

The Thermometer Times

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

VOL. 10 NO. 4

Out of darkness . . .

APRIL 2000

Dates to Remember

RAP GROUPS

Saturday April 8 & 22 10am-12 noon
Riverside County Mental Health
Administration Building
(see page 9 for address)
10 am-12 noon
and Tuesday April 11 7 pm
at JoAnn's

EDUCATIONAL MEETING

Saturday April 15 10 am-12 noon
Riverside County Mental Health
Administration Building
Guest Speaker:
Cireena Scheffield
"Californians for
Disability Rights"



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

HELPLine ^{WHO WANTS TO BE A} VOLUNTEER?

"Phone A Friend" on a local lifeline for some "Final Answers"

Community resources are sometimes difficult to access even when they are available and free. Those in need of assistance may not know what is out there and how to tap into it. Betsy Beavers, from the Riverside HELPLine, provided information to fill this gap at our March Educational Meeting.

The HELPLine is not intended as an end-point service provider. It is, rather, a starting point for guidance into the appropriate agencies and organizations that can provide housing, food, counseling, and legal, health, and social services. By dialing 686-HELP [(909) 686-4357] callers will be told where they can get the help they need. The best time to call for information and referral is Monday through Friday, 8 am to 5 pm, when volunteers can quickly call up computerized information. However, 24-hour suicide prevention and crisis intervention is provided immediately by trained HELPLine workers.

Free (with only a small charge for materials) evening training classes for groups of about 8 to 10 volunteers are conducted three times per year. The 55 hours of instruction include such topics as active listening techniques, crisis intervention, legal issues, rape crisis, sexual and child abuse, drug and alcohol abuse and addiction, gay and lesbian concerns, AIDS and HIV, suicide prevention, food and housing services, hospice services, the dynamics of relationships (workplace, family, etc.), and teen problems. Trainees are taught to be objective and respectful, to preserve confidentiality, and to keep conversations non-judgmental and free of religion.

Volunteers also learn to deal with the fact that they will have no "closure" — no follow-up and no thanks — with rare exceptions. To preserve their effectiveness, they must let go of each case and not internalize the concern.

Following training, those accepted for client contact agree to work part-time, at least 180 hours for one year, usually from home. Both callers and volunteers often use pseudonyms to preserve their privacy and enhance trust; phone numbers are not exchanged. Records are kept for statistical purposes only, without clients' names or other identifying information.

The HELPLine is funded through the Department of Mental Health, the United Way, City and County of Riverside, and by annual fundraisers, in addition to gratefully accepted donations by businesses and individuals. Each month, 800 to 1000 calls come in to HELPLine; callers from outside Riverside county are referred to assistance in their locale.

For more information about volunteering or other business, call the office at 686-4402 during regular business hours.

—Yen Cress

The Editor

The spring sunshine and wind are bringing more than blue skies and dry air. Pollens and insects aggravate allergies, hairdos are disassembled, and then the price of gas rises to frustration levels to further reduce the joy of getting out. But who wants to focus on the negative, even to garner empathy from commiserators? As Helen Keller once said, "The world is so full of care and sorrow that it is a gracious debt we owe to one another to discover the bright crystals of delight hidden in somber circumstances and irksome tasks."

So what does that mean to us, struggling as we are with "somber and irksome" mood disorders? We who know what it is like have perhaps even more of a responsibility to reach out in caring to others, to let them know about sources of help, to remind them that they have a friend to call, and to point out the good things that otherwise might be overlooked or forgotten. Mental illness may seem like a curse that darkens everything, but there are "bright crystals of delight" tucked here and there if one but knows how and where to look.

Counting your blessings sounds like a simplistic solution to a complex problem, but it does help. When you are conscious of the advantages you have and the conveniences you enjoy, of the caring people in your life and the wonders of nature, there's just not as much room for doom and gloom.

I for one am immeasurably thankful for the medications that have helped me reestablish normal emotions, and for the countless pleasures of a simple life, for useful work and opportunities to relax, for challenges and achievements, for friends to cheer us on (and even a few others to keep us humble!), the sunbeams and the thunder. Thomas Carlyle used a good metaphor when he said, "The block of granite which is an obstacle in the pathway of the weak becomes a stepping-stone in the pathway of the strong."

