"Education" MDDA "Support"

The Thermometer Times

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

VOL. 10 NO. 2 *Out of darkness . . .* *FEBRUARY 2000*

Dates to Remember

****

SATURDAY RAP GROUP
February 12, 19, and 26
Riverside County Mental
Health Administration Building
(see page 9 for address)
10:00 am–12:00 noon

Educational Meeting
Tuesday, February 8 7:00 pm

Antonette Zulli, Ph.D.,
clinical psychologist
Topic: Anxiety

Don't forget to tell someone that you love them!
♡♡♡♡♡♡♡♡♡

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

January Educational Meeting

Dual Diagnosis Anonymous

Clarence "Clancy" Miller Speaks to Riverside MDDA

People suffering both mental illness and the effects of a substance dependency (a condition commonly called dual diagnosis) come with a complicated set of problems. Much substance abuse is an attempt to self-medicate away the pain of mental disorders, but "using" compounds the illness rather than relieving it. "12 Step" programs, formulated by Alcoholics Anonymous and adapted for narcotics users, do not always work for them, especially if medication is needed to control the mental illness. Some programs require clients to stop ingesting not only alcohol and other unprescribed drugs, but all licit medications as well, in certain cases refusing to allow them to live in special "clean" group houses("halfway houses") if they continue to take antidepressants or other psychotropic prescriptions. Some 60–80% of dual diagnosis patients would benefit from an approach more finely tuned to their specific needs. While the traditional 12 Steps still apply, five additional steps are outlined for these clients. They need clinical intervention, nonjudgmental acceptance, and a concerned "other" who understands the situation and can act compassionately and logically on the client's behalf when required. Advocacy is one of the services Dual Diagnosis Anonymous provides. In cooperation with the best medical advice, DDA's approach to recovery includes the use of appropriate clinical treatments, abstinence from harmful chemicals, social restructuring, education of clients and others, support meetings, and residential facilities without limits on the length of tenancy.

Mr. Miller also informed the group of the first annual Dual Diagnosis Anonymous World Convention and Leadership Training Conference, to be held at the University of San Diego, on June 29–July 1, 2000. Write to the World Conference Committee, PO Box 364, Highland, CA 92346-0364; phone (909) 862-0648 or (909) 884-4624; or e-mail celia51@juno.com

Mr. Miller is President of the Board of Directors of Dual Diagnosis Anonymous World Services Inc., a self-help group dedicated to the treatment and understanding of those who are both mentally ill and suffering from the effects of a substance dependency. Founded in Fontana in November 1995, DDI now has spread to the east coast and is rapidly increasing its influence, although more funding is needed if it is to reach *all* psychiatric units, as it would like. DDI works closely with National and California DMDA, NAMI, and other mental health organizations. Mr. Miller is a member of the California Association of Alcohol and Drug Abuse Counselors (CAADAC), and the National Association of Alcohol and Drug Abuse Counselors (NAADAC). He may be reached at (909) 797-8969.

—YC

Why There are Few Bipolar Drugs

According to a recent article in *Clinical Psychiatry News,* the leading researchers and clinicians in bipolar disorder agree that available drugs for treating the disorder are sorely inadequate.

They cite several reasons for this: the complexity of the disorder, lack of good animal models, ethical questions about placebo/control trials, and outmoded FDA regulations.

For example, to be approved for bipolar disorder, the drug must be proved effective for that disorder ***and*** show no effect or a significantly different effect on unipolar depression.

Additionally, because of the risk of suicide, many researchers are unwilling to take bipolar patients off their medication and give them placebos in order to have placebo-controlled trials.

Finally, drug companies want to keep the total cost of trials to obtain an approval under $1 billion—something that is difficult to do with bipolar disorder.

As proof that bipolar research lags, it was noted that there are 10 studies of schizophrenia to every one for bipolar disorder, even though bipolar disorder is more prevalent. However, in the last decade, the number of clinical trials published each year for bipolar disorder has increased from 4 to 17.

To date, though, all of the medications used to treat bipolar disorder were developed as antiepileptics, antidepressants or antipsychotics.

