy and recruitment of new chapters, among others.
 - ✓ **Priority Project 1Bb:** Develop and implement at least eight quality improvement programs, including a national training opportunity for chapters.
 - ✓ **Priority Project 1Bc:** Evaluate and refine existing chapter-led community programs (including Pathways to Recovery and Living Successfully) and train at least 50 additional chapter leaders in these programs.

GOAL 2: Expand patient and family influence on local, state, and national policies and legislation.

- **Objective 2A:** Assist chapters, state organizations, and individual volunteers with grassroots advocacy efforts.
 - ✓ **Priority Project 2Aa:** Conduct four advocacy trainings for DBSA state organizations and chapters and distribute a related electronic tool kit to state and chapter leaders.
 - ✓ **Priority Project 2Ab:** Identify and clarify DBSA's policy positions, as approved by the board of directors, to DBSA's grassroots network three times per year.
- **Objective 2B:** Influence national policies and legislation to improve the lives of people living with mood disorders.
 - ✓ **Priority Project 2Ba:** Implement four advocacy initiatives that will expand and improve our national and local advocacy efforts. These initiatives will result in a 25 percent increase in traffic to the Legislative Action Center (LAC), a 25 percent increase in the number of letters sent to policymakers, and a 10 percent increase in the Advocacy Distribution List.
 - ✓ **Priority Project 2Bb:** Partner with members of the United States Congress to promote mental health legislation. Activities will include the presentation of oral and written testimony at six congressional or federal hearings and 15 one-on-one meetings with members of congress and DBSA board members and/or staff.
 - ✓ **Priority Project 2Bc:** Target and conduct outreach to members of congress serving on prominent committees, such as Appropriations; Veterans Affairs; Health, Education, Labor and Pensions; and Energy and Commerce, regarding the development and funding of peer-focused initiatives on a state or national level so at least one initiative is funded.

GOAL 3: Expand the availability, acceptance, and use of peer-led, self-help management as essential to achieving recovery and wellness.

- **Objective 3A:** Expand the availability of peers to provide services in support of helping others achieve recovery and wellness.
 - ✓ **Priority Project 3Aa:** Deliver eight certified peer specialist training courses that prepare consumers to deliver peer support services to others, including efforts specific to underserved populations.
 - ✓ **Priority Project 3Ab:** Develop and use technology to offer four continuing education programs that provide ongoing learning and enhanced skills for certified peer specialists.
 - ✓ **Priority Project 3Ac:** Implement at least one peer-led, self help management tool or service that focuses on holistic health needs and/or the mental health needs of people living with other chronic illnesses.
- **Objective 3B:** Expand acceptance and use of peers as essential to achieving recovery and wellness.
 - ✓ **Priority Project 3Ba:** Develop and market a comprehensive training and technical assistance services menu designed to promote the authentic and effective use of peer service providers, resulting in training and technical assistance delivered to five or more provider groups.
 - ✓ **Priority Project 3Bb:** Partner with a private behavioral health care service provider on an initiative to train, place, and support consumers as paid providers of peer support.
 - ✓ **Priority Project 3Bc:** Create and deliver a quarterly E-newsletter, and improve the www.peersupport.org website (increasing visitors by 30 percent), that serves to position DBSA as the leading source of relevant information on peer specialists and peer-delivered services for industry stakeholders.

GOAL 4: Develop and distribute programs, services, and tools that increase the opportunity for people living with mood disorders to live a self-directed, recovery-focused life.

- **Objective 4A:** Expand the quantity and quality of programs, services, and tools directed at empowering patients and family members through increased knowledge and personal wellness techniques.
 - ✓ **Priority Project 4Aa:** Address the significantly higher mortality rates of people living with serious mental illnesses through the development of one major national program addressing whole-health issues for people with depression and bipolar disorder.
 - ✓ **Priority Project 4Ab:** Develop or expand eight consumer and/or family centered initiatives focused on empowering consumers with resources for living a self-directed recovery-focused life.
 - ✓ **Priority Project 4Ac:** Expand on-line training for patients and family members to include at least four new audio/video-delivered educational programs.
 - ✓ **Priority Project 4Ad:** Create and implement at least three new programs, services, or tools that serve underserved populations.
- **Objective 4B:** Expand the quantity and quality of programs, services, and tools that increase the opportunity for individuals to receive person-centered, recovery-oriented treatment.
 - ✓ **Priority Project 4Ba:** Develop a program for fostering patient/provider partnerships that includes the distribution of at least six resources through DBSA's grassroots network.
 - ✓ **Priority Project 4Bb:** Create, expand, or adopt a shared decision making tool for wide constituency distribution that helps consumers partner more effectively with their clinicians.
 - ✓ **Priority Project 4Bc:** Partner with an outside organization to produce a tool/program for clinicians that enhances the delivery of integrated /whole-health care.

GOAL5: Increase and diversify DBSA sources of revenue by expanding philanthropic development efforts and by developing and expanding alternative sources of income.

- **Objective 5A:** Increase and diversify sources of revenue by expanding philanthropic development efforts.
 - ✓ **Priority Project 5Aa:** Increase non-pharmaceutical company revenues so the percentage of pharmaceutical revenues decreases by five percent each year.
 - ✓ **Priority Project 5Ab:** Increase income generated from website contributions by five percent each year.
 - ✓ **Priority Project 5Ac:** Increase gross income from two special events by 10 percent each year.
 - ✓ **Priority Project 5Ad:** Enhance and develop relationships with non-pharmaceutical corporate donors, in concert with fee for service efforts, to meet or exceed annual budget levels.
- **Objective 5B:** Increase and diversify sources of revenue by developing and expanding alternative sources of income.
 - ✓ **Priority Project 5Ba:** Contract at least 10 training, technical assistance, or consultation projects with public mental health systems.
 - ✓ **Priority Project 5Bb:** Gross an average of at least \$100,000 per year through the sale of training/consultation services to health care providers and/or payers.
 - ✓ **Priority Project 5Bc:** Develop two passive/residual revenue generating products or programs based on DBSA's unique expertise and market position.

GOAL 6: Promote ethical, patient-centered, and recovery-oriented research and the importance and legitimacy of peer support in the treatment of depression and bipolar disorder.

- **Objective 6A:** Promote ethical, patient-centered, and recovery-oriented research and DBSA's role in it.
 - ✓ **Priority Project 6Aa:** Increase by 33 percent the number of patient-centered, recovery-oriented research projects that include DBSA participation.
 - ✓ **Priority Project 6Ab:** Represent consumers and advocate for patient-centered science in six national scientific meetings and/or committees addressing research priorities and outcomes.
 - ✓ **Priority Project 6Ac:** Push the National Institute of Mental Health, universities, and pharmaceutical researchers to secure individuals from underrepresented communities to participate in research studies and advocate for increased research on the effects of psychotropic drugs on minorities.
- **Objective 6B:** Increase the importance and legitimacy of peer support in the treatment of depression and bipolar disorder.
 - ✓ **Priority Project 6Ba:** Redesign and implement a DBSA support group survey to evaluate the effectiveness of support groups in improving participants' lives.
 - ✓ **Priority Project 6Bb:** Present peer support data and encourage use of support groups, peer specialists, and other peer support models at 15 national meetings, conferences, and/or in publications that set standards and promote usage.
 - ✓ **Priority Project 6Bc:** Seek funding to study at least one of the following in order to build the evidence for the use of peer support: characteristics of support group participants, quality of peer support, evaluation of support groups, and why people leave and do not return to support groups.

GOAL 7: Position DBSA as the nation's leading organization for providing patient-centered, scientifically-accurate information on mood disorders and for offering the patient perspective necessary for the transformation of the mental health system to become recovery-oriented.

- **Objective 7A:** Increase public awareness of DBSA as a resource for patient-centered, scientifically-accurate information and the patient-centered perspective on mood disorders.
 - ✓ **Priority Project 7Aa:** Promote the DBSA name, logo, and areas of focus in local communities across the United States by providing DBSA chapters and state organizations with pre-designed awareness materials for distribution and placement.
 - ✓ **Priority Project 7Ab:** Implement media strategies that position DBSA as the leading consumer-directed mental health organization and resource for information that results in more than one billion media impressions each year.
- **Objective 7B:** Position DBSA as the nation's leading patient-centered organization in the advocacy community to promote mental health system transformation.
 - ✓ **Priority Project 7Ba:** Engage in four programs with other advocacy organizations that advance the interest of consumers and advocate for important mental health issues and legislation.
 - ✓ **Priority Project 7Bb:** Increase DBSA's influence and interaction with the Substance Abuse and Mental Health Services Administration, the Center for Mental Health Services, the National Institutes for Mental Health, and the Centers for Disease Control as measured by a 20 percent increase in the number of meetings involving these organizations that DBSA attends each year.

