

The Thermometer Times

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

VOL. 10 NO. 11

Out of darkness . . .

December 2000

Dates to Remember

RAP GROUPS

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

Saturday, December 9

Saturdays 16 and 23

10am-12 noon

Riverside County Mental Health Administration Building
(see page 9 for address)

Christmas Dinner

at JoAnn's

Noon, December 25



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

HOPE FOR THE FUTURE: THE NEW MILLENNIUM

These are exciting times-mental illness rights continue to increase. But mental illnesses still receive less respect and diligence than other biological diseases, especially in health insurance. Still, the last 50 years have brought many changes.

↳ **50 Years Ago:** Movies like *The Snake Pit* detailed the horrors of mental illness and mental institutions. Frances Farmer, the actress, experienced her personal (and public) hell battling manic depression that ultimately led to a frontal lobotomy. Early lobotomies robbed people of their personalities but represented the best that medical science could offer to treat severe symptoms at that time.

↳ **25 Years Ago:** Things hadn't improved greatly. The movie *One Flew Over the Cuckoo's Nest* portrayed mental institutions as inhumane and cruel. These inhumane treatments led many suffering from mental illness to hide their symptoms.

↳ **Today:** We are in an exciting time for the field of mental health. New research findings in genetics will help identify people at risk for developing mental illness. New brain imaging methods are helping improve diagnoses. Early interventions will help many more people to start treatment and therapy sooner.

Psychopharmacology is developing new medicines to combat the symptoms of depression and manic depression. New medicines offer additional choices for psychiatrists and patients looking for the most effective treatment regimen. Each new generation of medicine targets symptoms more precisely and reduces side effects.

These new developments promise a bright future for mental illness. The next battlefield will be to reduce stigma. Celebrities who speak out, such as Patty Duke (manic depression) and Tipper Gore (depression) help prove that mental illness can strike anywhere. DMDA, and you, can advocate to make sure politicians consider the interests of the millions who suffer from mental illness.

By Jim Yeomans, *Moodpoints*, via DMDA, Lincoln, Nebraska 5/2000

Source: POLAR STAR, Fall 2000 Newsletter, L.A. MDDA

Wonderland to "Neverland"

People sensitive to sufferers of mental illness are celebrating the demise of "Wonderland", a recent ABC "horror" Series set in a New York psychiatric emergency room. It was stigma-gone-wild. (Also not very well done.) Fortunately, we are blessed to have had the NAMI Stigma Busters Network and other mental health organizations to protest. Their complaints to the network, producers and sponsors (plus low ratings) worked! Thanks to all those who stopped this mess, particularly to L.A.'s own Stella March who leads NAMI's Stigma Buster E-mail Network which now weighs in at 4,000 strong. If you are "online" see the box below and JOIN!

Source: SFV AMI Newsletter, June 2000

Research Shows Beethoven Had Lead Poisoning

By Thomas H. Maugh II



Times Medical Writer



L.A. Times, Oct. 8, 2000



Health: The conclusion is based on analysis of a lock of hair. It could explain many of the composer's physical ailments and possibly his death at age 57.

Analysis of locks of hair clipped from the corpse of Ludwig van Beethoven 173 years ago indicate that the medical problems that plagued the renowned composer's life were probably caused by lead poisoning.

Bad digestion, chronic abdominal pain, irritability and depression—and quite likely even his death at the age of 57—were produced by lead that Beethoven ingested from his environment, chemist William Walsh of the Health Research Institute said in a news conference Tuesday at Argonne National Laboratory in Illinois.

“Beethoven saw physician after physician in search of a cure for his physical ailments, all without success,” Walsh said. “Independent analyses of Beethoven's hair show that he had plumbism—or lead poisoning—which could explain his lifelong illnesses. It would also have had an impact on his personality and could have contributed to his death.”