Medscape from the Internet, 10/13/99
Reprinted in *Adams Advantage*, 12/99

Thank you for renewing your memberships and newsletter subscriptions.

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

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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You may now contact us via e-mail at: MDDARIV@AOL.COM

Begin planning now to attend the 11th Annual CDMDA Conference —in beautiful San Francisco!
October 2000

MEDICATION ALERT

Treatment-resistant depression may be responsive to lithium. Most commonly used for the treatment of manic symptoms and not for those of depression, lithium was co-administered to depressed patients who had not responded to several weeks of antidepressants. Lithium augmentation produced significantly higher responses than placebo administration in eleven controlled, double-blind studies.

—Abstracted from *Currents In Affective Illness*, 1/2000

Surveys are showing people are generally in good spirits. Genes, self-esteem, religion play roles.

Who Is Happy?

Until the last decade or so, psychologists didn't have a good fix on happiness—who, how much, or why. That may be because psychology traditionally has been too busy trying to measure misery and alleviate suffering to study the upbeat.

Lately, however, a movement within the mental health field toward "positive psychology" has spurred a quantum leap in research to understand happiness. Although depression has been on the rise for decades and other special indicators seem down in the dumps, what psychologists are finding, surprisingly perhaps, is that most people are at least moderately happy, regardless of age or gender.

"When you go out and randomly sample the world at large, people present a happier picture of life" than you might expect, says David Myers, professor of psychology at Hope College, in Holland, Mich., and a leading researcher of happiness.

Periodical surveys from the National Opinion Research Center consistently report the same levels of happiness: Three in 10 Americans describe themselves as "very happy," six in 10 say they're "pretty happy," and only one in 20 reports being "not too happy," says Myers.

In a 1998 survey, nearly half of 1,003 American adults judged themselves happier than Oprah Winfrey, Bill Gates, the pope and Chelsea Clinton. Without discounting that sad times and sad events occur in people's lives, Myers says, "By and large, most people live with positive emotion from day to day."

Myers and other psychologists have taken the study of happiness even further, identifying the traits that commonly mark happy lives and the changes people can make to be happier.

"There are genetic predispositions to happiness," says Myers, author of *The Pursuit of Happiness: Who Is Happy and Why* (Avon, 1993). "I liken happiness to cholesterol levels: Both are genetically influenced and yet both are, to some extent, under our control. By diet and exercise, we have some influence on our cholesterol levels; likewise, there are certain things we can do that will have a bearing on our happiness."

Probably foremost of the happy traits is positive self-esteem. Studies have found that happy people like themselves and believe themselves to be smarter, healthier, more sociable and better than the average person.

They're also optimistic, extroverted and tend to keep bad things in perspective. To turn that emotional corner, Myers advises that you behave and talk as if you feel optimistic, outgoing and self-confident: "Going through the motions can trigger the emotions."

Happy people feel they're in control of their lives. Myers advises taking control of your use of time by setting long-term goals and breaking them into daily aims.

Another important predictor: close relationships, such as "enjoying supportive, soul-mate friendships," like some people find in an intimate, secure marriage, says Myers, adding that deeply caring and loving relationships are a priority in the pursuit of happiness.

Happiness in work? In leisure activities? University of Chicago psychologist Mihaly Csikszentmihalyi says it correlates to what he calls the "flow" experience. His research shows that achieving a state of mind in a task that engages and challenges your skills, without overwhelming them, increases quality of life. Several studies recently found that the "zone" achieved in aerobic exercise, which improves health and energy, is a natural antidote to depression and anxiety.

Studies have found that religiously active people are happier.

"They cope better with various sorts of trauma and are less vulnerable to substance abuse and suicide," Myers explained, crediting in part the social support network that "faith communities" can provide. "We also know that happy people are less self-focused and less self-preoccupied than unhappy people, and there's speculation that religion may help turn people's eyes off self and onto a larger mission.

Last, says Myers, upping your happy ante is as easy as putting on a happy face. Research shows that when "manipulated into a smiling expression, people feel better."