Depression and Bipolar Support Alliance 2006 Annual Report

DBSA's Mission: To improve the lives of people living with mood disorders

A Look Back at 2006 by DBSA President Sue Bergeson

"These [support group] meetings work miracles. They save lives and they give people hope. It's like watching a flower bloom sometimes."

—Cheryl Murphy, DBSA Southern Nevada

Those of us living with mood disorders in the U.S. faced a harsh reality in 2006:

- Over 750,000 of us went to the emergency room because of a suicide attempt.
- STAR*D (an NIMH study) showed that, after four different medication trials, only 60 percent of us experienced an end to symptoms.
- Restrictive insurance policies kept many of us from accessing helpful medication. And a lack of insurance parity kept even more from getting any kind of treatment at all.
- Studies revealed that we're dying about 25 years earlier than those who don't live with mental illness.

Yet, in the face of such discouraging news, DBSA has moved forward. We've approached our mission "to improve the lives of people living with mood disorders" with newfound vigor, providing hope, help and support *when* people need it, *where* they need it and *how* they need to receive it.

What does this *really* mean?

It means that we've increased efforts to build new chapters and support groups, so that these free, life-giving resources are available in local libraries, places of worship, hospitals, etc.

It means we've sought new and creative ways to reach people:

- First-of-its-kind, comprehensive, award-winning report and DVD, *State of Depression in America*, featuring veteran CBS journalist Mike Wallace
- Inaugural Rebecca's Dream Gala to promote awareness about mood disorders, honoring Academy Award-winning actress Patty Duke with the "Legacy of Life" Award
- PSA with *General Hospital* actor Maurice Bernard broadcast during this hit ABC daytime drama
- President's Blogs in partnership with The HealthCentral Network
- DBSA Recovery Education Center's online training classes

- Expanded user-friendly website, www.DBSAlliance.org
- *Real Recovery*® podcasts

It means we've designed new consumer-based empowerment programs to implement throughout the country:

- DBSA Certified Peer Specialist training
- Living Successfully With a Mood Disorder
- Sleepless in America tour at five universities
- Chapter-based Dual Diagnosis hospitalization program
- Laugh and Learn: A Discussion about Mental Health in the Latino Community

It also means that we've approached health service providers with new communication models, new research insights and new ways for them to partner with their patients:

- Making Recovery Real provider training
- Peer-based research projects

And the fruit of our labor is the hope, help and support that almost five million people found in 2006 through:

- our leading-edge website
- community activities put on by nearly 1,000 DBSA support groups
- free copies of more than 24 printed recovery tools (more than 1.2 million resources were given away last year)
- one of more than 24 new peer-based, recovery-oriented programs and services

Each year, mood disorders devastate almost 21 million Americans. DBSA needs your help to reach out to these millions. Your donation can help us do that. Our 21 national office staff, together with thousands of volunteers nationwide, stretches each dollar so that we can literally improve a life for less than what a can of soda costs.

We've been there. We can help. And we will ... now and in the future.

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"I was at my wit's end ... DBSA changed my life ... I'm giving 100% now, because I've gotten more than 100% back."

—Jill LaPierre, DBSA Nashua (N.H.)

DBSA: 2006 Year in Review

We always look to the future, focusing on how to better serve our constituents. DBSA continues to be an excellent steward of contributions, with 83 cents of every dollar given spent directly on educational outreach, recovery-oriented programs/services and new wellness tools/resources.

In 2006, DBSA began aggressively implementing a new strategic plan, making considerable investments based on constituent needs, a long-term growth strategy and the need for enhanced technologies. For example, in November 2006, we re-launched our website to provide easier navigation, more consumer resources and a more convenient, secure way for people to give. The decision has proven to be a good one: based on bandwidth usage, twice as many people visit our website; more than 30,000 have listened to the *Real Recovery*® podcasts; more than 12,000 messages a month are posted on DBSA Forums; online giving has grown steadily; and the number of letters sent to legislators via our website increased by 460 percent over the same period in the previous year.

Overall, DBSA's current and future financial prospects are strong, despite a 2006 shortfall due to reinvesting and pursuing an aggressive growth strategy. Our financial statements were audited and we continue to be in compliance with Generally Accepted Accounting Principles and the Sarbanes Oxley Act. The Board of Directors reviews monthly financial reports and creates plans to move forward.

Stephen Propst, MBA

DBSA Board of Directors Chair

Sue Bergeson

DBSA President

2006 Audited Financial Statements Balance Sheet

Assets	2006	2005
Cash and cash equivalents	716,755	1,247,489
Investments	558,932	465,436
Accounts receivable	3,361	29,834
Contributions receivable		100,000
Other	88,996	26,544
Property and equipment	88,008	41,982
Total Assets	1,456,052	1,911,285

Liabilities and Net Assets

Capital lease obligations	1,467	5,995
Accounts payable and accrued expenses	99,703	86,915
Accrued liabilities – payroll, rent	79,598	82,754
Total Liabilities	180,768	175,664

Net Assets

Unrestricted	927,936	1,064,939
Temporarily restricted	347,348	670,682
Total Net Assets	1,275,284	1,735,621
Total Liabilities and Net Assets	1,456,052	1,911,285

Statement of Activities

Revenues, Gains and Other Support

Contributions	2,629,228	3,365,227
Other	254,430	157,692
Total Income	2,883,658	3,522,919

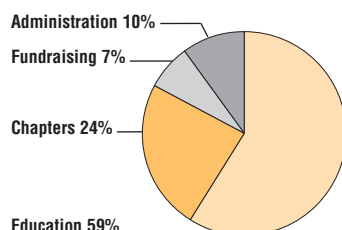
Expenses

Program services	3,017,972	2,480,623
Supporting services		
Management and general	357,479	170,354
Fundraising	280,634	207,178
Total Expenses	3,656,085	2,858,155

Change in net assets	(460,337)	664,764
Net Assets		
Beginning of year	1,735,621	1,070,857
End of year	1,275,284	1,735,621

2006 Functional Expenses

How each dollar was spent



Special Thanks to our Donors

In DBSA's Annual Report, we celebrate those individuals, organizations, foundations and corporations that demonstrated their commitment to improve the lives of people living with mood disorders by generously supporting our 2006 programs. These inspirational gifts were crucial to providing lifesaving services to more than four million people. Thank you!

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These listings reflect donations received through December 31, 2006. Every effort has been made to ensure accuracy. We apologize for any errors or omissions, and would appreciate hearing from you with any corrections. Please contact the Development Department at (312) 988-0049.

2006 at a Glance: How We Met Our Mission

Increased local grassroots organizations

- 30% growth in state organizations
- 3.6% increase in local chapters
- 170 chapter leader participants in leadership training at conferences: 89 chapters from 34 different states were represented
- New version of *Starting a DBSA Chapter* guide
- New chapter materials: pens, facilitator shields and pocket guides
- New hospitalization outreach grants for chapters
- New facilitator training online, via phone and facilitator corner of leadership website
- New educational programs for chapters to deliver locally: "Living Successfully with a Mood Disorder" and "Pathways to Recovery"

Expanded patient/family influence on local, state and national policies and legislation

- 421% increase in letters sent to legislators via DBSA's Legislative Action Center
- Active participants in the Campaign for Mental Health Reform and the Mental Health Liaison groups
- Consumer/family interests represented via more than 24 letters about legislative issues
- Oral/written testimony provided to the Center for Medicaid Services (CMS) and the Food and Drug Administration (FDA)
- Consumer issues/concerns communicated through dozens of personal visits with legislators and their staff
- New consumer advocacy training
- New online DBSA Advocacy Center
- Award-winning *State of Depression in America* report and DVD launched at Washington, DC's National Press Club

Expanded acceptance, availability and use of peers as critical to achieving recovery and wellness

- Exceeded by 433% our objective of peer-delivered provider and system training
- Exceeded by 300% our objective of outreach to health insurance companies
- Exceeded by 141% our objective to increase certified peer specialist training, support and research
- Exceeded by 50% our objective to deliver chapter-based, peer-led programs
- Making Recovery Real provider training

