"Education" MDDA "Support"

The Thermometer Times

Published by The Manic Depressive and Depressive Association of Riverside, California

VOL. 10 NO. 10 *Out of darkness . . .* *October 2000*

Dates to Remember

****

RAP GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome.

Saturday, October 14
at Jo Ann Martin's
10am –12 noon
see directions below
Saturdays 21, and 28
10am–12 noon
Riverside County Mental Health
Administration Building
(see page 9 for address)

NO EDUCATIONAL MEETING THIS MONTH

IT IS ESSENTIAL TO BE ON TIME in consideration for others in the group. In fact, please come early to socialize, sign in, or help set up the room.

Directions to Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left.

2nd driveway on right

16280 Whispering Spur,
Riverside, CA 909/780-3366

Bipolar Disorder: recent progress

By Husseini K. Manji. M.D.

Bipolar Disorder is generally believed to have a very strong genetic component. However, the genetics are quite complex. For some diseases (for example Huntington's disease), there is only one faulty gene responsible, and if an individual receives the faulty gene, they will get the disease. In Bipolar Disorder, there are likely many genes involved, each of which contributes "a little bit" towards the disease. There are also believed to be "protective genes" or "good genes". So whether a person becomes ill or not, has a mild illness or severe illness, or has more depressions or more manias, all probably depend to a large degree on the susceptibility genes and protective genes that they have inherited. However, aside from genetics, there are also environmental factors involved, especially in triggering episodes of depression or mania. For many individuals with Bipolar Disorder, certain stresses can trigger or worsen episodes. In addition to psychological stresses, a major factor that appears to trigger episodes in many individuals is sleep deprivation. Therefore maintaining a stable sleeping pattern is very important for most individuals with Bipolar Disorder. Another kind of "biochemical stress" which can trigger episodes, make the illness more difficult to treat, and worsen the overall lifetime course of the illness is substance abuse. Thus, drugs like alcohol, amphetamine, cocaine, LSD, and others can worsen the illness. For this reason, getting appropriate treatment for substance abuse is often a very important component of the long term treatment of Bipolar Disorder.

There has also been a lot of progress in the development of many new medications for Bipolar Disorder. There are a large number of anticonvulsants and atypical antipsychotic medications currently being investigated in Bipolar Disorder. Even more exciting is the fact that we have recently found completely new and unexpected targets for the treatment of Bipolar Disorder. These targets may lead to the development of completely new classes of medications for Bipolar Disorder. The hope is that this new class of medications ("signal transduction modifiers") will be more effective than the existing ones. However, they are still in the early stages of development.

New brain imaging tools have increasingly been utilized in the study of mood disorders. Ongoing research is attempting to use such better tools to better predict which treatment will work best for which individual. In recent years, we have unfortunately also learned that mood disorders can "take their toll" on the brain. Thus, many MRI studies are showing that some individuals with Bipolar Disorder have atrophy (shrinking) of certain parts of the brain. Two recent findings suggest that it may be possible to reduce and perhaps even reverse the atrophy associated with mood disorders. Lithium has recently been demonstrated to markedly increase the levels of a major "neuroprotective protein" (called bel-2) in rat brain. Furthermore, lithium has been demonstrated to protect neurons against many "insults" (for example free radicals, and strokes). Preliminary studies are also suggesting that lithium exerts similar effects in the human brain. Studies are ongoing to determine if "low dose" lithium also provides neuroprotection, and the results thus far are quite encouraging.

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Bipolar Disorder (continued from page 1)

In conclusion, there is considerable optimism about the likelihood of major advances in our understanding of the causes of bipolar disorder, and the prospects for developing improved treatments. The human genome project will be completed this year, and it is expected that in the coming years we will identify many of the genes in bipolar disorder. These advances will undoubtedly lead to better long term treatment.

Source: Life in Balance, MDDA of Detroit, September 2000

Talking Back to Your Doctor Works

By Linda Greider

This article is reprinted from The Initiative, the newsletter of the Colorado Springs DMDA. July/September 2000

Next time you visit your doctor, keep in mind one crucial, if little known rule–Catch 23.