Many scholars had thought that Beethoven died of syphilis, but the new study confirmed earlier ones that indicate otherwise. During Beethoven's lifetime, mercury-containing drugs were the common form of treatment for syphilis. The hair analysis shows no trace of the element, which would almost certainly have been present if he had been treated with mercury drugs.

Further studies by chemist Walter McCrone of the McCrone Research Institute in Chicago also confirmed that the composer had not taken any painkillers, such as laudanum, during his long and painful final illness. The finding, confirming earlier studies by Werner Baumgartner of Psychomedics Corp. in Los Angeles, “implies that he decided to keep his head clear for his music,” Walsh said.

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The Thermometer Times

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We are now officially on the web.

Check it out at:

<http://www.geocities.com/mddariv/>

Thank you for renewing your memberships and newsletter subscriptions.

If you find errors on your mailing label, including the renewal date, please contact us at: 909/780-3366

Beethoven

(continued from page 2)

The hair's history is surprisingly well documented. The day after Beethoven's 1827 death from pneumonia, a lock of his hair was clipped by a young Viennese Jewish musician named Ferdinand Hiller. The practice was quite common, according to Ira Brilliant, founder of the Brilliant Center for Beethoven Studies at San Jose State.

So many people clipped hair from the corpse that Beethoven "was practically bald when he was buried," Brilliant said.

The lock of hair remained in the Hiller family for more than a century, until it was given to Dr. Kay Fremming, a Danish physician who helped save Jews in Nazi-occupied Denmark.

After Fremming's death, his daughter put it up for sale through Sotheby's in London and it was purchased for \$7,300 in 1994 by Brilliant and Alfredo "Che" Guevara, a neurologist in Nogales, Ariz.

A few strands of the hair were destroyed in testing at the McCrone institute, but Brilliant said that did not bother him because the final result meshed with Beethoven's own last wish. In a letter the composer wrote to his brothers in 1802, he said, "After my death, if Dr. Schmidt is still alive, ask him in my name to discover my disease—so at least as much as possible—the world may be reconciled to me after my death.

The lead studies were conducted by researchers at Argonne who used a technique called x-ray fluorescence spectroscopy. They found that the hair contained lead concentrations of at least 60 parts per million, more than 100 times normal levels.

How Beethoven encountered the lead remains a mystery.

"We do know," Walsh said, "that it was far beyond what other people of that era had, because his symptoms were so devastating and so striking. Certainly not many others in the city of Vienna had those symptoms, or it would have been reported."

Lead was widely used in Vienna at the beginning of the 19th century, according to Russell Martin, author of "Beethoven's Hair: An Extraordinary Historical Odyssey and a Scientific Mystery Solved,"

which is to be released this week by Broadway Books.

"At the time, lead was found in paints, dishware and wine, where it was used to 'plumb' it, or take away the bitter taste," Martin said.

Walsh also noted that, after Beethoven's mother died when he was 17, the budding composer went to a spa where he reportedly drank large quantities of mineral water, which could have contained lead.

Lead poisoning can cause gastrointestinal disorders, depression, irritability and a variety of other physical and mental problems, including deafness. Walsh, whose institute in Naperville, Ill., said he doubted Beethoven's deafness was caused by lead, but that further research would be conducted.



Dispelling Myths

Stigma is defined as "Something about a person that causes that person to have a deeply compromised social standing; a mark of shame or discredit. The modern use of this word derives from the ancient Greek practice of burning or cutting a mark into the bodies of slaves, criminals, or traitors, to make visible something bad about the moral status of the bearer." Stigma is functionally the same as discrimination.

Mental illness is a word used to describe severe emotional and behav-

ioral problems. According to the recently released *Mental Health: A Report of the Surgeon General*, mental illness is a product of both nature and nurture, an interplay or interaction between biological, psychological and socio-cultural factors. People who have been labeled as mentally ill have different ways of decrying their experiences. Members of the California Network of Mental Health Clients (CNMHC) have chosen "mental health client" to describe a person who has been diagnosed as mentally ill or been a recipient of mental health services.