—Don Oldenburg, Washington Post
Seen in LA Times, *8/11/99*

Elderly-Aid Services System to be Streamlined

In an effort to integrate services to the elderly and make them more accessible, Riverside and San Bernardino counties are working to create one-stop offices where clients can fill out just one application, which would then be shared by computer with all the departments providing services for which the client is eligible. The current bureaucratic nightmare of referrals, the need for up to 20 different sets of paperwork, each for a different service from a jungle of programs, and the exhausting run-around necessary to meet with the officials of each, would be reduced to a single database. Sharing the information would reduce costs in several ways, including making it possible to track how much money is being spent on any client, and in eliminating the duplication of effort inherent in the current system.

An estimated three years will elapse before the new system for the needy elderly is fully functional, with monies for the various programs combined into one pot.

—Based on an article in
The Riverside Press-Enterprise, 12/3/99

TTT Editor's Note—Would this change not be desirable and feasible also for the needy mentally ill and other disabled persons? Negotiating a tangled web of services is difficult enough even without health problems. Comments, anyone?

Stigma is Alive and Well
(and Living in the Media)

Six days after the October 13 *New York Times* article, "Gentle Drive to Make Voters of Those with Mental Illness," *Politically Incorrect* television host Bill Maher viciously attacked the Voter Empowerment Drive and its goal of encouraging voter registration among people diagnosed with a mental illness.

This time Bill Maher was politically incorrect.

But there was one impassioned hero who served as the discussion's stigma buster. No, not Superman. This time it was Superwoman, singer Sheena Easton.

During the discussion, Easton stated publicly that she took a daily dose of Prozac. She also explained how she eagerly awaited becoming an American citizen so she could vote. She asked Maher and the other guests, "What constitutes being too mentally ill to vote?"

After years of painstaking efforts, Ken Steele, a New York City resident and founder of the Voter Empowerment Program, and David Clark, Houston's program liaison, read a positive story about mental illness. And it was on the front page of the *Times.* Quite a feat in this day and age, since stigma continues to be one of the main barriers preventing the majority of persons who suffer from a depressive disorder from seeking medical treatment.

This episode of *Politically Incorrect* is only one of many places mental health advocates continue to see and hear and read stigmatizing stories about mental illness. A number of television and radio commercials and television programs have aired recently that cross the line.

Make every effort to protest every time you hear or read something offensive. We must concentrate our energies to prevent these old attitudes and myths from permeating the new century.

—Kay York
MoodPoints, Winter 1999–2000

A recent study showed that mentally ill patients complaining of cardiac problems received significantly fewer tests, surgery, and follow-up care than "normal" people. As a mental health services provider, consumer, or concerned other person, do you know of any case in which a client has received inadequate care for any medical condition because of being identified as a mental patient? *The Thermometer Times* is interested in your story. Call, write, fax, or e-mail us and tell us about it! See page 2 for our address.

What Do These Famous People Have In Common?

Kay Redfield Jamison	Author
Randall Jarrell	Poet
Thomas Jefferson	President
Jim Jensen	CBS News
Joan of Arc	Religious Leader
Job	Biblical Figure
Jeremiah	Biblical Figure
Samuel Johnson	Poet
Karen Kain	Prima Ballerina
Danny Kaye	Entertainer
John Keats	Writer
Margot Kidder	Actress

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

What to Do
When You Experience a
Manic Episode

1. Get help before things get out of hand. Do not hesitate to call a doctor if you need one.
2. Stay at home or in familiar surroundings. Steer clear of stimulating environments such as bars or dances.
3. Reduce the stress in your environment. Keep away from stressful people.
4. Make a list of things to do for the day and stick to it.
5. Regulate your activities to avoid overstimulation. Restrict yourself to activities that are quiet and soothing, such as a long, slow walk, a long, warm bath, a relaxing swim, etc.
6. Practice relaxation techniques several times a day.
7. Avoid sugar, caffeine, and alcohol. Eat regular meals—do not skip meals.
8. Do not make any major decisions. Put off decisions until you feel calmer.
9. Do not commit yourself to extra activities outside your usual routine.
10. Avoid spending money. Give your credit cards and money to a trusted person.
11. If all of your relaxation techniques are not working to put you to sleep, and you are not sleeping, get help from a doctor right away. Loss of sleep will only make mania worse.
12. Keep a list of things you can do to burn off extra energy.