The catch works this way, doctors typically will listen to a patient's opening statement little more than 23 seconds before changing the subject or re-directing the talk.

That means, you, the patient, must talk not only fast, but compellingly, even knowledgeably, to get his or her attention. That's important for your doctor to fully grasp what's bothering you.

Too often doctors don't. In fact, researchers increasingly are finding that one big reason treatments don't work, or aren't prescribed at all, is because of problems in the way doctors and patients communicate.

Some mistakes can be avoided, experts believe, if doctors and patients do a better job of talking to each other.

Medical authorities are coming to the view that patients themselves must be more assertive in the doctor-patient relationship.

Studies show that doctors remember best the cases of assertive patients. Medical outcomes are also likely to be better.

continued on page 8 (Talking)

You can call us at (909)780-3366

Since we have no full-time staff, leave a message and one of our volunteers will call you back. Due to budget constraints, we are unable to return long distance calls unless you give us permission to call you collect.

The Thermometer Times

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TV's Portrayal of Mentally Ill is Really Pathetic

Those with psychological problems are seen as demented losers, causing a stigma in society.

By Ken Parish Perkins
Fort Worth Star-Telegram

Who can blame Christopher Titus, television's latest emotionally tortured soul, for taking matters into his own hands and ordering his mother to "pack your explosives and get out?"

After all, she spent most of Titus' childhood tucked away in a mental institution and, when at home, she looked for ways to murder him and his father. Butcher knives, arsenic, an ax.

Now, with Mom released and back home, Titus is the only family member not buying her recovery claims.

"I'm sorry," Titus' girlfriend apologizes to the mother. "He just can't seem to let go of your. . .felonies."

So goes the message offered up by Titus, which is attracting 5 million viewers Monday nights on Fox. And while the situation comedy may be extreme for its genre, the show shares the same fundamental point of view television has had for years whenever it decides to comment on people suffering from mental illness.

Run away. Fast.

From "Titus" to "ER" to "The Practice" to "Frasier," televison suggests that people with mental illness are violent souls destined to commit murder and mayhem, or demented losers who end up homeless and living sad, lonely, pathetic lives.

When Peter Berg wanted to introduce a series built around the uncomfortable notion that we're all prone to emotional and chemical disorders, he decided to set

continued on page 4 (TV)

The Anti-Depressant Sourcebook:

A User's Guide for Patients and Families

By Andrew L. Morrison, M.D.

Condensed by Geraldine Rech

*This book is no substitute for medical treatment. Treatment for the disorders described in this book should be undertaken only under the supervision of a physician.

Preface

Just two years out of medical school, I was working in the psychiatry residency program that had been my first choice. I was learning more and more every day, and I loved it. I had been learning about depression for several years. I had read articles and books and had attended lectures, so I was pretty "book smart" about it. But this morning it was especially hard for me to fathom what depression must really feel like.

Now, more than 25 years later, it is comforting to know that we have made headway in the fight against depression. The causes of depression and how to treat it more effectively, that it is a treatable medical illness.

Introduction

The goal of this book is to provide pragmatic and useful information to people who are taking, or contemplating taking, antidepressant medication, and for their families.

Today there are more than 20 antidepressants on the market. They are discussed as a group, and you will find no favoritism or commercial bias in this book. In addition to questions, patients and families will occasionally have unfounded fear and misconceptions, stemming from rumors and gossip about these medications. This book tells you what to expect when taking an antidepressant and, just as important, what not to expect. It addresses the issue of "chemical imbalace in the brain" and explains what the medicine can do and what it can't do.

IMPORTANT! ALWAYS TELL YOUR DOCTORS ABOUT ANY CHANGES YOU THINK SHOULD BE MADE IN YOUR MEDICATION ROUTINE. DO NOT TAKE HERBS OR OVER-THE-COUNTER DRUGS WITH-OUT YOUR DOCTORS KNOWLEDGE

The book also describes how to use the medication along with psychotherapy and the nonpharmacological components of treatment. It also provides information on how to collaborate with your doctor when it is time to address the inevitable issue of coming off the medication.