- NASMHPD (National Association of State Mental Health Program Directors) consulting to states
- Certified peer specialists training in 8 states
- VA consultation and peer facilitator training
- Research on use of certified peer specialists by NIMH/Greg Simon, MD
- Presentations to executives at Managed Care Behavioral Health Association
- Training of Aetna staff (4 sessions)
- Presentation to Midwest Business Group on Health
- Presentations to Institute for Behavioral Health Informatics (2 sessions)
- Library of Congress presentations
- Bipolar Care OPTIONS™ presentation
- "Living Successfully with a Mood Disorder" chapter-based, and online, programs
- "Pathways to Recovery" chapter-based programs
- Ceremony of Hope (Chicago)
- Depression is Real initiative (Chicago)
- Chapter hospitalization outreach grants
- Training at national Alternatives Conference, U.S. Psychiatric Rehabilitation Association (USPRA), New York Association of Psychiatric Rehabilitation Services (NYAPRS), American Psychiatric Association (APA) Annual Meeting and 30 other events

Developed and distributed products, tools, and services that empower people living with mood disorders and their families to achieve patient-centered, recovery-oriented treatment

- Exceeded by 600% our existing program reach objectives for written materials and 500% for web-based programs
- Exceeded by 300% our objective for use of new media
- Exceeded by 216% our objective for new products, tools, services
- Distributed more than 1.2 million pieces of recovery literature
- Exhibit and training at 2006 APA Annual Meeting in Toronto, Canada
- President's Blogs in partnership with HealthCentral.com
- Sleepless in America outreach events at five universities
- Enhanced website, www.DBSAlliance.org, which received more than 80 million hits
- New online bulletin boards with improved security
- *Real Recovery*® podcast series

- "Latinos and Mood Disorders" Spanish-language kits
- Coalition with six Hispanic organizations for local Chicago event, "Laugh and Learn: A Discussion about Mental Health in the Latino Community"
- *General Hospital* PSA with Maurice Benard
- San Mateo and Chicago conferences
- Speakers Bureau training

Increased DBSA funding by developing and marketing products, tools and services, and by expanding other development efforts

- Exceeded by 433% our fundraising event objective with the Inaugural Rebecca's Dream Gala honoring actress Patty Duke
- Exceeded by 158% our individual donor objective
- Exceeded by 40% our new corporate outreach objective
- Exceeded by 65% our objective to produce/sell recovery-oriented products
- Met our objective for new federal- and state-level support

Enhanced patient-centered research, inclusion of peer support in treatment protocols and recognition of DBSA's expertise in the ethical treatment of participants in clinical trials for mood disorders

- Exceeded by 30% our objective for DBSA-initiated new research, with SAB members, on peer support's effectiveness
- Met our objective to expand consumers' role/influence in developing, funding and implementing research
- Met our objective to expand/centralize clinical trial information

Positioned DBSA as the leader in providing medically and scientifically accurate and patient-centered information necessary to improve the lives of people living with mood disorders

- 1.5 billion media impressions publicizing DBSA's message of hope, help and support
- Exceeded by 127% our objective to promote public awareness of mood disorders within the media in a cost-effective manner
- Exceeded by 180% our objective to build coalitions with organizations and develop programs, products or services that promote cultural competence in mental health

"I think the reason I was depressed for so long was that I felt excluded from everything, even my family. Finding people that accept you for who you are – I can't put a price tag on that."

—Charles Sakai, DBSA Colorado Springs

Depression and Bipolar Support Alliance 2007 Annual Report

DBSA's Mission: To improve the lives of people living with mood disorders

Highlights of 2007 by DBSA President Peter C. Ashenden

“Thank you so much for being there for me during these dark times. Attending the support group meetings has been a real lifeline for me, and I am so grateful that they are there and available to us.”
— DBSA support group participant

For the peer specialist movement (and, consequently, for consumers and DBSA), 2007 was a pivotal year. In a ground-breaking move, the Center for Medicare and Medicaid Services (CMS) granted all 50 states “the option to offer peer support services as a component of a comprehensive mental health and substance use delivery system.” Prior to this, only seven states offered Medicaid-reimbursable peer specialist services. And now, this was possible in every state.

That was August, not long after DBSA's support group network had grown to reach, for the first time, all 50 states. And around that same time, I resigned as secretary of DBSA's Board of Directors and joined the national staff as executive vice president, under Sue Bergeson's leadership. Much of DBSA's work that now stands out in my mind as highlights of 2007 was already well underway. And over the next few months, more seeds would be planted. As an organization, DBSA was hard at work addressing important issues such as:

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act:

Through our online Legislative Action Center (LAC), 4,000 letters supporting parity—still an uncertainty in 2007—reached Congress. In addition, we began to forge a relationship with parity champion Congressman Patrick J. Kennedy (D-R.I.).

The discovery that mental health consumers were dying 25 years early:

DBSA responded by launching the consumer smoking cessation initiative and taking the first steps toward developing whole health programs, as well as peer wellness collaboration with Benjamin Druss, MD, of Emory University.

The increasingly overwhelming mental health needs of our veterans: DBSA testified before Congress on the value of peer services for our military returning from service. And through participating in various U.S. Department of Veterans Affairs' events, we continued to strengthen our peer support training relationship with the VA.

The beginnings of acceptance of the recovery model by both consumers and providers: Offering more recovery-based training to providers, we also launched the innovative *FacingUs.org* site, which offers consumers inspirational tools to help them take control of, and proactively participate in, their treatment.

In all of these efforts—as well as those listed below—DBSA fulfilled its mission, to improve the lives of those living with mood disorders, through peer-based, recovery-oriented, empowering services and resources when people want them, where they want them and how they want them.

2007 at a Glance: How We Met Our Mission

Increased local grassroots organizations & expanded patient/family influence on local, state & national policies & legislation

- First year for DBSA support groups to reach all 50 states
- 971 support groups, 451 local chapters, 17 state organizations
- First DBSA support group established in correctional facility
- Increased awareness & recruited new support groups through radio ads in under-represented DBSA locations
- Participation of 39 DBSA chapters in “Depression Is Real” media campaign

- Grants given to 21 DBSA chapters to develop local hospital outreach programs
 - Provided oral & written testimony to U.S. House of Representatives' Health Subcommittee on Veterans Affairs on veterans' need for peer services
 - Written testimony to FDA Neurological Devices Panel of Medical Devices Advisory Committee
 - Over 100 chapter leaders from across the country participated in leadership training at conference
 - Over 10,000 total letters sent to Congress through enhanced online Legislative Action Center (LAC)
 - 4,000 letters in support of Mental Health Parity legislation alone sent to Congress through LAC
 - Comprehensive Mental Health Parity section added to online LAC
- continued on page 6*

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DBSA: 2007 Year in Review

As in 2006, DBSA is again proud to report that 83 cents of every dollar donated in 2007 was spent directly on empowering programs/services, wellness resources and educational outreach.

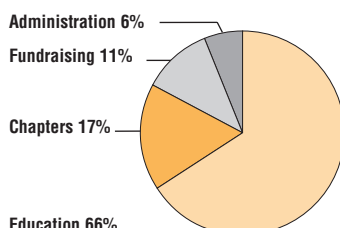
In 2007, DBSA entered the second phase of a two-year strategic plan. We expanded our signature peer-based, recovery-oriented programs and services, with an increased focus on training for consumers, providers

and systems, such as the U.S. Department of Veterans Affairs. To do this, as well as plan for the long term in an ever-changing economy, we began to look outside traditional revenue sources in order to diversify our funding streams.

Overall, despite a 2007 shortfall, DBSA's current and future financial prospects are strong, due to our success in aggressively pursuing diversified funding sources, laying the foundation for increased future stability. Our financial statements were audited, and we continue to be in compliance with Generally Accepted Accounting Principles and the Sarbanes Oxley Act. The Board of Directors reviews monthly financial reports and creates plans to move forward.