If you are in a low phase, seek out a support person who will help to lift your spirits. Look for a joke to share with a friend. Plant flowers. Go for a walk. And if you're feeling good, call someone who needs to hear a kind and pleasant voice. Pay a compliment. Send a cheery card.

It'll be a great April! No foolin'!

—Yen Cress

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 27 & 28, 2000***

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

Seniors' Mental Health Needs 'Neglected'

Cost of treatment, unrecognized symptoms keep many from getting the help they need

Aging may bring not only physical limitations, but — in almost 20 percent of the population — mental disorders also. These range from depression and dementia, to alcohol or drug abuse, anxiety and paranoia, or late-life schizophrenia.

But, for too long, the mental health needs of older adults have been “ignored and neglected,” said Robert Bernstein, executive director of the Bazelon Center for Mental Health, a national nonprofit legal advocacy program in Washington, D.C.

The publication of U.S. Surgeon General David Satcher's report on mental health is the first step in looking at the problem. Although the report covers all age groups, its lengthy chapter on older adults presents a good overview of the research that has been done in this field.

Depression and dementia are the major mental health problems older adults face. Although numbers of those who suffer from depression are difficult to come by because many people haven't been

Depression is the major problem. Many things can trigger it, especially the life changes that come with aging.

diagnosed, one estimate suggests that anywhere from 8 to 20 percent of older individuals living at home have depressive symptoms. (Rates for those institutionalized in nursing homes are much higher.)

The number of Alzheimer's patients is around 4 million and increases when other forms of dementia are added. Anxiety disorders affect about 11 percent of those 55 and older; schizophrenia is much less prevalent.

The Surgeon General's report notes that “at least 10–20 percent of widows and widowers develop clinically significant depression during the first year of bereavement. “It is also the cause of the highest rate of suicide among older white males over age 85.

But it also points out that depression is not a part of “normal aging.” It defines normal aspects of mental health in older

adults as “stable intellectual functioning, capacity for change, and productive engagement with life.”

One of the major problems in dealing with mental illness is that there is still very little understanding as to what causes it.

Only over the past few years has medical technology reached the point where it could peer into the brain and see some of what is occurring. But even this knowledge is not as simple as looking at a brain scan.

“At first, we thought that if we identified one area of the brain or one gene we would have the answer,” said Rayford Kytte, public affairs specialist at the National Institute of Mental Health, “But we found that it is more complicated.”

Latest research indicates that mental illness may also be a case of nature and nurture. Some people have a gene which may predispose them to mental problems, but it may never be triggered unless stress or some other factor in life sets it off.

Treatment for some mental illnesses have greatly improved, especially in terms of medications. Response rates to antidepressants, for instance, are positive in about 60 to 80 percent of patients.

But many individuals do not seek help because of cost. Medicare requires a 50 percent co-payment for outpatient care, and there is a 190-day lifetime limit on inpatient psychiatric care.

Managed care coverage is spotty at best. Not all plans cover mental health care and, according to the Surgeon General's report, “mental health specialty services for older persons tend to be a low priority.” Furthermore, there are no studies on whether managed care organizations provide better mental health care for older adults.

The cost of medications which can offer a great deal of help for some mental illnesses also is prohibitive. With no prescription drug coverage under Medicare, medications must be paid for out-of-pocket.

Two new approaches are starting to form around the issue of mental health. Dr. Gene Cohen at the Center of Aging,

Health and Humanities at George Washington University in Washington, D.C., maintains that there is another side to the mental health focus that is equally important but doesn't receive enough attention. He calls it mental health promotion and maintenance.

“People underestimate the tremendous challenge of stimulating the brain,” he says. And he recommends that people continue to be engaged in activities which produce “intellectual sweating,” which can be anything from doing crossword puzzles to taking a college course.

The Bazelon Center is sponsoring the formation of a consumer advocacy group of older adults who suffer significant and long term mental illness. According to Bernstein, older adults with serious mental illnesses are at the mercy of what the system offers and at the end of a long line for community-based services. Two years ago, Bazelon helped sponsor a meeting of older adults and mental health consumers; a second one will take place this May. The purpose, says Bernstein, is “to form an organization that would really reflect the voice of older adults, not someone else speaking on their behalf.”

