

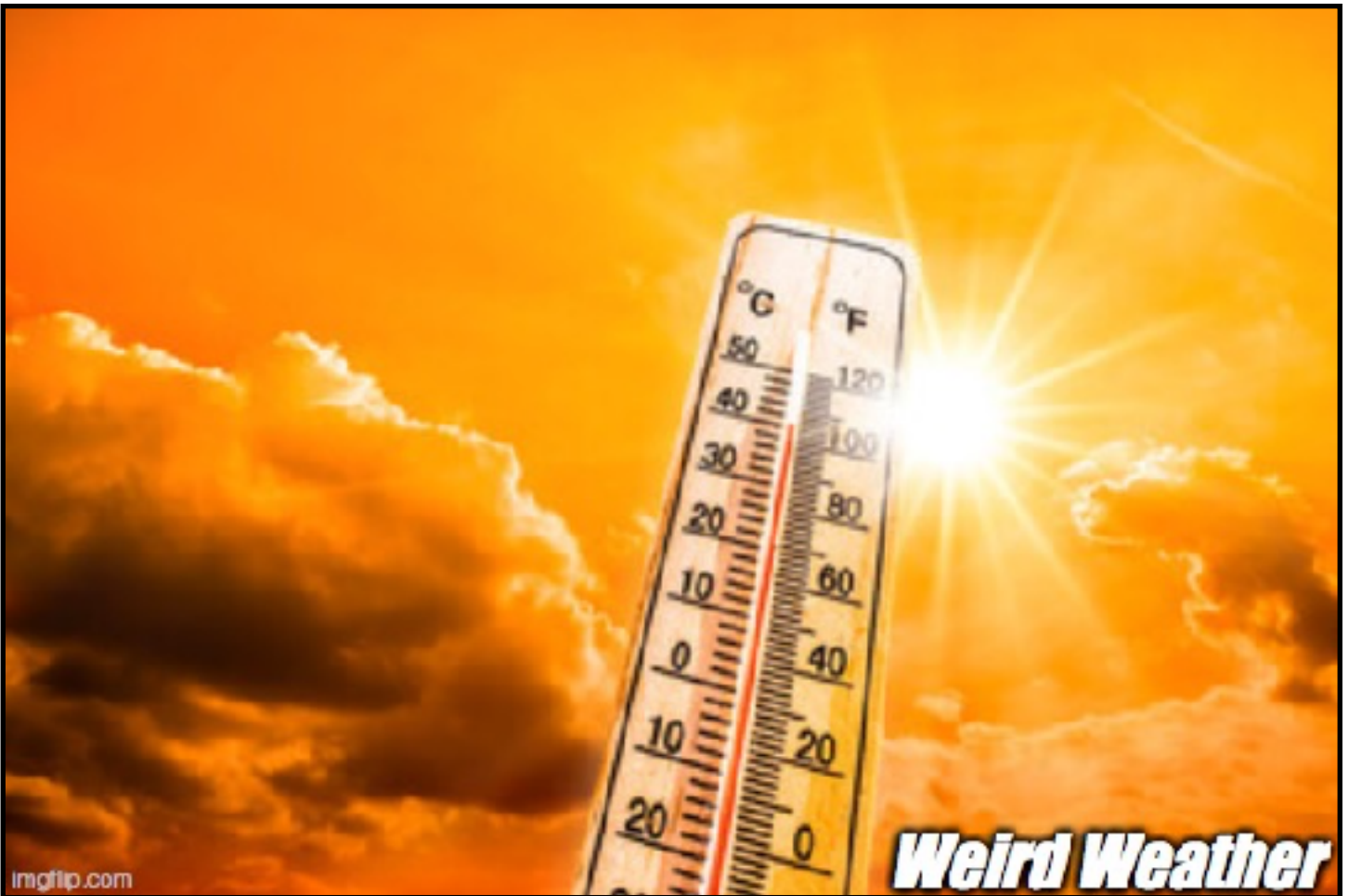
THE *ROLLERCOASTER* TIMES

Quarterly Newsletter of the Depression and Bipolar Support Alliance (DBSA) of Orange County

Issue 40

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DBSA Orange County is a self-help group for people diagnosed with depression or bipolar disorder



New Grant received from Miracle Foundation Fund

DBSA-OC thanks the Miracle Foundation Fund and the Orange County Community Foundation for their generous award of an unrestricted \$4,000 grant. Plans for use of the funds include materials and resources for the Resource Center and our support groups. Thanks as well to Outreach Volunteer, Kristen Pankratz, who is a DBSA-OC past-president, an Education Specialist at Wellness Center West and Crisis Intervention Trainer for the OC Sheriff's Department.