2007 Functional Expenses

How each dollar was spent



2007 Audited Financial Statements

Balance Sheet

	2007	2006
Assets		
Cash and cash equivalents	443,487	716,755
Investments	219,390	558,932
Accounts receivable	56,605	3,361
Contributions receivable		
Other	42,981	88,996
Property and equipment	104,494	88,008
Total Assets	866,957	1,456,052

Liabilities and Net Assets

Capital lease obligations	0	1,467
Accounts payable and accrued expenses	252,912	99,703
Accrued liabilities—payroll, rent	132,025	79,598
Total Liabilities	384,937	180,768

Net Assets

Unrestricted	(79,846)	927,936
Temporarily restricted	561,866	347,348
Total Net Assets	482,020	1,275,284
Total Liabilities and Net Assets	866,957	1,456,052

Statement of Activities

Revenues, Gains and Other Support

Contributions	1,655,476	2,629,228
Other	725,265	254,430
Total Income	2,380,741	2,883,658

Expenses

Program services	2,890,544	3,017,972
Supporting services		
Management and general	211,481	357,479
Fundraising	382,347	280,634
Total Expenses	3,484,372	3,656,085

Change in net assets	(793,264)	(460,337)
Net Assets		
Beginning of year	1,275,284	1,735,621
End of year	482,020	1,275,284

Special Thanks to our Donors

In DBSA's Annual Report, we celebrate those individuals, organizations, foundations and corporations that demonstrated their commitment to improve the lives of people living with mood disorders by generously supporting our 2007 programs. These inspirational gifts were crucial to providing lifesaving services to nearly five million people. Thank you!

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✨ Denotes members of The Phoenix Society

2007 at a Glance: How We Met Our Mission *(continued from page 1)*

- Promoted Melanie Blocker-Stokes Postpartum Depression Research & Care Act at invitation of Rep. Bobby Rush (D-III.)
- Promoted MOTHER's Act at invitation of Sen. Dick Durbin (D-III.)
- Active participants in Campaign for Mental Health Reform & Mental Health Liaison groups
- Active member of Depression Is Real coalition
- In partnership with other organizations, represented consumer/family interests in over 32 letters to Congress on critical issues
- Consumer issues/concerns communicated through dozens of personal visits with legislators & staff
- Attended Wyeth 5th Annual Association Summit on policy issues
- Joined American Psychiatric Association (APA) for national consortium & day on Capitol Hill

Expanded acceptance, availability & use of peers as critical to achieving recovery & wellness

- Selected by National Association of State Mental Health Program Directors (NASMHPD) as one of 9 training/technical assistance providers to state mental health leadership nationwide
- Conducted first national DBSA peer specialist training
- Launched peer specialist continuing education (CE) program
- Consultation to University of California–San Diego's new, NIMH-funded Advanced Center for Innovations in Services & Interventions Research
- Consultation to Greg Simon, MD/NIMH research grant "Patient-Centered Interventions for Mood Disorders"
- Active participant on Consumer Liaisons Council to Department of Veterans Affairs (VA) Committee on Care of Veterans with Serious Mental Illness
- Worked with VA Department nationwide to implement wide range of veteran peer services, supporting the VA Mental Health Strategic Plan
- Provided support group facilitator training to over 200 people in 6 states
- Offered first "Partners in Recovery" faith-based peer support training course
- Broadened DBSA peer specialist training team to include 14 new consumer trainers
- Trained peer specialists with public & private partners in Alabama, Florida, Texas
- Trained peer specialists with VA Department partners in Indiana, Missouri, Wisconsin
- Offered training, consultation or presentations to Aetna Behavioral Health clinical & customer service staff (in Penn. and Utah), Alabama Department of Mental Health & Mental Retardation, Alternatives Conference, APA Annual Meeting, International Conference on Bipolar Disorder, national VA conference "Evolving Roles of Peers," NYAPRS conference, STABLE conference (**ST**Andards for **Bi**polar **Ex**cellence), University of Connecticut Health Center providers & medical students/residents, USPRA national conference, VA VISN 23 annual conference (Minn.), World Federation for Mental Health Conference, as well as states of Arizona, New Mexico, Ohio, Pennsylvania, South Dakota, Wisconsin & Wyoming



Developed & distributed products, tools & services that empower people living with mood disorders & their families to achieve patient-centered, recovery-oriented treatment

- Over 1 million brochures downloaded from *DBSAlliance.org*
- Fulfilled over 350,000 information pack requests
- Received nearly 30,000 calls to our 800 number
- Promoted consumer- & recovery-oriented systems of care to 12+ major insurance companies
- Launched "Facing Us" awareness campaign via nationwide video, PSA & art contests
- Awarded "Facing Us" grants to 23 chapters to plan community educational events
- Launched one-of-a-kind, interactive *FacingUs.org* wellness website
- Launched 4 real-time, peer-led online support groups
- New DBSA Recovery Education Center, offering free multimedia resources online
- New Facilitator's Corner on *DBSAlliance.org*'s Chapter Management site
- New DBSA Pocket Facilitator Guide for chapter leaders
- New *Start a Support Group* chapter recruitment brochure
- Offered individual websites to DBSA chapters through *DBSAlliance.org*
- Launched "Peers Helping Peers" TAC website
- Three-day DBSA National Conference, "Making the Recovery Connection"
- Presented first-ever Institute for Parents of Children Living with a Mood Disorder at DBSA National Conference
- Launched a redesigned, enhanced Rebecca's Dream website
- Created/distributed 10,000 "African Americans & Mood Disorders" kits
- "Building the Faith-Health Connection" community events (Chicago)
- Over 30,000 subscribers to DBSA's monthly e-Update newsletter
- Created/distributed "7 Dirty Words" CD-ROM
- Premiere of DBSA's Online Chats
- Partnered with HealthCentral to provide CareCentral personal websites for *DBSAlliance.org* users
- Introduction of DBSA's Spanish-language website as stand-alone site at *www.DBSAIanza.org*



Increased DBSA funding by developing & marketing products, tools & services & by expanding other development efforts

- Received 3-year SAMHSA grant to establish & operate "Peers Helping Peers" mental health Technical Assistance Center (TAC)
- Raised \$270,000 through 2nd Annual Rebecca's Dream Gala
- Raised \$87,000 through inaugural Dave's Spark event, "Let the Music Play"
- Received contributions from 4,486 active donors
- Created new "Planned Giving" section on website

- Exhibited at Revolution Health's first online College Mental Health Fair
- Online partnership with Yahoo!-powered GoodSearch.com
- Online LinkShare partnerships with Amazon, Wal-Mart, Tupperware, PetSmart, KB Toys, iTunes, Office Depot, Target, Netflix, Overstock.com



Enhanced patient-centered research, inclusion of peer support in treatment protocols & recognition of DBSA's expertise in the ethical treatment of participants in clinical trials for mood disorders

- Collaboration on "Pilot Trial of Peer Support for Bipolar Disorder" with Group Health Cooperative (GHC)/Greg Simon, MD
- Collaboration with GHC/NIMH on development of online recovery tool
- Collaboration with NIMH/Colin Depp, PhD, on study, "A Medication Adherence Intervention for Older Adults with Bipolar Disorder"
- Launched consumer smoking cessation initiative, funded by Robert Wood Johnson Foundation's Smoking Cessation Leadership Center
- Active in Second Wind Providers Education Committee on smoking cessation (Chicago)



Positioned DBSA as the leader in providing medically & scientifically accurate & patient-centered information necessary to improve the lives of people living with mood disorders

- Accepted invitation to advise Joint Commission on behavioral health care
- Created 3 new educational brochures for providers
- Collaboration on new peer wellness program with Benjamin Druss, MD, Emory University's Health & Recovery Peer Project Director & Rosalynn Carter Chair in Mental Health
- More than doubled our 2006 website bandwidth transmission (amount of information "bits" drawn from website by users)
- Consumer/advocate & Congressman Patrick Kennedy (D-R.I.) honored at 2nd Annual Rebecca's Dream Gala
- First-ever DBSA Hope Award for lifetime achievement presented to Frederick K. Goodwin, MD, & Kay Redfield Jamison, PhD
- Active in development & promotion of "Depression Is Real" PSA campaign
- President's Blog named one of PsychCentral's "Top 10 Bipolar Blogs"
- Cited as resource in *Newsweek*'s cover story, "Men and Depression"
- Article on plans for national consumer memorial by DBSA's Larry Fricks featured in *Behavioral Healthcare* magazine
- More than 14 million readers reached by "Separating Myth from Fact" mat release
- DBSA peer services featured as cover story in Association Forum's magazine
- DBSA President Sue Bergeson featured in segment on depression on ABC's *The View*
- Only advocacy organization featured in segment on bipolar disorder on ABC's *Oprah Winfrey Show* & its website



Depression and Bipolar
Support Alliance

2008 ANNUAL REPORT

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We've been there. We can help.