Depression is not the only condition treated by the antidepressants, and the information in this book is relevant to anyone taking an antidepressant. . .not just somebody with depression. Please note that this book is by no means intended to help people learn how to treat themselves.

It should be emphasized that this information is not just for patients. . .it is also for families and loved ones. The more family members and loved ones understand the antidepressants, the more they will be able to help and support the person taking the medicine.

Chapter One: The Antidepressants

The antidepressants are a group of prescription medicines used for the treatment of depression as as well as other psychiatric and medical conditions. Man's attempts to treat these disorders date back thousands of years. The legitimacy of the antidepressant medications has withstood the scrutiny of hundreds of rigorously controlled scientific studies, and it is further substantiated by the millions of people all over the world who have benefited from them.

To this day, researchers are still unable to find a hypothesis that puts all the pieces of the puzzle together and explains everything.

Research reached new heights as the 1980's gave way to the 1990's. Although all the searching in the 1980's and 1990's never found exactly how the antidepressants work, it did result in the birth of medicines called the new generation antidepressants. *Look for more to come in November's newsletter.*

TV (continued from page 3)

"Wonderland" within a ward that practices forensic psychia-
"Wonderland" within a ward that practices forensic psychia-try–the treatment of mental patients who have committed crimes.

The show, which was canceled earlier this year after a brief prime-time run, had the cooperation and advice of Dr. Robert Berger, director of Bellevue's Forensic Psychiatry Service in New York. But mental health professionals were ruthless in their criticism that, again people with mental illnesses were written as violent criminals. Indeed, in the first episode, we learn that a patient who pierces the stomach of a pregnant doctor with a syringe had only hours earlier gunned down five people because voices told him to. There was also a Wall Street broker who tried to kill himself; and a young man who bit off his mother's thumb.

And it's not only that the mentally ill are presented as dangerous psychos who kill doctors, as one did this season by stabbing Lucy (Kellie Martin) on "ER". Mental health professionals contend that producers and writers tend to depict people with mental illness as objects of ridicule, to use psychiatric terminology inaccurately, and to overuse slang and disrespectful terms for sufferers. It all contributes to a dangerous form of stimatization, studies show. "We continue to be appalled, saddened and sugested by our results," says George Gerbner, Bell Atlantic Professor of Telecommunications at Temple University and author of Cultural Indicators Project Report, which was designed to measure television's diversity and cultural impact.

Founded 25 years ago and now commissioned by the Screen Actors Guild, the research, updated by Gerbner and released every few years (the lastest in 1997), suggests, among other things, that the image of people with mental illness as psychotic killers and "evil people" has become deeply embedded in our popular culture.

The current study was based on analysis of 6,882 speaking parts appearing in hundreds of televison programs encompassing three seasons of major network prime-time programming and network Saturday morning cartoons.

With 70 percent of the portrayals showing people with mental illness as violent and dangerous, mentally ill characters are far and away the most violent and victimized single group on T.V.. And since violence and retribution are shown as inherent in the illness, their "plights" are considered inescapable.

More than 50 percent of telephone respondents said they view TV characters with mental illness negatively, which makes sense, considering that more than 50 percent of people with mental illness are portrayed as drug and alcohol addicts, followed by criminals (47 percent) and lonesome people who'd rather live in the street (43 percent).

Mental health advocates have long argued that TV's portrayals of the mentally ill as criminals are disproportionate to reality, but finding accurate figures on the violence rate of the mentally ill is elusive; crime statistics rarely include the emotional state of perpetrators. (Some point to a 1998 report funded by the non-profit John D. and Catherine MacArthur Foundation, which found that ex-patients who don't abuse drugs or alcohol are no more dangerous to other people than anyone else.)