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Study Finds Text-Based Therapy as Effective as Video Sessions for Depression

Text-based psychotherapy can be just as effective as live video sessions for treating depression, according to new research from the University of Washington. The study, published October 30, 2025, in JAMA Network Open, compared outcomes among 850 adults who received either message-based psychotherapy or weekly video therapy through the online platform Talkspace. Researchers found that patients in both groups showed similar improvements in depression symptoms and social functioning.

DBSA Bipolar Resource Center

The Resource Center is now located virtually.

Information may also be obtained by emailing the Center at: dbsaorangecounty@gmail.com; You can also call and leave a message at **949-805-0528**.

Understanding Bipolar Disorder and Memory

Memory problems can occur in people with [bipolar disorder](#). Bipolar disorder can impact cognitive function, particularly during mood swings. Medications for bipolar disorder may also interfere with memory.

Memory and Bipolar Link

Memory problems are often-reported symptoms in bipolar disorder.¹ Some people with bipolar disorder report memory loss during [manic episodes](#) or depression or during [euthymia \(neutral mood states\)](#).

Symptom Range in Bipolar Disorder

There are three types of bipolar disorder: bipolar 1, bipolar 2, and cyclothymia. All types cause changes in mood, energy, and activity levels. In bipolar 1, moods range from extreme elevation (mania) to depression. People with bipolar disorder can have both manic and depressive symptoms in what's called a "mixed episode."

In bipolar 2, the mania, which is less severe, is referred to as hypomania. Cyclothymia symptoms are less-intense hypomania and depression that do not meet clinical criteria for hypomania or depression.

During an Episode

Extreme periods of impulsivity and episodes of mania may contribute to memory problems in bipolar disorder.³ These problems may continue after symptoms resolve.

Manic episodes, in particular, are associated with cognitive impairments, including difficulties with attention or memory.⁴ Evidence suggests someone with bipolar disorder may have impaired memory about events that occurred while they were in a manic state.¹

(See "[Memory](#)" page 3)

(“Memory” Continued from page 2)

Depressive episodes also contribute to the memory and bipolar link. Some research suggests depressive symptoms are most strongly associated with memory loss.

Examples of Memory Problems in Bipolar Disorder

Memory is complex, and so is bipolar disorder. A growing number of studies suggest memory problems with bipolar disorder persist even when symptoms are in remission.⁶

According to a 2017 study, memory problems in bipolar disorder include:¹

- Verbal learning
- Verbal memory (i.e., remembering what’s been said)
- Visuospatial episodic memory (i.e., remembering images to orient oneself in space and location, ability to keep track of moving objects)

Memory differences in this study were not explicitly linked to mood episodes. The authors say their findings suggest that memory problems may be characteristic of reduced working memory capacity in mood disorders.

Memory Blackouts

Memory problems associated with manic episodes include bipolar blackouts. During a bipolar blackout, the person is conscious but unable to recall events, situations, or experiences afterward.⁷

Medication and Memory

Some older studies suggest lithium—a medication commonly used to treat bipolar disorder—has a negative impact on memory.⁸ However, a study from 2020 suggests lithium may be beneficial for cognitive functioning in people with bipolar disorder—and it does not significantly impair cognition when used as a treatment for bipolar disorder.⁹

How to Offset Short-Term Memory Loss

Improving cognitive and depressive symptoms of bipolar disorder may be an answer to offsetting short-term

memory loss.