FOR INFORMATION:

For free brochures about depression and its treatment, contact the National Institute of Mental Health (NIMH) toll-free at (800) 421-4211 or check their Web site at www.nimh.nih.gov.

Dr. Gene Cohen is the author of *The Creative Age: Awakening Human Potential in the Second Half of Life*, published by Avon Books.

For information on the Bazelon Older Adult Program, contact Sylvia Caras at sylvia@peoplewho.org or check the Web site at www.peoplewho.net. Caras is interested in starting an e-mail discussion list on mental health and older adults.

If you, or a loved one, are experiencing symptoms of mental health problems, discuss it with a physician who may recommend treatment or further medical evaluation.

—Cheryl M. Keyser, Washington Correspondent
California Seniors, Feb. 2000

Use of Psychiatric Drugs by Preschoolers Targeted

On March 20, the White House announced a major effort to reverse a sharp increase in the number of preschool children using Ritalin, Prozac and other powerful psychiatric drugs.

As part of the initiative, the government will inform parents and teachers about the risks of such drugs, the Food and Drug Administration will develop new drug labels, the National Institutes of Health will begin a huge nationwide study of Ritalin use in children under the age of 6, and the White House will hold a conference this fall on the diagnosis and treatment of mental illness in very young children.

Hillary Rodham Clinton and federal health officials met with parents, psychiatrists, pediatricians, psychologists, nurses and social workers to discuss the issue.

The administration then issued a statement declaring that “the use of medication is not generally the first option for a preschool child with a psychiatric disorder.”

In a study in February in the *Journal of the American Medical Association*, researchers reported that there had apparently been a sharp increase in the number of preschoolers taking psychotropic drugs, particularly stimulants like Ritalin and antidepressants like Prozac. Ritalin is called a stimulant because it belongs to a family of drugs that stimulate the central nervous system and increase a person’s alertness and ability to pay attention. Researchers say that 20 percent of white boys are taking the drug in some suburban school districts.

The study caused concern among parents and medical experts alike, and the administration is now trying to address that concern.

In an interview, Dr. Steven E. Hyman, director of the National Institute of Mental Health, said, “As a rule of thumb, doctors, psychologists and social workers should attempt to modify the behavior of a child and deal with family crises before drugs are prescribed.”

The government has prepared a new guide for parents on the treatment of young children with mental disorders. “When medication is used, it should not be the only strategy,” but should be part of an overall treatment plan, the guide says. Parents and doctors may want to consider behavioral therapy for the child, family therapy and other techniques to help manage the child’s symptoms, the document says.

What Do These Famous People Have In Common?

Jack London	Writer
Greg Louganis	Olympic Medalist
James Russell Lowell	Poet
Robert Lowell	Poet
Martin Luther	Religious Leader
Gustav Mahler	Composer
Duke of Marlborough	Soldier
Elizabeth Manley	Olympic Medalist
Imelda Marcos	Dictator
Vladimir Mayakovsky	Poet
Kristy McNichol	Actress
Herman Melville	Writer

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

Administration officials said the initiative was inspired mainly by Hillary Clinton, who they said wanted to announce some immediate steps after seeing the immense public concern about the use of powerful pills to treat toddlers with emotional and behavioral disorders.

She is running for the U.S. Senate in New York, but the White House officials said it would be cynical to believe that her motives were only political. They noted that for years she has been interested in children’s issues, including the testing and labeling of drugs for children. Health officials and medical experts said the government’s concern was well founded.

In an editorial in the *Journal of the American Medical Association* last month, Dr. Joseph T. Coyle, chairman of the psychiatry department at Harvard Medical School, said that children with behavioral disorders were “increasingly subjected to quick and inexpensive pharmacologic fixes,” even though “there is no empirical evidence to support psychotropic drug treatment in very young children.”

Indeed, Ritalin carries a warning that says, “Ritalin should not be used in children under 6 years, since safety and efficacy have not been established.”

Hyman said that the National Institute of Mental Health would spend \$6 million in the next five years to study whether Ritalin was safe and effective in treating preschoolers with the impulsive, aggressive behavior traits known as attention deficit hyperactivity disorder — the most commonly diagnosed psychiatric disorder in children.