"I'll admit that we don't know as well as we should," says Dr. Otto Wahl, a professor of psychology at Virginia's George Mason University and the author of "Media Madness: Public Images of Mental Illness." "But we do know that television influences people's conceptions of reality, and we do know that those who believe in what they see can't help but see the world as a more dangerous place."

"Wonderland" may have invited loud protests, but the show's content actually pales in comparison to many shows that came before it. For example, the 1996 series "Profit" was about a man so determined to climb the corporate ladder that he framed, blackmailed and killed people who got in his way.

continued on page 5 (TV)

What Do These Famous People Have In Common?

Gioacchimo Rossini	Composer
Philip Roth	Writer
John Ruskin	Writer
King Saul	Biblical Figure
Charles Schulz	Cartoonist
Robert Schumann	Composer
Delmore Schwartz	Poet
Alexander Scriabin	Composer
Jean Seberg	Actress
Sabatini Sevi	Messiah figure
Anne Sexton	Poet
Mary Shelley	Author

All of them are believed to have suffered from depressive disorders. Yet they are known not for their illnesses, but for **their achievements!**

Who Are You?

Sandy would like to interview members for a brief personality profile that we can publish in *The Thermometer Times.* If you would enjoy participating in this, please call her at 688-0368.

TV (continued from page 4)

Played by Adrian Pasdar, Jim Profit was emotionally unstable after being forced to spend the bulk of his childhood in a cardboard box. Scraps of food were tossed in, and a hole was cut in the side so he could watch television.

Viewers knew he was deranged because of his casual way of killing his colleagues, and when he ventured back to his expensive, split-level apartment, he'd curl up naked and sleep in a cardboard box. The series lasted only a season without much written about this mentally ill protagonist.

More recently were the much-talked-about opening moments of Stephen Bocho's cop drama "Brooklyn South," in which a man strolls a busy street picking off cops and others as though he's walking through an arcade game. Once he's caught, a cop yells, "We've got the crazy bastard."

As for "Titus," the studio audience roared with laughter when the husband of the mentally ill woman came storming into the aparment asking, "Did you lock her in (the kitchen)? Take her shoelaces? Pat her down for weapons?"

"They're used as scapegoats," says Jean Arnold, a co-chairwoman of the New York-based National Stigma Clearinghouse, considered the hub of a nationwide information source on stigma. "The most damaging aspect of the stigma is the connection of mental illness with violence. And there's a lot of research out there now that shows people with mental illness aren't described as mentally ill as much as they're (described as) simply evil."

Besides images, there is language. Psychiatric terms such as "schizophrenic" and "psychotic" are routinely used incorrectly, according to mental health experts, while offensive words such as "nuts," "psycho," and "lunatic" crop up regularly in television shows and particularly commercials for products ranging from furniture (We're instance for having prices this low!" barks a recent one) to stereo equipment.

The producers of "Frasier" abandoned promotional material showing star Kelsey Grammer, who plays a radio psychiatrist are "condescending" to their patients, often using them as punch lines.

"Frasier" producers, like many network executives, declined to comment for this story.

"We don't lack a sense of humor, contrary to popular belief," says James Radack, a spokesman for the National Mental Health Association. "But sitcoms present more ridicule than humor. Nor is this a matter of being sensitive to the fact that stigma pervades society just in everyday talk, and once you're desensitized to it, it becomes an acceptable part of your own lexicon.

"This is why writers of these series use such damaging dialogue so freely and frequently. They're not malicious; they really do think it's OK because they hear everyone around them saying it. We challenge producers to think outside that box."

Chris Keyser, co-creator and executive producer of the Fox drama "Party of Five" felt that challenge when writing a depression story line for Paula Devicq's character, Kirsten. Even up to the show's final season this year, dialogue was written to refer to the depression, particularly when Kirsten appeared down or out of sorts.

"Party of Five" was commended for stretching the story line out to make it more believable- - -and, in turn, dramatic, which is what producers say is the tough trick. "We have to tell stories, and it needs to be dramatic because viewers won't care whether it's accurate–they merely want good, dramatic TV," Keyser says.