—Adapted from *Depression Workbook.: A Guide for Living with Depression and Manic-Depression.* 8th edition. New Harbinger Publications, Inc.. 1996
Appeared in *The Initiative*, Jan–Mar 2000

Surgeon General Satcher's report concludes,

Mental Health Must be Part of Mainstream Health Care

WASHINGTON—One in every five Americans experiences a mental disorder in any given year, and half of all Americans have such disorders at some time in their lives, but most of them never seek treatment, the U.S. surgeon general says in a comprehensive new report.

Many people with mental disorders do not realize that effective treatments exist, or they fear discrimination because of the stigma attached to mental illness, the study found. And, it said, many people cannot afford treatment because they lack insurance that would cover it.

The report, issued at the White House December 13 by Surgeon General David Satcher, finds a huge gap between the need for mental health services and their availability.

One of the report's major themes is that mental health must be part of mainstream health care, not an afterthought or an offshoot.

The report says that "22 percent of the population has a diagnosable mental disorder," and that "mental illness, including suicide, is the second-leading cause of disability," after heart disease.

But, it says, "nearly two-thirds of all people with diagnosable mental disorders do not seek treatment."

The statistics, derived from studies published in the last few years, is significant because it meticulously analyzes huge amounts of data and puts the imprimatur of the government on the findings, just as the surgeon general's report on smoking and health did in 1964.

After reviewing hundreds of studies, the report concludes that "a range of effective treatments exist for nearly all mental disorders," including the most severe. The report's principal recommendation is to "seek help if you experience symptoms of mental illness."

Mental disorders are defined in the report as health conditions marked by alterations in thinking, mood or behavior that cause distress or impair a person's ability to function. They include Alzheimer's disease, depression, attention-deficit or hyperactivity disorder, and phobias.

The report says people are deterred from seeking treatment for mental disorders because they have no health insurance, their insurance does not adequately cover the costs or they have an "unwarranted sense of hopelessness" about the prospects for recovery from mental illness.

The document declares that "mental disorders are not character flaws, but are legitimate illnesses that respond to specific treatments." It says that the "cruel and unfair stigma attached to mental illness" is "inexcusably outmoded" and must no longer be tolerated.

"Why is the stigma so strong despite better public understanding of mental illness?" the report asks. "The answer appears to be fear of violence. People with mental illness, especially those with psychosis, are perceived to be more violent than in the past."

While research suggests that some people with mental disorders and drug abuse problems do indeed pose a risk of violence, the report says, the danger is not great.

"In fact," it says, "there is very little risk of violence or harm to a stranger from casual contact with an individual who has a mental disorder."

Michael Faenza, president of the National Mental Health Association, who served as a member of the planning board for the report, said: "This is a historic day. It's wonderful that we have a surgeon general talking about mental illness, in a voice that has not been used in Washington before."

Faenza said the report could be a turning point, if it improved access to services, or "it could be meaningless, if Congress and state legislators do not have the backbone and the political will to act on it."

The report endorses efforts by some states and members of Congress to eliminate the disparities in insurance coverage for mental disorders and other illnesses. Equality between mental health coverage and insurance for other illnesses—a concept known as parity—is "an affordable and effective objective," it says. When mental health care is properly coordinated by a health maintenance organization or a firm specializing in such care, parity causes "negligible cost increases," it says.

Among other recommendations, the study says "it is imperative to expand the supply" of mental health services, and to increase the number of mental health professionals caring for children and adolescents. The study does not specify the cost of such initiatives, but health officials said the administration was not seeking a big budget increase.

Researchers have made immense gains in the treatment of mental disorders, with powerful new drugs and various methods of psychotherapy, but they need to focus more on how to prevent such illnesses, the report said.