Preschoolers *continued on page 7*

We Must Be Careful When Defining Ourselves

Those of us trying to understand and accept our affective disorders — militantly accept them, perhaps — face a unique danger: the tendency to define ourselves first and foremost as depressives and manic-depressives. This is a form of stigmatization, coming from within us as well as from without. We do it to our friends with mental illnesses, and we do it to ourselves.

When our friends behave erratically or show signs of stress, we often automatically see only the illness and its symptoms. We see “distorted cognition” or “irrationality” or “psychosis.” We like to use neat labels to explain them.

The unfortunate thing about this world is that the good habits are much easier to give up than the bad ones.
—W. Somerset Maugham

What we often don't see is fear, grief, anger, dread, horror, indecision, or a failure to understand: all the reactions of “normal” people in threatening or confusing situations. The human experience includes stresses so severe that any person, no matter how sane or stable, will behave erratically at times. When such stresses occur, irrational to others may be perfectly reasonable to the person bearing the burden.

Many different aspects of our lives determine how we behave and think. An affective disorder is only one of these, and it is not necessarily the most important one at any given moment. It is the ultimate act of unkindness to blindly assume that when our friends suffer, it is only or principally because of their affective disorders. If we see only the psychiatric problem in a friend's pain, we cannot give that person the full support he or she needs. When we do this, we stigmatize our friends no less than does the jaded mental health professional who treats the “crazy person” while failing to perceive a suffering human being.

As for doing it to ourselves, each of us with an affective disorder knows a vacuum within where the illness has taken something from us. We all naturally strive to fill that vacuum. One of the things we use to fill it is the illness itself. It can grow in our consciousness until it becomes everything we are, even when we aren't presently suffering from its effects. It can become the sole determining factor when we consider our life's options and limitations. We can let it become the very definition

of ourselves.

And that's nice and safe, in one sense: if the affective disorder is your life, it can never again carve more pieces out of you. Every episode will reaffirm your self-identity. But defining yourself according to a disorder sharply limits what else you can be as a human being. By doing so, you stigmatize yourself, setting yourself apart from the rest of your nature and closing off your options.

There's a lot of people in this world who spend so much time watching their health that they haven't the time to enjoy it.
—Josh Billings

In light of these considerations, I am going to try to accomplish the following:

First, I will remember that those with mental illnesses are persons, not labels. When these friends need my support, I will remember that their present problem may well have nothing to do with an affective disorder.

Second, I will strive to cope with my fear and anger concerning my own disorder. I will seek an appropriate place for “manic-depressive” among all the other labels that describe me. Depressive or manic episodes may temporarily dominate my life, but I will not let them do so otherwise. I will seek to discover the limitations the illness places upon me and to construct a life that makes me happy within those limits. But I will not accept the arbitrary limitations that come by defining myself a “manic-depressive.”

—Condensed from *Support*, DMDA Lincoln, Nebraska, April 1996
via *MDDA/Detroit*, and *Polar Star*; LA DMDA, Winter 2000

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

JoAnn Martin to Receive Mental Health Award

The Family Service Association of Western Riverside County recently announced that JoAnn Martin, founder and president of Riverside MDDA, is this year's recipient of the Dorothy Jefferson Award. She will be honored at the 4th Annual Mental Health Recognition Dinner, "Magic of Believing," on May 19.

Well known in Riverside and throughout the country for her selfless work on behalf of mental health in general and particularly for those with mood disorders, JoAnn is herself both a consumer and a provider, and serves as president of the California Depressive and Manic-Depressive Association. We salute her and congratulate her on this well-deserved recognition.

MEDICATION ALERT

St. John's wort, a popular herbal remedy used to relieve mild depression, can interfere with drugs used to treat HIV-infected people and heart transplant patients, new research shows. Scientists said the findings add to growing concerns that the herb may interact dangerously with prescription medications.

Two studies published this week in *The Lancet* medical journal found that St. John's wort dulls the effectiveness of both the HIV medicine indinavir and the transplant drug cyclosporin, used to suppress transplant patients' immune systems so their bodies don't reject the new organs.

Although both studies involved few participants, independent experts say the way they were conducted and the strength of the results make the findings significant.

In one study, the level of medicine in the bloodstream when St. John's wort was taken dropped dramatically enough for patients to begin to reject their transplanted hearts.