"Sure, as producers we're concerned that we could fall into stereotypical traps. And, while I'm not defending what any other producer has done–we must be concerned with the responsibility of being accurate–(the fact is), if you want to keep your show on the air, you have to be concerned with the need to entertain."

Which is why those with mental illness are, at least on TV, truly a breed apart, a special, distinct class of people characterized primarily, if not exclusively , by the illnesses they suffer.

"Just as terms like 'a schizophrenic' or 'a diabetic' identify individuals in terms of their illnesses as if the diseases were their only and most important characteristics, these broad references to the mentally

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What is Client* Culture?

By Maria Mar

*Editor's Note: The terms "client," "consumer," and "c/s/x'" which stands for consumer/survivor/ex-patient, are used interchangeably in this article and reflect a variety of political stances regarding mental health treatment. The intent is not to dictate the proper politics but to be inclusive of all people who experience mood swings, fear, voices and visions.

Mental Health consumers have a variety of similar life experiences. Experiences such as symptoms and medication responses, and shared difficulties with family, housing, employment and institutionalization unify us. It is easier to identify with someone whose experiences we share. To identify with and be part of a group creates cultural ties which gives strength because then we know we are not alone. It is a shortcut to closeness.

This cultural tie has helped many of us to move forward in our recovery. Finding peers in a world of stigma helped me significantly in many ways. It helped with my self-esteem. My peers validated my experience by sharing theirs with me. Every time I reassured someone that this mental health issue was not their fault, I was also giving myself the same message.

With regard to my recovery and maintaining a level of health that allows me to accomplish things I want to do, my mental health peers, who are part of my community and sub-culture, are a big factor supporting my health. As an example, they are there when I call at 6:00 in the morning in an accelerated state, they make helpful, loving, non-judgmental sugges-

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Riverside Suicide Crisis Help Line
Call
(909) 686-HELP
[686-4357]

TV (continued from page 5)

ill convey a similar lack of appreciation of the basic human character of individuals with psychiatric disorders," says Wahl, who has been studying the subject for nearly 20 years.

"This has been the problem, and unfortunately, there are so few roles that deviate from this that there's no balance. This creates in the viewers' minds that what they see of people with mental illness is indeed true. And why not, if that's all they see?"

Berg agrees with Wahl, but wonders if the mental health community has become so thin-skinned that it is liable to reject TV projects that could, over time, do more good than harm.

He says he offered to the mental health community more episodes of "Wonderland" for viewing (two of the eight episodes aired, leaving six unseen) that were lighter and even funnier, including the hospitalization of a comedian played by Jeremy Piven.

"The majority of 'Wonderland' wasn't depressing and it wasn't violent," says Berg. "This was a great opportunity to set the record straight, to represent a world of a mental institution without vilifying it. They talk about stigma. How can you combat stigma by not letting people see the real deal? I understand their paranoia, but you've got to take chances."

"Take chances?" says Wahl. "Look, we took chances on 'Wonderland,' which we were initially excited by because it promoted itself as a realistic protrayal of mental illness. But it turned out to be just a part of the pervasive pattern that adds up.

"It's easy to dismiss that people are overly sensitive, but when you have people with mental illness as killers all the time, it becomes the model," says Wahl. "It's the same thing African-Americans and gays and lesbians have complained about for years. It affects how people view you without even knowing you. That's why this needs to change."

Source: The Press-Enterprise,

July 23, 2000

Alliance Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

Open 1p.m. to 3 p.m.
Tues., Wed., Th., Fri.
654-7569
927-2546
658-5335
927-5642

The public is invited to check out books, videos, audio tapes and materials on emotional disorders, their causes and treatments. Education and knowledge are powerful tools to understanding and compassion.

From Florida Ave., go north on San Jacinto Ave. to Esplanade. Turn left. Turn right at Buena Vista. Continue to the end of the street, turn in to the driveway. Suite K.