Following are some of the myths about people diagnosed with mental illness that have become part of societal thinking and have contributed to the stigma that affects anyone who has a psychiatric history:

MYTH: PEOPLE WITH MENTAL ILLNESS ARE VIOLENT

FACT: Studies show that mental health clients are far more likely to be victims of violence than to victimize others. In fact, studies indicate that people diagnosed with major mental illnesses account for a very small percentage of the violence in American society. For example, the MacArthur Violence Risk Assessment Study found that "the prevalence of violence among people who have been discharged from a hospital and who do not have symptoms of substance abuse is about the same as the prevalence of violence among other people living in their communities who do not have symptoms of substance abuse." The Surgeon General's Report states, "The overall contribution of mental disorders to the total level of violence in society is exceptionally small."

MYTH: PEOPLE WITH MENTAL ILLNESS ARE INCOMPETENT AND CHILDLIKE

FACT: Most mental health clients are competent to make decisions about their treatment. According to the MacArthur Treatment Competence Study, "Most patients hospitalized with serious mental illness have abilities similar to persons without mental illness for making treatment decisions.

IMPORTANT!
ADVISE YOUR DOCTORS ABOUT ANY CHANGES YOU THINK SHOULD BE MADE IN YOUR MEDICATION ROUTINE. DO NOT TAKE HERBS OR OVER-THE-COUNTER DRUGS WITHOUT YOUR DOCTOR'S KNOWLEDGE.

continued on page 4 (Myths)

Myths (continued from page 3)

Taken by itself, mental illness does not invariably impair decision making capacities.” The Surgeon General’s Report concurs. “Typically, people retain their personality and, in most cases, their ability to take responsibility for themselves.”

MYTH: PEOPLE WITH MENTAL ILLNESS DO NOT RECOVER

FACT: Most mental health clients do recover and go on to lead productive lives. Research disproves the “broken brain” theory or once a schizophrenic always a schizophrenic. Ten worldwide longterm studies investigating the assumption of downward course of mental illness consistently found that half to two thirds of patients significantly improved or recovered. In a study averaging approximately 32 years of de-institutionalized patients from the backwards of Vermont State Hospital who had been given a model rehabilitation program, 62-68% achieved significant improvement or recovery across multiple domains of function including loss of schizophrenic symptomology, work, social relationships and self care. The idea that people diagnosed with mental illness can fully recover and lead full productive lives is being adopted by mental health administrators, policy makers and providers throughout the country. Newsman Mike Wallace, President Abraham Lincoln, former First Lady Barbara Bush, musician Gordon Sumner (Sting), and British statesman Winston Churchill are all examples of people who were, or would be, alive today, diagnosed with mental illness and contributed significantly to society.

THE LAST MINORITY

Stigmatizing mental health clients is the same as discriminating against any other group of people: African-Americans or other cultural and ethnic minorities; people who are gay or lesbian; physically disabled people. In the same way that referring to any of the above groups as lazy, unintelligent, irresponsible, worthless, dangerous to children if unsupervised, untrustworthy, frightening, would be considered bigotry, so it is bigotry when using these stereotypes about mental health clients. Yet these are common stereotypes, commonly used, about mental health clients. People diagnosed with mental illness have been called, “the last minority.”

*Source: Cal Net Gazette
Summer 2000*

What Do These Famous People Have In Common?

Percy Bysshe Shelley	Poet
William Tecumseh Sherman	General
Christopher Smart	Poet
Phil Spector	Impresario
Rod Steiger	Actor
Robert Louis Stevenson	Writer
William Styron	Writer
Emmanuel Swedenborg	Religious Leader
James Taylor	Singer
P. I. Tchaikovsky	Composer
Alfred Lord Tennyson	Poet
Dylan Thomas	Poet

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

“Every year at this time, I get this urge to put on a red suit, climb into a sleigh and fly across the sky giving away all kinds of things...”