Progress in preventing mental illness has been slow, because scientists do not understand enough about the causes of such illness, the report said. Mental disorders are usually not defined by laboratory tests or physiologic abnormalities of the brain, and "for the most part, their causes remain unknown," it said.

The report also says "the mental health system is highly fragmented," so that people who need help must often navigate a bewildering maze to get treatment. Moreover, it says, health care practitioners are often unaware of research identifying the best treatments.

—Robert Pear, *New York Times*
Published in *The Sacramento Bee,* 12/13/99

LEGALLY SPEAKING

by Claudia Center

How People With Disabilities Can Keep Their Pets

People living alone with depressive disorders may find comfort by keeping pets. The companionship a pet provides may be an important part of recovery and maintaining health. What if you rent housing and have difficulty finding a property that allows pets or find yourself hiding your pet from the landlord?

The Fair Housing Act prohibits disability-based discrimination in private rental properties and in federally funded or operated housing. In some cases, the Americans with Disabilities Act (ADA) and the Rehabilitation Act also apply. Housing discrimination includes a landlord's refusal to make "reasonable accommodations" to the building's rules and policies when such changes are necessary to enable a disabled person to fully enjoy his or her residence. Courts have ruled that landlords must modify a "no pets" policy to accommodate persons with disabilities—including persons with psychiatric disabilities—who rely upon companion animals—unless the landlord can show that allowing the animal imposes an undue burden.

If you are living with a depressive disorder and are experiencing a pet problem with your landlord, you can ask him or her for a modification to the "no pets" policy. It's best to put the request in writing, even if you initially meet in person. To trigger the protections of federal anti-discimination law, your letter must state that:

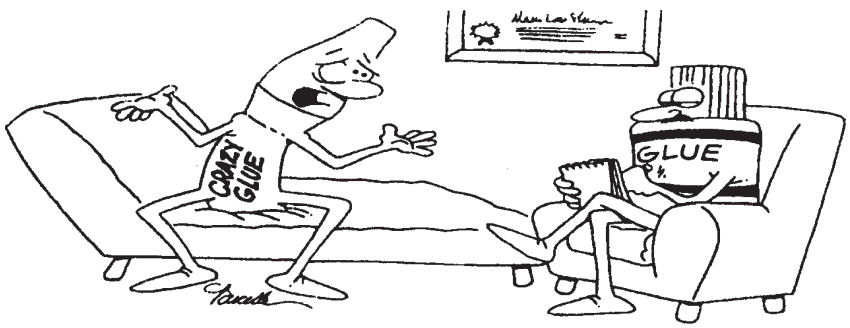
- you have a disability;
- because of your disability you need to live with your animal; and
- you are requesting a reasonable accommodation to the "no pets" policy.

In addition, your landlord is probably entitled to a doctor's note confirming that because of your disability you need to live with the animal.

If you do not wish to disclose your disability, then you must rely upon your persuasive powers. Landlords are free to modify the "no pets" policy for any tenant, disabled or not.

The San Francisco Society for the Prevention of Cruelty to Animals has instituted The Open Door Program, a model initiative designed to encourage landlords to permit tenants to have pets. The Open Door Program suggests that tenants and potential tenants offer "pet deposits" and sign leases agreeing to pay for any property damage caused by the pet in exchange for permission to keep the animal. You can visit the program's web page at www.sfspca.org/opendoor.html.

—*National DMDA Outreach*, Winter 1999



"So tell me, Doc, am I crazy or not?"

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

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

MDDA of Riverside NEEDS

YOU!

We need responsible people to volunteer to organize and help with fundraising events such as craft or bake sales. You could fill a need and have a lot of fun helping MDDA! Please call