If I can stop one Heart from breaking,
I shall not live in vain;
If I can ease one Life the Aching,
Or cool one pain,
Or help one fainting Robin
Unto his Nest again,
I shall not live in vain.

–Emily Dickenson

Phone Phriends

If you need someone to talk with, you may call one of the following members at the corresponding times.

Leroy
6 a.m. to 9 p.m.
(909) 686-5047

Sandy
3 p.m. to 9 p.m.
(909) 688-0368

Josie
10 a.m. to 9 p.m.
(909) 822-1928

Donna
10 a.m. to 9 p.m.
(909) 736-9665

Georgia Ann
6 a.m. to 9 p.m.
(909) 352-1634

Marlene and George
Before 9:30 a.m. and from 8 p.m. to 12 midnight
(909) 685-6241

Family/Friends Support Group

Riverside Co. Dept of Mental Health

JOURNEY OF HOPE

Second Wednesday of
Each Month
2–4 p.m.
Hemet Mental Health Clinic
1005 N. State Street, Hemet

and

Third Wednesday of
Each Month
6:30–8:30 p.m.
Meadowview Clubhouse
41050 Avenida Verde,
Temecula

These support groups are for families and friends of people with severe and persistent mental illness. The County is also offering a 12-week series of educational meetings. There is **NO COST TO YOU.**

Please contact:
Camille Dirienzo-Callahan
(909) 791-3369 or
Mekkia deSanchez
(909) 600-5055

Culture (continued from page 5)

tions. When they are temporarily experiencing heightened symptoms, I want to be there for them. Both sides of this equation are good for my spirit: to know that I have friends in a sub-culture that can understand and assist me and to be able to offer support to someone else and experience the thanks and generosity of others. This sub-culture gives us a context to learn good things about ourselves and to accept without recrimination the challenges that we live with.

Advocacy and support are healthy by-products of the consumer self-help movement. When we reach a saturation point with irritations such as stigma, discrimination, shoddy treatment by some professionals and institutions, we may experience hopelessness, depression and anger. Sometimes this will motivate us to make changes for the improvement of our lives and for those in our consumer/survivor sub-culture, our peers.

Nothing in the consumer movement has been accomplished in a vacuum. Our cultural experience is one in which we have built upon the leadership of others. We wil continue to do so. Consider how our consumer issues first championed people like: Howie the Harp, Sally Zinman, Jay Mahler, Roy Crew, Ron Schraiber, Corinne Camp and countless others. Our consumer sub-culture should continue to be valued and nurtured because as a whole, working together, we can accomplish much more than anyone alone on the Internet, in Washington D.C. or as the only powerful leader in a particular geographic area.

The California Network of Mental Health Clients and other c/s/x groups form a grand cultural network with a powerful role in learning about our needs, goals and direction. It can also be a powerful advocacy vehicle. Our numbers are our strength. Our consumer/survivor culture spans across many ethnicities and economic cultures.

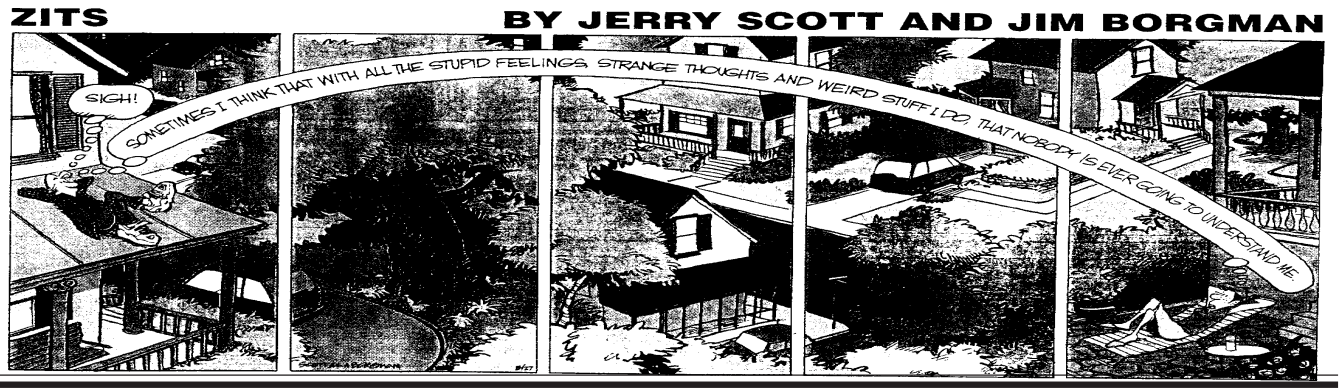
As a Mexican-American (first generation born in America), coming from a poor fruit-picking family, I learned about discrimination at an early age, long before I started having mental health problems. You can only "turn the other cheek" for so long before you get angry. I made a decision to channel my energy into starting self-help groups.