2008 ANNUAL REPORT



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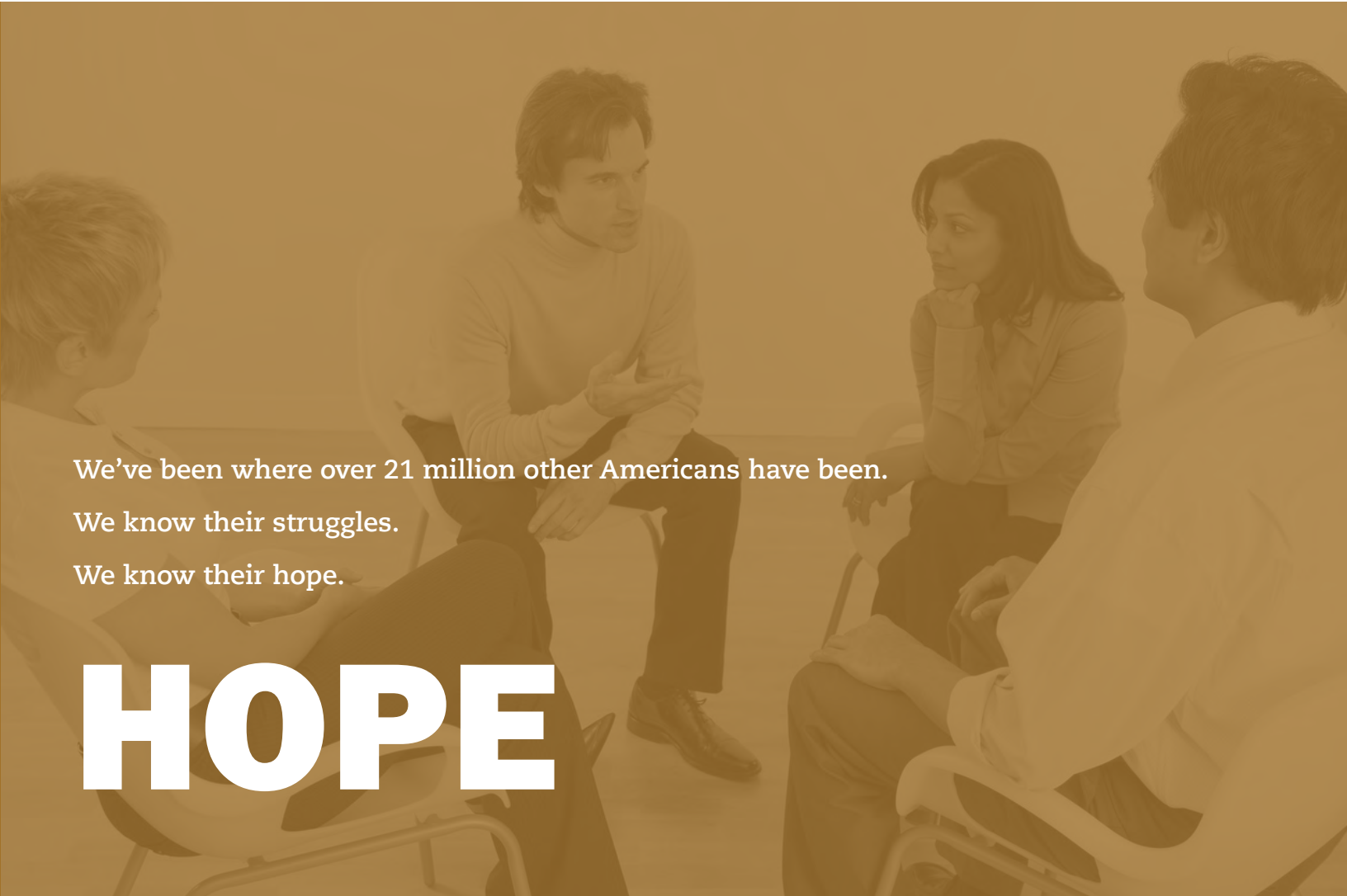
- ... living with depression and bipolar disorder.
- ... supporting our peers.
- ... moving toward recovery.
- ... improving the lives of people living with mood disorders.



Stephen Propst, MBA
Board Chair, DBSA



Peter C. Ashenden
President, DBSA



We’ve been where over 21 million other Americans have been.
We know their struggles.
We know their hope.

HOPE

Dear Friends of DBSA,

DBSA ended 2008 with an operating surplus—the organization’s first in two years. We were able to achieve this milestone, despite the challenging economy, thanks to a vigilant team of volunteer board members, a dedicated staff, and the generous investments of our community. Throughout our quest to end the year “in the black,” we maintained a firm commitment to judicious use of our resources: an impressive 79 cents of every dollar donated in 2008 was spent directly on empowering programs and services, wellness resources, and educational materials.

As in past years, DBSA’s 2008 financial statements were audited, and we continue to comply with Generally Accepted Accounting Principles and the Sarbanes Oxley Act. The board of directors reviews monthly financial reports and ensures responsible operations. DBSA respects and maintains the privacy of its participants and supporters and subscribes to the “Donor Bill of Rights.”

These honest, transparent, and inclusive managerial principles form the foundation for serving 5,000,000 people nationwide. In 2008, DBSA maintained a network of 400 chapters across the country; provided peer-based, recovery-oriented programs, services, and educational materials; and facilitated groundbreaking training for consumers, providers, and systems. To ensure these programs’ continuation and strength, the DBSA leadership remains focused on diversifying its revenue streams, so that the organization is dependent upon no one sector for its continued operations.

Even as we refine our programs and diversify our revenues, DBSA’s strength remains within the individual: those people whose lives have been affected by mood disorders and who seek recovery for themselves, their loved ones, and members of their communities. These individuals participate in our support groups, attend our national conference, seek information and hope on our websites ... and make contributions that support our continued ability to improve the lives of people living with mood disorders. Indeed, DBSA is saving lives every day. Whether gifts of \$5 or of \$50,000, investments in DBSA truly make a difference, allowing people with mood disorders to lead hopeful, productive lives and achieve their goals and dreams. Please renew your support in the coming year so that we may sustain and improve upon our important work.

We look forward to continuing the journey of wellness and hope with all of you.

Stephen Propst

Peter C. Ashenden

We’ve been there. We can help.

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THE MISSION

Improving Lives

DBSA is the leading patient-directed national organization focusing on the most prevalent mental illnesses.

The mission of the Depression and Bipolar Support Alliance (DBSA) is to provide hope, help, and support to improve the lives of people living with depression or bipolar disorder. DBSA pursues and accomplishes this mission through peer-based, recovery-oriented, empowering services and resources **when** people want them, **where** they want them, and **how** they want them.

DBSA fosters an environment of understanding about the impact and management of depression and bipolar disorder by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments, and discover a cure. Founded in 1985, the organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 400 chapters and 1,000 peer-run support groups across the country which serve nearly 70,000 people each year.

DBSA's home website, DBSAlliance.org, is home to a wealth of educational information, as are our affiliate sites:

- DBSAlianza.org provides Spanish-language resources.
- FacingUs.org offers interactive wellness tools.
- RebeccasDream.org promotes compassion and understanding through a moving personal story.



BUILDING

Building Networks of Support

No one with depression or bipolar disorder has to feel alone. That's why DBSA offers—free of charge—over 1,000 peer-directed support groups and 400 chapters. We serve close to 70,000 people a year. Our groups are also online and around the world in places like Australia, Estonia, Mexico, and the U.S. Virgin Islands. People consistently say their support groups

- Provide them with interpersonal support.
- Help them cope with problems and crises.
- Help them make better decisions.
- Help them understand medications and treatment.

In 2008, we brought more of these life-changing benefits to more people. Here are some highlights:

- Established 92 new chapters, including 20 new support groups specifically for families.
- Awarded grants to 23 chapters for educational events to reduce stigma through personal stories from “real people.”
- Launched real-time online support groups for those without access to in-person groups or who prefer more anonymity.
- Fostered support groups in correctional facilities for the many incarcerated individuals who live with a mood disorder.
- Trained over 150 individuals to assist new support groups by facilitating group discussions and helping participants focus on recovery rather than illness.
- Gathered 100 chapter leaders for Chapter Leadership Forum (CLF) where they exchanged ways to foster team development, raise funds, serve those at different recovery levels, cultivate new group leaders, and promote whole health.
- Launched monthly teleconferences for chapters to discuss ways to promote legislative advocacy, develop strong leaders, and work with difficult group participants.