Some research suggests improving functioning with the following therapies:⁵

- [Eye movement desensitization and reprocessing \(EMDR\)](#) for symptom management and relapse risk reduction
- Lifestyle approaches like healthy diet and regular physical exercise
- Managing comorbidities (co-occurring health conditions)¹⁰
- Medications for cognitive functioning, including mifepristone, lurasidone, and erythropoietin
- Psychological therapies for psychosocial functioning (e.g. [cognitive behavioral therapy \(CBT\)](#), interpersonal and social rhythm therapy, and psychoeducation)

(See “Memory, page 5)

Self-care is
how you take your
power back.



DBSA-OC Online, In-Person Support Groups

ONLINE: **DBSA-OC** Support Group meetings are held using the Zoom address:

<https://zoom.us/j/6917895225>

- Monday 7 - 9 p.m.
(Dual Diagnosis & Open Group)
- Tuesday 7 - 9 p.m.
- Wednesday 7 - 9 p.m.
- Wednesday 7 - 9 p.m.
(East Long Beach Support Group;
For information, contact
dbseastlb@gmail.com)
- Thursday 7 - 9 p.m.
- Saturday 10 a.m. - Noon

Meetings can be joined by phone: **(669) 900-9128**; Meeting ID: **691 789 5225**.

Unless otherwise specified, meetings are open to the public; registration is not required.

For information, contact :dbsaorangecounty@gmail.com

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- Thursday 6 - 8 p.m.
Friends and Family (DBSA-OC - Zoom)
For information, contact Jennifer at
jenniferp@dbsaoc.org. (This group is now through DBSA National. Link to join the meeting is on the website: dbsaltiance.org)

IN-PERSON:

- Friday 7 - 9 p.m.
Mariner's Church Irvine,
5001 Newport Coast Drive,
Ministry Center, Room 208,
Irvine, 92603;
For information, contact Anya
(anyap@dbsaoc.org)
- Saturday 10 a.m. - Noon
Huntington Beach Hospital
17772 Beach Blvd.
Basement Cafeteria

Huntington Beach, 92647

- Monday 6 - 7:30 p.m.
St. Mary's Catholic Church
400 W. Commonwealth Ave., Fullerton
92832; Father Sera's Conference Room, 1st
floor. For information, contact Susan:
sdavis@dbsaoc.org
- Tuesday 7 - 9 p.m.
St. Joseph Hospital
Sr. Elizabeth Bldg., 1st Floor.,
1300 W. Palmyra Ave., Orange, 92868
For information, contact Kevin
(kmartin@dbsaoc.org)
— Meetings will not be held in April —

Additional meetings also are held at the three **Wellness Centers** through their tele-care services. For information, contact the Wellness Center of your choice:

Wellness Center Central

<http://www.wellnesscenteroc.com>

Wellness Center West

<http://www.wellnesscenterwest.org>

Wellness Center South

<http://www.wellnesscentersouth.org>

Hybrid meetings also are held by **Peer Voices of Orange County**. See the PVOC calendar for times and join links.

(<http://www.peervoices.org>)

All information is subject to change:
Visit dbsaoc.org for updates

Disclaimer: DBSA -OC is a non-denominational organization: support groups and other meetings are not religious in nature or tone.

(“*Memory Continued from page 3*)

More research is needed to understand how to offset short-term memory loss in people with bipolar disorder.

Outlook With Chronic Memory Loss

Bipolar disorder is also neuroprogressive, meaning symptoms worsen with age. However, many factors play into outlook with chronic [memory loss](#). These include whether the person has another psychiatric condition, particularly a diagnosed personality disorder or substance use disorder like cannabis or alcohol use disorders.⁵

Outlook is also influenced by what are known as sociodemographic factors—a combination of social and demographic factors, such as age, gender, ethnicity, education, and income. For example, studies suggest males and older adults show worse functional outcomes, whereas being married and having higher socioeconomic status (i.e., high levels of education, employment, and

income) may serve as a protective factor against functional impairment.⁵

Early BD Diagnosis and Dementia Prevention

Bipolar disorder and dementia overlap. Several studies show bipolar disorder is associated with a significantly increased risk of dementia in older adults. A history of mania and hospitalization play some role in developing dementia in those with bipolar disorder.¹¹

Research has shown that later-stage brain changes and cognitive impairment are related to the number of prior hospitalizations and manic episodes.¹² More research is needed to better understand how to reduce the [risk of dementia in people with bipolar disorder](#).¹¹