I couldn't understand or accept shoddy treatment by temperamental staff members while in psychiatric hospitals. I remember a few, very painful instances of isolation in psychiatric hospitals that seemed to last for tortuous days which were anything but therapeutic. Now I'm at a point where I feel the necessity to work with our local Jr. College Psychiatric Technician Program and I am on their advisory committee. My goal is to make changes. Anger can motivate an individual to do positive things if it is harnessed and correctly directed.

More than anything, the consumer cultural experience has prevented me from turning that anger inward. Instead, it has helped me to channel my anger into a positive force for change to better the situation for my cultural peers and myself.

I would like to share this simple message: if some issue bothers you enough to make you angry or worse, depressed about yourself, work at changing it. Try to find people to help

continued on page 8 (Culture)



Talking (continued from page 2)

"The pattern is very strong," says Johns Hopkins University behavioral scientist Debra Roter. "When you get patients to be more engaged in a visit, they do better in terms of satisfaction, understanding and recall of doctors' instructions."

Patients can do some things on their own to improve communication. First, keep in mind that doctors are under growing pressure to see many patients and may not have time for idle chit-chat, even friendly conversation.

In fact, your doctor may be in a greater hurry than you think. A 1999 report in the Journal of the American Medical Association found that doctors in one study "redirected the patients's opening statement after a mean 23.1 seconds.

That means you must get to the point faster. Start before you get to the doctor's office. Think about how you're feeling, what is bothering you and what you want.

And, when you go in, know what you're talking about. Do your homework to find out as much as you can about your health problem. Go to the library or make judicious use of the Internet to ferret out facts about the medical issues that concern you.

Then write your questions down, and prioritize them. "Bringing in a list of questions is really essential," says Michele Greene, a researcher on doctor-patient communication at Brooklyn College in New York. "And then don't be afraid to ask those questions."

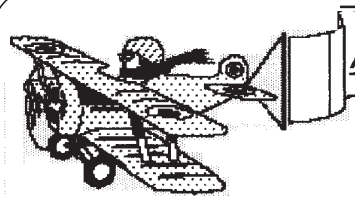
Keep a notebook and, with your doctor's help, write down instructions, diagnoses, descriptions of medicines, their purposes and side effects.

Make sure you grasp your condition and the risks and benefits of recommended treatments.

Source: ADAMhs *Advantage, Archbold, Ohio* Aug./Sept. 2000

Culture (continued from page 7)

you. They don't have to be someone of your same sub-culture but they must believe in what you want to accomplish and unite the group that is your subculture. Part of being a sub-culture is that we are a resource for each other. *Source: Westward Union* Summer 2000



ANNOUNCEMENTS

THE UPLIFTERS
(Christian emphasis) meets at
Victoria Community Church
Contact Arlie (909) 780-0379

UPLAND DMDA
FONTANA DMDA
Meet Thursday evenings
Call David or Samantha Johns
(909) 947-1307 OR
e-Mail dmjbf@aol.com

UPS & DOWNS - Riverside
Call Family Services at
(909) 686-3706

HEMET SUPPORT GROUP
"Foundations" meets every
Monday and Tuesday 7–9 pm.
Trinity Lutheran Church
Please call (909) 929-1223