(909) 780-3366

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

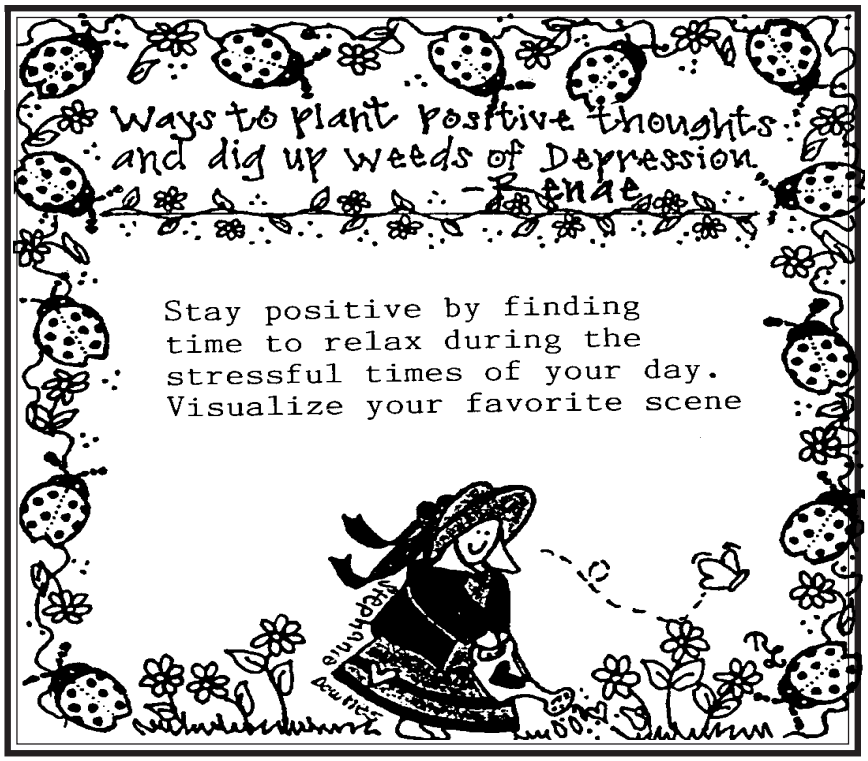
and

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
909/765-1569 or
Mekkia deSanchez
909/694-5055

Renae's Thoughts



Wise Words from Kids

Never trust a dog
to watch your food.
Patrick, age 10

Don't squat with your spurs on.
Noronha, age 13

You can't hide a piece of broccoli
in a glass of milk.
Amir, age 9

If you want a kitten, start out by
asking for a horse.
Naomi, age 15

Puppies still have bad breath
even after eating a TicTac.
Andrew, age 9

Felt markers are not good
to use as lipstick.
Lauren, age 9

Never tell your mom
her diet's not working.
Michael, age 14

Never pee on an electric fence.
Robert, age 13

—Thanks to Gary and Janet Northcott
Flames of Hope, Mood Disorders Association of Manitoba Newsletter, Fall 1999

When one door of happiness closes, another opens; but often we look so long at the closed door that we do not see the one which has been opened for us.

~Helen Keller

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

Think & Smile . . .

How is it that we remember the least triviality that happens to us, and yet not remember how often we have recounted it to the same person?

—La Rochefoucauld

☺

I've developed a new philosophy—
I only dread one day at a time.

Charles M. Schulz

☺

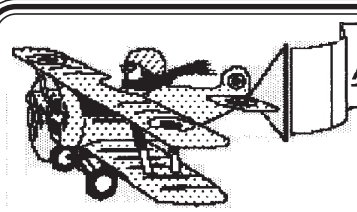
Is it progress if a cannibal uses knife and fork?

—Stanislaw Lec

☺

Be yourself.
Who else is better qualified?

—Frank J. Giblin II



ANNOUNCEMENTS

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

INLAND VALLEY DMDA
EAST (Fontana)
Call Phil (909) 796-0615

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

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

TEMECULA DMDA
Meets every Tuesday 11 am–1 pm.
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

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)

Sorting Out Anxiety, OCD, Phobias, and Depression

In a recent interview, Michael R. Liebowitz, M.D., explained that even though generalized anxiety disorder is highly unlikely to manifest at the same time as depression, specific types of social anxiety, including obsessive-compulsive disorder, may coexist with depression. The problem in diagnosis is that in such cases, the symptoms of anxiety and the symptoms of depression can only coexist when they are both less than diagnosable individually as major illness. People with generalized anxiety disorder may be prone to depression when their situations become too stressful, but their primary problem is still the anxiety. "Anxious-depression" is considered a separate illness which can be "somewhat troubling and disabling" enough to merit treatment, in which case treating the depression will also relieve the anxiety.