70/gm

Do you have E-Mail?

If so, join **NAMI Stigma Busters** E-mail network. Help flood stigma-builders when they do or say offensive things that create stigma. Go to NAMI website: <http://www.nami.org>, click on **Campaign Page** then **Stigma**. Leave your name and address. Done.

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.

Sleigh Bells Ring. . . You Can't Listen. . . Children Play. . . Teardrops Glisten. . . A Beautiful Sight. . . You're Unhappy Tonight

If this time of year brings more sadness than joy, perhaps it's not just the holiday blues, your depressive disorder may be surfacing again. Maybe it is time to call your doctor and tell him how you feel. Perhaps all you need is a medicine adjustment or an extra session with your therapist. Remember in the whirl of the holidays mental health professionals and your local DMDA chapter are available if you need support. There are also many things you can do for yourself to help you get through the season and even perhaps enjoy it! This article will list many of them (Editor's note).

A quick check of the calendar shows that the year-end holiday season arrives earlier and earlier, placing pre-season decorations alongside pumpkins, gourds and Halloween candy. Often a season of great anticipation, it is also a season for increased stress for many people, including the more than 23 million adult Americans who live with a depressive illness. For most people, the holidays mean celebrations with family and friends both near and far, special foods and an overall change in basic routines. Yet, in the midst of "getting to the day," rattled emotions often times deliver an unexpected surprise package that doesn't come wrapped with a fancy bow!

"The holidays are a time when emotions get triggered and the expectation to 'always be at our emotional best' puts a lot of pressure on people," says Lydia Lewis, Executive Director of the National DMDA. "The holidays trigger memories of past celebrations and create unrealistic expectations of how we should feel. For many people, holiday cheer can mask underlying feelings of despair and loneliness. Or feelings of guilt and unworthiness," she continued. "These are symptoms of clinical depression and shouldn't be dismissed as simply, 'the holiday blues.' During the holidays major life changes are felt more strongly. People travel to visit with family and friends. There is more entertaining, which includes different eating and sleeping schedules." continues Lewis. "For people with a depressive illness, the holidays can be particularly challenging. But they can also be enjoyed." The following are suggestions to help manage your holiday season, offered by the National Depressive and Manic-Depressive Association:

1. Maintain as normal a schedule as possible. If you notice that you are cutting back on your sleep, pace yourself. Remember that the holiday season lasts for only a few weeks. Your overall well-being lasts a lifetime.
2. Make a list and check it more than twice. Are you caught up in the season because it's expected? Unrealistic expectations can trigger unnecessary stress. This year, set some limits on your spending, on your energy, and on yourself.
3. Include healthy food choices among the holiday sweets. Too much sugar, chocolate and caffeine can interfere with normal moods and contribute to emotional imbalance.
4. Avoid alcohol if you are taking any type of medication, particularly anti-depressants, as alcohol will make any symptoms worse.
5. If you are taking medication, check with your doctor about any dosage changes. Make sure you have enough medications on hand during shortened holiday store hours.
6. Add a new exercise to your routine. Have a snowball fight. Walk through the mall before the stores open. Jog to the post office with your holiday cards. Push yourself away from the table.
7. Create some new holiday traditions. Sometimes hanging on to the past can

trigger memories that contribute to a depressive mood. Give yourself permission to say "NO."

8. Keep expectations realistic. For most people, the holidays are not as perfect as the picture on a greeting card. Family difficulties don't disappear simply because the holiday approaches. Set some limits on the people you visit and the length of your visits.

9. Resolve now to take one day at a time. You can only accomplish a certain number of things a day. Don't exhaust yourself by trying to do it all.

10. Relax. Give yourself a 'time out' each day to retreat from holiday overstimulation, which can also trigger depressive symptoms or manic episodes.