TEMECULA DMDA
Meets every Tuesday 11 am–1 pm.
41002 County Center Dr.
Contact Mark at (909) 696-7496
or (909) 507-1365

UPS & DOWNS - San Bernardino
Meets Saturdays at Noon–2 pm.
Call David Avila at (909) 862-1096

UPS & DOWNS/DMDA - Highland
Meets Wednesdays 7–9 pm.
St. Adelaide Church - Ministry Bldg.
27457 E. Baseline (at Palm), Highland
Call David Avila at (909) 862-1096

For Support People: AMI - Riverside Mental Health Administration Building, 4095 County Circle Dr. (off Hole Ave. near Magnolia) 7:30 pm, 1st & 3rd Monday each month (909) 737-5747 (call FIRST)

Due to a serious illness in Jo Ann Martin's family,
the 10th Annual CDMDA Conference
planned for October 27 & 28, 2000, in San Francisco,
has been cancelled.
See you at our next
conference in Visalia in 2001!

California Network of Mental Health Clients
Annual Conference

December 2nd and 3rd
at the Marriot Mission Valley Hotel
For more info: 800/626-7447

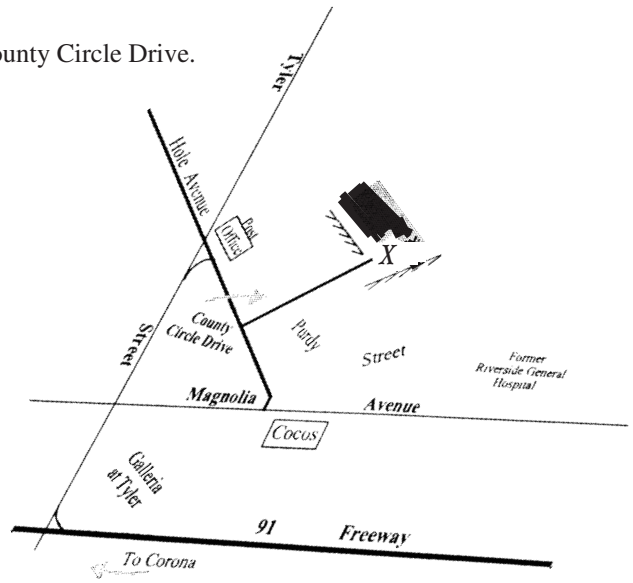
ORIGINAL MATERIAL WANTED

Do you have a story to tell,
or a poem or art work?
We welcome submissions
to our newsletter.
If you have something you think
we could use, please send it to:
EDITOR
MDDA P.O. Box 51597
Riverside, CA 92517-2597
FAX 909/780-5758

MDDA of Riverside
Map Legend

= Meeting Location
= Parking

Buses 1 and 13 stop on Hole near County Circle Drive.
Bus 12 stops at Tyler and Hole



ABOUT MDDA

MDDA Of Riverside is a support group for manic-depressives and depressives who have sought or are seeking treatment for their illness. MDDA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time is held at the home of Jo Ann Martin on the Saturday afternoon following the last Rap Group Meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach Jo Ann or Leroy at (909) 780-3366. Our Rap Group Meetings are on the second, third and fourth Saturdays of the month from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Marnolia), Room A.

MEMBERSHIP INFORMATION

Individual membership for the Manic-Depressive and Depressive Association of Riverside is $15.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is $8.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, indicate below.

Mail to MDDA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ ✍ Please Print ❒ New ❒ Renewal

NAME _____PHONE _____

ADDRESS _____ZIP_____

Please check one of the following:
I am ❒Manic-Depressive ❒Depressive ❒Family Member ❒Professional

❒ Other Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for MDDA Membership _____ $15.00 (includes newsletter).

Enclosed is my donation of $ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. ❒ $8.00 (12 issues per year).

I would like to volunteer my time and talent to help. ❒