Steve Bell
Chapter President
DBSA Colorado Springs

In August 2001, I was diagnosed with bipolar disorder and began my journey of recovery. It was also the month and year that I found DBSA. I also discovered the word “bipolar.” I’d been treated for depression, but I became more impulsive, irritable, and full of rage, switching from dark despair to grandiose plans that went nowhere. My loving wife suggested seeing a psychiatrist. While pondering (and dreading) that, I went online and found some screeners for mania and depression on DBSA’s website. I saw that I’d answered yes to 75 percent of the questions! Thanks to DBSA’s website and my wife’s encouragement, I found a psychiatrist who confirmed my suspicions: a classic case of bipolar I. Finally, I could name this monster that was making my family and me so miserable.

On DBSA’s site, I also found—thankfully—a nearby support group. People there listened, shared their stories, answered my many questions, and made me realize there were others who understood what I was going through. I was not alone!

By 2005, I’d progressed in my recovery and began volunteering in our chapter’s outreach program. In 2006, I was invited to join the chapter’s board of directors and, in 2007, I became president. My DBSA colleagues are among my closest friends. My peers on our board are my support group. We care for each other in ways I’ve seldom seen outside of DBSA.

PROMOTING

Promoting the Consumer Role in the Mental Health System

DBSA firmly believes that consumer- or peer-providers are essential to the mental health workforce. Our unique recovery-oriented peer specialist training, technical assistance, and consultation bring an understanding of the peer perspective to providers, private health care systems, and government-funded programs. Through these efforts we work toward transforming the entire U.S. national mental health system.



Our first Spanish-language peer specialist training (San Juan, Puerto Rico)

Expanded the range of our peer specialist training program

- o Delivered the highest annual number of peer specialist training courses to date
- o Provided first Spanish-language training in San Juan, Puerto Rico
- o Instituted an online continuing education (CE) program
- o Offered faith-based training with State of Tennessee and Magellan Health Services
- o Developed online English and Spanish training courses with Magellan Health Services

Provided peer-focused assistance and consultation at the national level

- o Selected and funded by Center for Mental Health Services (CMHS) to offer consultation to U.S. states and territories
- o Collaborated on NIMH-funded grant researching patient-centered interventions
- o Served on panel at workforce conference sponsored by Centers for Medicare and Medicaid Services (CMS)

Advocated for veteran peer services

- o Awarded approval by U.S. Department of Veterans Affairs (VA) Office of Mental Health Services for peer specialist core curriculum and certification process
- o Continued service on Consumer Liaisons Council to VA's Committee on Care of Veterans with Serious Mental Illness (SMI Committee)
- o Participated in invitation-only CMHS dialogue with veterans, and government, provider, advocacy, research, policymaking representatives
- o Contributed—one of only 2 non-VA attendees—at VA national mental health conference
- o Awarded \$100,000 Veteran's Cash grant by Illinois VA Department to develop veteran peer services



Veteran's Cash grant award ceremony (Chicago)

EDUCATING

Educating and Increasing Awareness about Mood Disorders

Over 15 million Americans live with depression and nearly 6 million with bipolar disorder. If we are to meet our mission—to improve the lives of these individuals—it is critical to provide education and promote awareness about these life-threatening illnesses. DBSA does this in many ways but especially through our informative, accurate, and easy-to-understand online resources and publications. Our goal is to bring knowledge and understanding to the general public; the provider community; those who have been just diagnosed; those who are living with a diagnosis; and the loved ones, friends, and family of these individuals.

ONLINE RESOURCES

Rebecca's Dream Family Center

This center is designed to help families and consumers enhance their relationships and communication. It offers information about DBSA in-person and online support groups as well as a wide range of family-focused tools such as podcasts, books, personal stories, and educational workshops.

DBSAIianza.org, Spanish-Language Website

This site offers a Spanish version of some of DBSA's most critical resources. These tools include educational brochures—in both audio and print form—for consumers and families, as well as guidelines for finding support. Resources designed for providers are also available.

DBSA Clinicians' Portal

Designed for mental health professionals, this portal helps foster the patient-provider partnership that is absolutely crucial to the best treatment outcomes, particularly for the depressive phase of bipolar disorder—bipolar depression. It provides links to research, publications, clinician training, and patient tools.

DBSA Real Recovery Podcasts

Our free podcasts offer listeners the opportunity to hear from a diverse group of people, ranging from award-winning researchers to stand-up comics. In 2008, our seven podcasts addressed the following topics: helping a loved one who is depressed; the relationship between genetics and bipolar disorder; laughter as a recovery tool; the benefits of online support groups; stigma-busting strategies; recovery and family dynamics; and living with PTSD.

EDUCATIONAL PUBLICATIONS

Generic and Brand Name Drugs

Straightforward and reviewed by both consumers and physicians, this brochure explores the similarities and differences—and pros and cons—of brand name and generic drugs. It also offers guidelines to consumers on how to make smart, informed decisions about medication with their providers.

Finding a Mental Health Professional: A Personal Guide

This major revision of an important DBSA resource provides invaluable information for consumers seeking professional help. Readers will find guidelines on where to look for that help as well as the questions to consider before choosing a mental health provider.

Mood Disorders and Different Kinds of Depression

Written in collaboration with Joseph R. Calabrese, MD—a leading bipolar disorder researcher at Case Western University and a DBSA Scientific Advisory Board member—this publication discusses bipolar disorder's depressive phase. It explains how it differs from unipolar depression and why bipolar disorder is difficult to diagnose.

Our 2008 Web Stats

- o 22 million hits
- o 1 million unique visitors
- o Over 35,000 e-news subscribers



CONNECTING

Connecting the Community

DBSA shares the goal of promoting mental health with many different communities—consumers, providers, families, legislators, and researchers. We also share the mission of the Rebecca Lynn Cutler Legacy of Life Foundation: to promote awareness and compassionate understanding of mood disorders as real diseases. A special gala is hosted by the Foundation in Chicago each fall. Funds raised at the event allow DBSA to connect communities across the country with crucial support and mental health information.

3rd Annual Rebecca's Dream Gala

On November 8, 2008, the 3rd Annual Rebecca's Dream Gala welcomed 225 guests to the Chicago Cultural Center. The celebration raised \$251,000 to support the shared missions of the Foundation and DBSA and enable DBSA to produce and offer crucial programs. Thanks to these funds, we were able to offer a special institute at the DBSA 2008 National Conference, "At Home with Wellness: Families and Recovery," featuring mental health expert and best-selling author Julie Fast. The gala's success also allowed us to develop and launch the online Rebecca's Dream Family Center.

The gala honored Illinois's then-lieutenant governor, Pat Quinn, with the Legacy of Life Award. Every year, this award is given to someone who has actively spoken out—in the public arena—about mood disorders to educate, raise awareness and understanding, and eliminate stigma. Past honorees include Academy Award-winning actress Patty Duke and Congressman Patrick J. Kennedy (D-RI).

Established in 2005, the Rebecca Lynn Cutler Legacy of Life Foundation and its annual gala have raised over \$1,000,000. With this incredible show of support, DBSA reached over 15,000 people directly ... and thousands more online through the Rebecca's Dream websites.



Lt. Gov. Pat Quinn with Gail and Norm Cutler, Rebecca's Dream Founders and Chairs



Rebecca's Dream scholarships enabled 15 individuals to attend the DBSA 2008 National Conference.



Rebecca's Dream funded "At Home with Wellness," a 2008 conference family seminar.

EMPOWERING

Empowering Peers to Direct Their Recovery

Recovery happens when the illness stops getting in the way of life. And the key to recovery is self-empowerment. That means getting the information needed to make informed decisions and chart a personal road to recovery. The first step down that road is impossible without a compass—tools that help peers direct their own recovery:

Find-A-Pro Search Engine

By peers and for peers, this database lists mental health providers and facilities recommended by consumers to help others in the often confusing, overwhelming process of finding treatment. At www.DBSAlliance.org/FindAPro, consumers can both recommend, and search for, providers and facilities in their local community.

"Facing Us" Music Contest

This contest recognized peers who use their original music and lyrics as a recovery tool and to inspire and empower others. The 1st, 2nd, and 3rd place winners, along with the 16 finalists, are featured on a special CD and in the media room of the Facing Us Clubhouse at www.FacingUs.org.

Dave's Spark Creativity Center

Celebrating the creative spark and its role in recovery, the site, www.FacingUs.org/Creativity, offers empowering tools like these to help peers find their creative outlet: a writing workshop; a course on breaking barriers to creativity; and podcasts with peer artists including musicians and a stand-up comic.