Depression is tough to deal with any time of the year so let the friendly, caring, supportive people at Fox Valley DMDA (and Riverside MDDA) lend you a hand. As has often been said, 'Everyone Needs A Hand to Hold Onto.' And as National DMDA says "We've been there, we can help."

Source: This article was part of material sent to DMDA Chapters last Christmas by National DMDA, which is the largest patient-run, illness-specific organization in the United States and represents the more than 20 million adults with depression and the 2.5 million adults with bi-polar disorder (manic depression). You can call National DMDA at 800-826-3632 or www.ndmda.org

*Source: Newsletter Fox Valley DMDA
Nov./Dec. 2000*

**Riverside Suicide
Crisis Help Line
Call
(909) 686-HELP
[686-4357]
24 hr. Hotline
7 Days a Week**

Meds, ADA: Fall Lectures Begin John A. Gresham Disabilities Law

**October 2, 2000
Podell Auditorium**

The Americans with Disabilities Act, which prohibits discrimination in employment on the basis of impairment, turns 10 years old this fall. How well has the law done for those of us with psychiatric illness?

John A. Gresham, an attorney with New York Lawyers for the Public Interest, Inc., is an expert on the ADA. He will address MDSG on Monday, October 2, and talk about whether people with mental illness are better off on the job than they were a decade ago.

The attorney himself is as interesting as the subject. Despite being legally blind, he graduated Law School with top honors and has worked as an attorney ever since.

Although he is the first to admit the stigma of poor eyesight doesn't begin to approach that of mental illness, he is well versed both personally and professionally on what it's like to struggle with a disability.

For example, how should you answer these questions on a job application form or during an interview: "Have you ever been hospitalized for a psychiatric illness?" Or, "Have you ever suffered from a mental illness.?"

"The frustrating thing is that there are no magic answers," Gresham told *Moods* in a recent interview. "You can frame the issues, but people must decide for themselves. There are no silver bullets. There are no clear-cut answers. In some ways the law isn't very satisfactory.

"It tries to draw a distinction between questions that are permissible on an application or in an interview and those that aren't. But the line is fuzzy."

Gresham said both the questions above "are probably illegal questions,"

but that doesn't really solve the problem. What should you do if you're asked

"There are really no good choices," he said. "Basically, what you have to do is make a choice and take your

However, he does not advise people to lie. "I can't, he explained. "I'm a lawyer. In many circumstances, if you

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.



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**

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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



ADA (continued from page 6)

get the job, lying may provide a separate basis for firing you, and in some cases, it is a crime." On many government applications, your signature stipulates that you've told the truth under penalty of perjury.

One choice you have is to take the application to an administrative agency such as the Equal Employment Opportunity Commission (EEOC) and lodge a complaint. But don't expect quick action. Gresham said there's "an enormous backlog." If you need the job right away, this isn't an option.

"Other choices," said Gresham, "are to say to those in charge: 'This is not a proper question,' or to not answer it at all." He pauses and laughs. "Neither is a great choice. As I said there are no immensely satisfactory answers."

Once you have the job you may ask for an on-the-job accommodation because of your illness—this is permissible under ADA. But the problem is, you may have to explain why you need the accommodation. Is it always safe to do so?

"That's not always such a good deal," admitted Gresham. "But this is important. If you're going to need an accommodation, you've really got to ask for it before you get into any trouble, before your performance suffers and you find yourself in a hole.

"If you need to reveal, try to wait until you've established yourself as a valued worker on the job."

So, does the ADA only protect people who develop mental illness after being on the job a while?

"It's probably easier to protect somebody with an established work record before a disability begins," he said.

Asked where MDSG members can go for affordable legal representation if a problem arises with discrimination and employment, Gresham said: "That's not an easy question."

His agency doesn't accept individual cases. New York Lawyers for the Public Interest only takes cases

that affect a large number of people. Gresham did add that as with civil rights litigation, attorneys can accept ADA cases on a contingency basis. If you win, the defendant pays the legal fees.