Liebowitz, Professor of Clinical Psychiatry at Columbia University College of Physicians and Surgeons, and Director of the Anxiety Disorders Clinic at New York State Psychiatric Institute, served as the chairman of the DSM-IV committee on anxiety disorders. He said that OCD should be considered an anxiety disorder because people with OCD experience abnormal anxiety about the consequences of failing to negate their obsessive concerns, performing their compulsive rituals (such as excessive handwashing) because they perceive that the rituals will at least momentarily undo their pathological thoughts (anxiety about contamination, for example). OCD patients tend to focus intensely on a few particular, distinct concerns, in contrast to those with generalized anxiety such as chronic worrying.

People with major depression tend to be crippled by it, often to the point of being unable to function or even to seek treatment. On the other hand, those with generalized anxiety disorder tend to function well and may not seek treatment even though they may be uncomfortable.

Generalized social phobia appears to be familial. In contrast, non-generalized social phobias such as paralyzing fear of public speaking are apparently not.

Social phobia is the most prevalent anxiety disorder, with a lifetime incidence of 12–13%. Specific phobias (e.g., fear of snakes) stand at about 11 or 12%. OCD, panic plus agoraphobia, posttraumatic stress disorder, and generalized anxiety disorder are less common, each having a lifetime incidence of 2–3%.

—Abstracted from *Currents In Affective Illness, 1/2000*

RESEARCH ON SIBLINGS WITH MANIC-DEPRESSIVE ILLNESS (BIPOLAR I DISORDER)

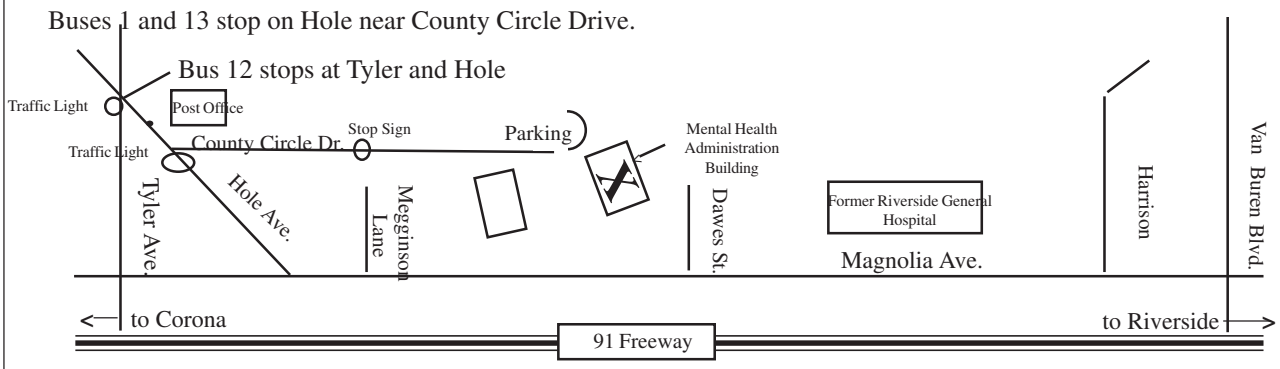
If you are 12 or older and have been diagnosed with manic depression (Bipolar I disorder), and have a brother or sister who has also been diagnosed with manic-depression, both of you may be eligible to participate in a nation-wide research study to determine the genetics of manCi- depression.

If you participate, you will be interviewed at a convenient time for approximately 2 hours either at the Gillespie Building on the UCI campus, in your home or by telephone if you live far away. You will also be asked to give approximately 6 tablespoons of blood and will receive %100 for your participation.

For more information please call Therese or Jane toll free at 1-877/259-9355. We can also be reached via email at: ntewari@uci.edu

WHAT MDDA IS ALL ABOUT

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. Please call for directions. 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 Dr. (off Hole Ave. near Magnolia), 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_____
Street City State

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. ❒