Online Election Center

Designed for the 2008 Presidential Election, "MI Vote Counts" was an online center of "Election Resources for People Living with Mental Illness." It offered consumers voting and educational information including a tool to find polling places; an explanation of the Electoral College; and side-by-side comparisons of the candidates' positions.



In September of 2008 in Norfolk, Virginia, 350 people gathered to share experience, inspiration, and wellness tools. They left our national conference empowered by their peers to move forward in their recovery. Highlights include

- o Over 15 educational workshops led by consumer advocates, best-selling authors, leading experts
- o Peer roundtables on issues like disclosure, rapid cycling, and substance use
- o Stand-Up Comedy Night featuring peer comics
- o Keynote addresses by world-renowned and award-winning Kay Redfield Jamison, PhD; leading researcher Pat Deegan, PhD; and peer specialist training expert Larry Fricks



"Somewhere in the course of the DBSA conference, I made a paradigm shift from a survival mentality to a recovery model. That changes everything about my future outlook. Instead of merely surviving bipolar disorder, I am now ready to consider thriving despite my diagnosis."

ADVOCATING

Advocating for the Consumer

DBSA makes every effort possible to ensure that the consumer voice heard. We know—we've been there, feeling as if our concerns go unnoticed. That's why we take critical issues to the forefront. Whether it's testimony to Congress; meetings with legislators; promoting consumer action through our online Legislative Advocacy Center; or speaking out in the media, we passionately advocate to bring more hope, help, and support to the mental health community.

In the Legislative and Public Policy Arena

Visited the following members of Congress to discuss Mental Health Parity and proposed legislation:

- o Rep. Patrick Kennedy (D-RI)
- o Rep. Jesse Jackson, Jr. (D-IL)
- o Rep. Jan Schakowsky (D-IL)
- o Sen. Dick Durbin (D-IL)

Submitted comments to U.S. Department of Justice regarding issues such as psychiatric service dogs

Submitted comments to U.S. Department of Health and Human Services on matching grants

Submitted 44,000 constituent letters to Congress, through DBSA Legislative Action Center, regarding bills such as Mental Health Parity

Sent support letters for the MOTHERS Act to promote awareness of, and services for, postpartum depression (PPD). These efforts were made at the request of the offices of

- o Sen. Dick Durbin (D-IL)
- o Rep. Bobby Rush (D-IL)

Cultivated alliances with Postpartum Support International (PSI) and others to support the MOTHERS Act

Continued collaborations with organizations such as

- o Campaign for Mental Health Reform (CMHR)
- o Mental Health Liaison Group (MHLG)
- o Depression is Real Coalition (DIR)

In the Media

ABC.com

Interviewed for the news story, "Bipolar in the Workplace" (past DBSA President Sue Bergeson)

Dow Jones Market Watch

Consulted and quoted in news story, "Passage of Mental Health Parity"

PBS NewsHour with Jim Lehrer

Featured in segment on consumers who will be helped by the enactment of parity

PBS Nova/WGBH

Served as a contributor—along with the Mayo Clinic, SAMHSA, and others—in content development for the documentary, *This Emotional Life*, airing in January 2010

Psychology Today magazine

Featured in article regarding coping strategies for individuals living with bipolar disorder

Real Simple magazine

Featured stories of the lives of two women, both DBSA spokespersons, who are managing life with bipolar disorder

WebMD.com

Featured in story on parents' concern that their children may develop bipolar disorder

DBSA is also proud to have been featured by other major media outlets such as the Associated Press (AP) and Google News.

FINANCIALS

Financial Statements

BALANCE SHEET

Assets	2008	2007
Cash and cash equivalents	\$417,833	\$443,487
Investments	\$174,948	\$219,390
Accounts receivable	\$170,898	\$ 56,605
Contributions receivable	\$225,000	\$ 0
Other	\$ 13,382	\$ 42,981
Property and equipment	\$ 89,575	\$104,494
Total Assets	\$109,1636	\$866,957

Liabilities and Net Assets

Capital lease obligations	\$ 0	\$ 0
Accounts payable and accrued expenses	\$323,015	\$252,912
Accrued liabilities—payroll, rent	\$ 82,730	\$132,025
Total Liabilities	405,745	\$384,937

Net Assets

Unrestricted	\$ -184,203	\$ (79,846)
Temporarily restricted	\$ 870,094	\$561,866
Total Net Assets	\$ 685,891	\$482,020

Total Liabilities and Net Assets	\$1,091,636	\$866,957
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STATEMENT OF ACTIVITIES

Revenues, Gain and Other Support

Contributions	\$2,092,370	\$1,964,910
Other	\$1,054,774	\$ 726,198
Total Income	\$3,147,144	\$2,691,108

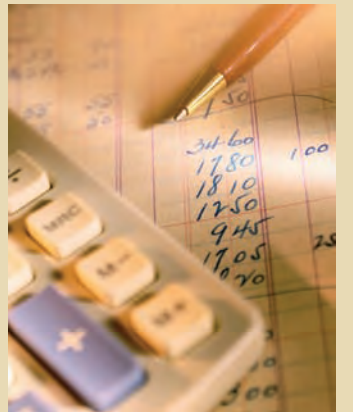
Expenses

Program services	\$2,318,373	\$2,890,544
Supporting services		
Management and general	\$ 331,315	\$ 211,481
Fundraising	\$ 293,587	\$ 382,347
Total Expenses	\$2,943,275	\$3,484,372

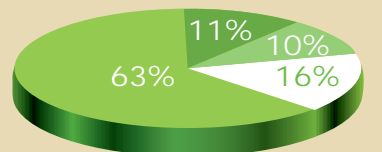
Change in net assets	\$ 203,871	\$ (793,264)
Net assets		
Beginning of year	\$ 482,020	\$1,275,284
End of year	\$ 685,891	\$ 482,020

Despite the national economic slowdown, DBSA ended the year with a net gain, showing a 142% revenue increase between 2007 and 2008.

↑ 142%



Allocation of Funds



Administration	11%
Fundraising	10%
Chapters	16%
Educational	63%

DBSA is a not-for-profit 501(c)(3) corporation.

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Bristol-Myers Squibb Company
Mr. & Mrs. Norman Cutler
 Mr. & Mrs. Howard Garoon & Family
Pfizer Inc.
Wyeth Pharmaceuticals
\$5,000 & above
 Naoma & Michael Cahr
Eli Lilly & Company

Mr. Charles Malk
 Mr. & Mrs. David Metrick
Morgan Stanley Smith Barney
Turtle Wax, Inc.
\$2,500 & above
Dr. Allen Daniels & Ms. Bridgett Pincus
First Clearing, LLC
 Nanci Garoon Leigner & Frank Leigner
Jerrold & Joyce Mayster
The Private Bank & Trust Company
Mr. & Mrs. Jack Ring
Mr. Howard Zaltzman

\$1,000 & above
Dr. & Mrs. Dennis Abella
Alexza Pharmaceuticals, Inc
 David & Andrea Berkowitz, Maya Romanoff Corporation
 Mr. & Mrs. Peter Block, Maya Romanoff Corporation
 Mr. & Mrs. Lawrence Dubin
Ms. Sharon Graef
Mr. & Mrs. Eric Gravengaard
 Dr. & Mrs. Harlan Haimes
 Judy & Mel Hecktman
Cheryl T. Herman Foundation
Mr. & Mrs. Marvin Hieman
 Mr. & Mrs. Marc Jacobs
Arona & Bob Landsman
Mr. & Mrs. Paul Lieberman
 Ann & Tom Mann
 Mr. & Mrs. Allan Myer
 Neuronetics, Inc.
 Marcy & Marc Offit
Mr. & Mrs. Bill Rancic
Ms. Karen E. Sackheim
 Irwin Segal & Lynn Polen
Mr. & Mrs. Jay Simon
Mr. & Mrs. Stan Slovin
Mr. & Mrs. Michael Sobel
Mr. & Mrs. Alan Solow
Mr. & Mrs. Steve VanPoolen
Mr. & Mrs. Steve Weinstein