Early diagnosis means treatment can be started, and progression to later bipolar stages can be slowed or even stopped.¹⁰ Some research also suggests preserving cognitive functioning early on may result in better functional outcomes (i.e., better working memory).⁵

Is Brain Rot Real? Researchers Warn of Emerging Risks Tied to Short-form Video

“Research on the long-term impacts of short-form video consumption is still lacking, but recent studies show concerning associations with cognition and mental health,” *NBC News* reports. “A September 2025 [review of 71 studies](#) with a total of nearly 100,000 participants found that heavy consumption of short-form video was associated with poorer cognition, especially in regard to

attention spans and impulse control, based on a combination of behavioral tests and self-reported data. The review, published in *Psychological Bulletin*, a journal of the American Psychological Association, also found links between heavy consumption of the videos and increased symptoms of depression, anxiety, stress and loneliness..



DBSA-OC Founder — *Himasiri De Silva, M.D.*
Medical Advisors: *Gus Alva, M.D.; Clayton Chau, M.D.; Charles Tuan-Tu Nguyen, M.D.; Lawrence Sporty, M.D.*
Newsletter editor: *Richard Krzyzanowski*

Services, Supports, & Resources

988 Suicide and Crisis Lifeline

Dial **988** to directly connect to mental health professionals at the national *Suicide and Crisis Lifeline*.

- Veterans can press “1” to reach the *Veterans Crisis Lifeline*, serving veterans, active service, National Guard and Reserve members, Veterans also can text the *Lifeline*, short code: **838255**.

NAMI OC WarmLine

The NAMI OC WarmLine, (714) 991-6412, is a free and confidential telephone service providing emotional support and resources to Orange County residents, available 24/7. Call backs are made from 12 p.m. to 12 a.m., and may take up to 12 hours.

Live chat also is available. Other resources can be found at <https://www.namioc.org>.

Texting Service also available: (866) 610-5357.

The Trevor Project for Young LGBTQ Lives

The Trevor Project: thetrevorproject.org; info@thetrevorproject.org; (212) 695-8650 or 866-488-7386. Text "START" to: 678-678, for web-chat.

Friendship Line California

Hotline and Warmline for seniors: (888) 670-1360; Institute on Aging, ioaging.org.

CalHOPE WarmLine

(833) 317-HOPE (4673); www.calhope.org, calhope@dhcs.ca.gov (Also CalHOPE Connect; CalHOPE Red Line; CalHOPE Student Support; Web-based Coping & Stress Management Skills; CalHOPE Schools initiative).

DBSA

DBSA Orange County: <http://www.dbsaoc.org/>

Additional Southern California DBSA Chapters:
DBSA South Orange County: <http://dbsasoc.alsirat.com>

DBSA South Bay: <http://www.dbsasouthbay.org>

DBSA San Diego: <http://www.dbsasandiego.org>

The San Diego DBSA website lists multiple, categorized links on its *Resources* page with a wealth of information about mental health conditions and treatments.

DBSA National: <http://www.dbsalliance.org>

County of Orange

- **Orange County 2-1-1:** <http://www.211oc.org>.

A comprehensive information and referral system that provides a resource database of health, human services and support 24/7 online and through a multi-lingual hotline. Call 211 or (949) 646-4357; or text your zip code to 898-211. Toll-Free alternative number: (888) 600-4357.

- **Wellness Centers**

Three Wellness Centers in Orange County are open daily for socializing and support:

Wellness Center West: (657) 667-6455, wellnesscenterwest.org

Wellness Center Central: (714) 361-4860, wellnesscenteroc.com

Wellness Center South: (949) 528-6822, wellnesscentersouth.org

- **OC Links Information and Referral Line** -

Telephone and online support for those seeking information or linkage to any of the OC Health Care Agency's Behavioral Health Services. Trained Navigators provide information, referral, and linkage directly to numerous programs.

- For OC Links Chat Services Visit: www.ochealthinfo.com/oclinks

Orange County Psychiatric Society

Website contains referral lists of psychiatrists and hospitals with Psychiatric Units
<http://www.ocps.org>.