Are we really better off with the ADA?

"Fewer obnoxious questions are turning up on job applications," Gresham said. "You still see it, but you see it less."

He added that a ruling by the Supreme Court last year might have opened up a "can of worms." If you have a psychiatric illness, for example, and, with medication, you function normally on the job, are you still considered disabled?

"What does your medication do for you?" asked Gresham. "Does it bring you to the point that you function so well, you don't have a significant impairment? If it does, then you may not be covered under the ADA and no accommodation (such as being allowed to sip water all day at a cashiers' workstation while on lithium or other psychotropic drugs) would have to be approved by the boss."

Gresham sees another possible cloud on the horizon: The states are asking the Supreme Court to decide if Congress has the authority to apply the ADA to the states.

Source: Moods, Newsletter of the Mood Disorders Support Group, New York, 2000, No. 3

Volunteers:

Creative juices needed for making greeting card designs which can be used for duplication.

Contact Sandy for details:

909/688-0368

Diabetes in Bipolar Patients

Newsletter Fox Valley DMDA
Nov./Dec. 2000

Diabetes mellitus is detected in hospitalized bipolar patients at a rate almost three times the national average, and there may be a link between the two diseases, according to a study published in the September issue of the American Journal of Psychiatry.

Dr. Frederick Cassidy and colleagues at Duke University Medical Center, Durham, N.C., enrolled 345 patients ages 20 to 74, who had bipolar disorder, manic or mixed subtype. They diagnosed diabetes in 9.9% of the bipolar patients, as compared to the 3.4% rate found in age- and race- matched cohorts in a previous study of the general US population.

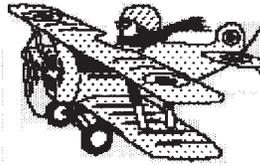
The researchers' possible explanations include a genetic relationship between the two diseases, a casual relationship in which one illness increases the risk of the developing the other, or a functionally overlapping disturbance present in both diseases.

They also speculate that ". . . psychotropic medication may increase the risk of developing diabetes, either directly or as a result of weight gain."

*Source: Reuters News Service, 9/99,
via MDDA Detroit, 3/2000*

Finish every day and be done with it. You have done what you could. Some blunders and absurdities no doubt crept in; forget them as soon as you can. Tomorrow is a new day; begin it well and serenely. . . This day is all that is good and fair. It is too dear, with its hopes and invitations, to waste a moment of yesterdays.

Ralph Waldo Emerson



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

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 - Riverside
Call Family Services at
(909) 686-3706

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)

God Bless us Everyone

-- -- -Charles Dickens



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



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**

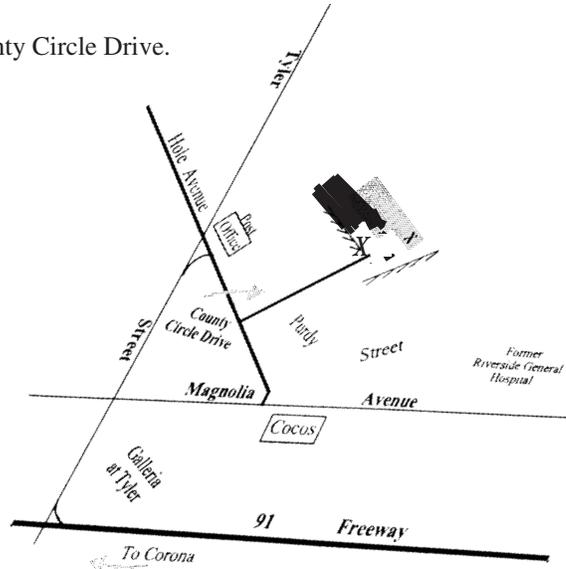
MDDA of Riverside
Map Legend

-  = Meeting Location
-  = Parking

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 Magnolia), Room A.

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



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.