—Riverside Press-Enterprise 2/11/2000



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

Help Others With Mental Illness

Your Success Story Could Make A Difference For Someone Else

Are you currently taking Seroquel, Zyprexa, Risperdal and/or Paxil, Zoloft, Prozac, Celexa?

If so, are you:

- living independently
 - currently employed
 - having new life experiences
- ? ? ?

We are interested in hearing your success story...

(Story will be shared only with your permission)

To share your story, please call or write:

Liz Helms
Perry Communications Group, Inc.
925 L Street, Suite 600
Sacramento, CA 95814
Tel: (916) 658-0144
E-mail: LHelms@ThePerryGroup.com

**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:

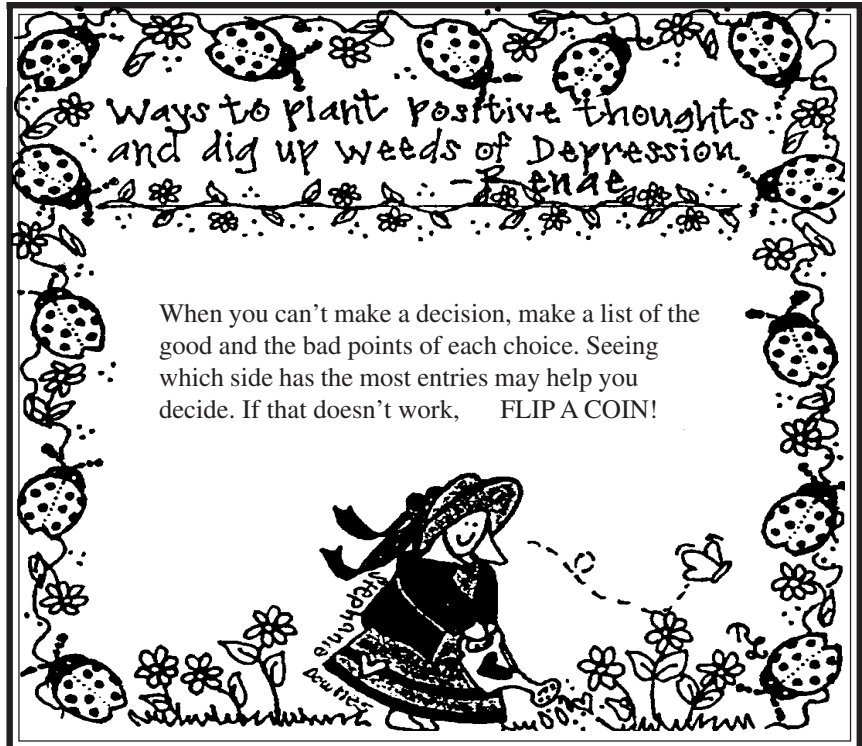
Camille Dirienzo-Callahan

(909) 791-3369 or

Mekkia deSanchez

(909) 600-5055

Renae's Thoughts



Ways to plant positive thoughts
and dig up weeds of Depression

- Renae

When you can't make a decision, make a list of the good and the bad points of each choice. Seeing which side has the most entries may help you decide. If that doesn't work, **FLIP A COIN!**

Preschoolers

continued from page 4

In the study, Hyman said, hundreds of girls and boys at research centers around the country will receive Ritalin, behavior therapy or some combination of the two.

Hyman said that the problem was not simply that children were being over-medicated, but that they were not being appropriately evaluated and treated. "In some communities," he said, "too few children are receiving medications, just as in other communities, too many are getting medications."

Government scientists said that they recognized that drug therapy could sometimes provide relief to young children. "If a kid is engaged in aggressive behavior, self-mutilation, head banging, and is otherwise uncontrollable, you should try medication," Hyman said.

Certain drugs are widely prescribed for young children even though they have not been studied, approved or labeled for such use. The FDA does not regulate the practice of medicine; after a drug is approved for one purpose, doctors often prescribe it for other purposes.

The White House said, for example, that some medications used to treat depression and anxiety disorders in children, like Paxil, Prozac and Wellbutrin, were not labeled for pediatric use.

In addition, the White House said, Zoloft has been approved to treat obsessive-compulsive disorder in children 6 and older, while Luvox has been approved for the same condition in children 8 and older. But both drugs are also being prescribed for younger children.