\$500 & above
Mr. & Mrs. Richard Aleskow
Mr. Paul Ankin
Barnes & Thornburg LLP
Mr. & Mrs. Howard Bass
Ms. Judy Benn
Mr. & Mrs. Bruce Berenzweig
 Mr. & Mrs. Jim Borowitz
 Mr. & Mrs. David Bradford
 Mr. & Mrs. Barry Briskman
Helen & Donald Brown
Renee & Wes Brown
Dr. Judith A. Cook
 Mr. & Mrs. Steven Dreifuss
Toni & Joel Fenchel
Fidelity Charitable Gift Fund
Mr. Milton Fine
Mr. & Mrs. Steve Friedman
 Ms. Karen A. Fuqua
 Dr. William Gilmer
 Mr. & Mrs. Ellis Goodman
Mr. & Mrs. Jim Goodman
 Joe Gutman
Mr. Chalkley J. Hambleton
Maxine & Jacob Handelman
Mr. & Mrs. Brian Heidelberger
 Diane & Joel Jastromb
 Jill Katlin
 Mr. & Mrs. Jordan Katz
Mr. Mark Keebler
 Mr. Richard R. Lindquist
Mr. & Mrs. Benson Littman
 Rabbi Steven Lowenstein
Mr. & Mrs. Jonathan Lulu
Steve & Ornit Mandell
Mr. & Mrs. Tom Mandler
Mrs. Andree McArthur
Mr. Hugh McLean
Mr. & Mrs. James McNulty
Dr. & Mrs. Keith Mellovitz
Mr. Dirk Mueller
Mr. Jon Najarian
Ms. Olga Nissenboim
Mr. & Mrs. Robert Palay
 Stephen Propst
Ms. Leighanne Rappaport
Mr. & Mrs. Gene Rintels
 Sue & Wally Roberts
 Chickie & Steve Rosen
Mr. Robert Rosulek
Mr. & Mrs. Barry Schreibstein

Mr. & Mrs. Stephen Sher
 Ross & Jody Silverman
Mrs. Linda Silverstein
Mrs. Andrea Solow
Mr. & Mrs. Jerry Stock
 Dr. Shirley Susman
Ms. Rachael Widen
Mr. & Mrs. David Witcoff
Mrs. John M. Zajecka, MD

\$250 & above
Ms. Sue Bergeson
Eileen & Gene Berkowitz
Mr. David Blitz
Mr. & Mrs. Ron Borden
John Burghardt
Ms. Danielle Byron
Mr. & Mrs. Barry Cain
Chicago Cultural Center
Crossroads Soft Car Wash & Detail
Linda & Chuck Dresner
Mr. Scott Eisen
Ms. Amy Friedman
Mr. & Mrs. Robert Goldman
Dr. & Mrs. Jay Gorsky
Mr. & Mrs. Jack Greenberg
Deborah Haimes
Mr. Michael Halberstam
Saundra Jain
Ms. Louise Jarog
Mr. & Mrs. Andrew Katlin
Mr. & Mrs. James Klein
Mr. Carl Krause
Mr. & Mrs. Patrick Lederer
Mr. & Mrs. John Lefton
Mr. & Mrs. Martin Levine
Judith R. Litt
Mrs. M. Lutz
Mr. Matthew McCartney
Ms. Paula P. Miskiewicz
Ms. Sharon Morton
Mrs. Joanne Nemerovski Brown
Ashley & Pam Netzky
Mr. & Mrs. Dennis Olson
Martha Sajatovic, MD
Schnadig Corporation
Mr. & Mrs. Jeff Segal
Mr. Stan Siuta
Ms. Ruth Stern

Catey E. Sullivan
Mrs. Sherrie Tack
Ms. Abbe I. Temkin
Mr. & Mrs. Bruce Tranen

Below \$250
Anonymous
Mr. & Mrs. Richard Amend
Mr. & Mrs. Danny Beider
Mr. Michael Benjamin
Mr. & Mrs. Marc Benjamin
Mr. & Mrs. Allen Berg
Ms. Shelly Berger
Mr. & Mrs. Arthur Berman
Mr. Brian Black
Mr. & Mrs. John Brodson
Ms. Cheryl Byers
Dr. Michelle Carafiol & Mr. Doug Carafiol
Mr. & Mrs. Matt Cohen
Susan & Avrum Cohen
Mr. & Mrs. William Cottle
Mr. Jason Dumo
Mr. & Mrs. I. Eisen
Mr. & Mrs. Dustin Epstein
Mr. & Mrs. Ross Erlebacher
Danny & Shellie Fidell
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Mr. John Frost
Mr. & Mrs. Robert Green
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Mr. & Mrs. Dan Hamburger
Mr. & Mrs. Richard W. Hillsberg


Mr. & Mrs. Bob Howard
Mr. & Mrs. Mitchell Kahn
Mr. & Mrs. David Kaufman
Mr. & Mrs. Les Kite
Mr. Jurgen Thiele & Ms. Ellen Klein
Ms. Lill Krako
Mr. & Mrs. Samuel Krengel
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Mr. & Mrs. Curtis Linder
Mr. & Mrs. Kenneth Mendelson
Dr. & Mrs. Lawrence Metrick
Mr. & Mrs. Jordan Mitchell

Mr. & Mrs. Howard Nixon
North Suburban Synagogue
Beth El
Mr. & Mrs. Scott Orlinsky
Chuck & Mira Perlman
Mr. & Mrs. Mike Pinsel
Mr. & Mrs. Mark Pinsky
Mr. & Mrs. Dennis Polisner
Ms. Gail Rogers
Evie & Scott Rooth
Mr. & Mrs. David Rosen
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Membership in this special group recognizes leadership investments of \$500 or more to the Rebecca Lynn Cutler Legacy of Life Foundation.

These listings reflect donations received from January 1, 2008, through December 31, 2008. Every effort has been made to ensure accuracy. We apologize for any errors or omissions and would appreciate hearing from you with any corrections. Please contact the Development Department at (312) 988-1161.

DBSA Conflict of Interest Policy

12/08

Purpose

The purpose of the conflict of interest policy is to protect the interests of this tax-exempt organization, DBSA, hereafter referred to as “the Organization,” when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, director or senior level employee of DBSA or might result in a possible excess benefit transaction. This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Definitions

1. Interested Person

Any director, principal officer, member of a committee with governing board-delegated powers, or senior level employee, who has a direct or indirect financial interest, as defined below.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a.** An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
- b.** A compensation arrangement with any entity or individual with which the Organization has a transaction or arrangement, or
- c.** A proposal ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee or President/CEO decides that a conflict of interest exists.

DBSA Conflict of Interest Policy (cont'd)

12/08

Procedures

- 1.** In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board-delegated powers considering the proposed transaction or arrangement. If any actual or possible conflict of interest involves a senior level employee, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the President/CEO.
- 2.** The remaining board or committee members or President/CEO, depending on whether the interested person is at the board level or a senior level employee, shall decide if a conflict of interest exists.
- 3.** After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. For senior level employees, the President/CEO will make a determination as to whether in fact a conflict of interest is present.
- 4.** An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

Depression and Bipolar Support Alliance***Payments made by the Pharmaceutical Industry to Board Members - 2006-2009****Last revised December 18, 2009*

Year	Name of Board Member	Name of Company	Amount of funding	Reason that funding was provided
2006	Ellen Frank	Eli Lilly and Company	\$13,250.00	Consultation fees
2006	Ellen Frank	Pfizer	\$20,000.00	Consultation fees
2006	Ellen Frank	Pfizer	\$63.63	Travel/lodging reimbursement
2006	Ellen Frank	Novartis	\$2,500.00	Consultation fees
2006	Ellen Frank	Novartis	\$106.90	Travel/lodging reimbursement
2006	Ellen Frank	Lundbeck	\$13,000.00	Consultation fees
2006	Ellen Frank	Lundbeck	\$239.80	Travel/lodging reimbursement
2006	Ellen Frank	Servier International	\$1,800.00	Consultation fees
2007	Ellen Frank	Servier International	\$12,900.00	Consultation fees
2007	Ellen Frank	Servier International	\$412.66	Travel/lodging reimbursement
2008	Ellen Frank	Servier International	\$10,000.00	Consultation fees
2008	Ellen Frank	Servier International	\$7,217.33	Travel/lodging reimbursement
2009	Ellen Frank	Servier International	\$10,000.00	Consultation fees
2009	Ellen Frank	Servier International	\$148.00	Travel/lodging reimbursement
2006	Stephen Propst	Solvay Pharmaceuticals, Inc.	\$2,250.00	Training/speaking
2007	Stephen Propst	Solvay Pharmaceuticals, Inc.	\$1,500.00	Training/speaking
2006	Gregory Simon	Wyeth Pharmaceuticals	\$750.00	Consultation fees
2006	Gregory Simon	Bristol-Myers Squibb Company	\$1,137.50	Consultation fees