Drug labels often do not specify the proper doses for children. The White House said that the food and drug agency would soon specify how drug companies should conduct the research needed to develop "pediatric dosage information" that can be included on the labels of Ritalin, clonidine and other drugs used to treat hyperactivity and other attention deficit disorders.

—Robert Pear

New York Times News Service

As seen in *The Press-Enterprise*,

Riverside, 3/20/2000

Think & Smile . . .

To really enjoy the better things in life,
one must first have experienced
the things they are better than.

—Oscar Homolka



No one is entirely useless.
Even the worst of us can serve
as horrible examples.

—Anonymous prisoner
State Prison, Salt Lake City



Someday I'm going to be rich enough
to eat at a restaurant that doesn't have
stuff written all over the windows.

—Mili Huff



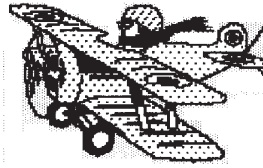
“Be yourself!” is about the worst advice
you can give to some people.

—Tom Masson



Education is what survives when
what has been learnt has been forgotten.

—B.F. Skinner



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

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)

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

I don't know much about
being a millionaire,
but I'll bet I'd be darling at it.

—Dorothy Parker

Treated Shabbily? We Want Your Story!

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.

A Lesson Learned — the Hard Way

I have been manic-depressive for at least 15 years now. I have lost my job, my friends (at least people I thought were my friends), two of my three children, and four of six grandchildren.

I have also been associated with DMDA for almost ten years. I directed up to four groups for the Detroit Metro group, worked with the University of Michigan on a grant with National DMDA and the Detroit groups together. I also lectured nursing students and residents at the U of M School of Medicine. If you look closely, you will see there is something missing. Who took the time to educate my family about the illness? I was too busy trying to take care of my “flock” and the family wasn't part of them

Here comes the lesson on the morning of January 1, 2000. I had heard that there had been a family dinner earlier in the evening that I was not invited to. I went to bed early and also took a few extra sleep-

ing pills — well, maybe more than a few and wanted to go to sleep and not wake up in the morning. I called my girlfriend to say Happy New Year, and she picked up that something wasn't right, so she called my son who lives nearby. Then the rest of the family arrived, and the EMS, and I got a ride to the locked ward of the psych hospital for a 72-hour hold.


Now everyone is mad and not talking to Dad, who used to be a very responsible person but is irresponsible now. They have no idea of what's going on inside my head because I never took the time to let them know what this disease is all about.

Please don't make the same mistake I did. Family is too important. National DMDA has plenty of information that can be used to educate them. Don't wait until it's too late. **GET TO WORK NOW!**

Thanks for listening.

—Bob Jones

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

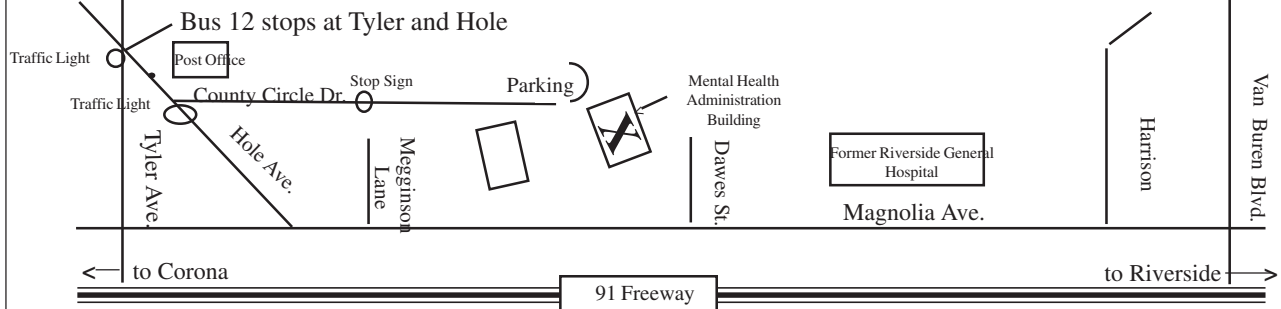
MDDA P.O. Box 51597
Riverside, CA 92517-2597
FAX 909/780-5758



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.

Buses 1 and 13 stop on Hole near County Circle Drive.



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.