

The Thermometer Times

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

VOL. 11 NO. 1 *Out of darkness . . .* January 2001

Dates to Remember

RAP GROUPS

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

Saturday, January 13

Saturday, January 20

and Saturday, January 27

10am-12 noon

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

Diet and Depression

Depression is not caused by a poor diet; but a link between food and mood can exist. Sometimes the question is: "Which came first? The chicken (depression) or the egg (poor diet)? We know poor diets often result from depression. When one becomes depressed, energy level and drive are much lower than usual. Enthusiasm for most things, including meals, is lost. Healthy eating practices can suffer as a result. Undesirable weight loss or weight gain, inadequate vitamin and mineral intakes, and alcohol excess are too often associated with depression. Most at risk are elderly adults, those who live alone and those who lack good social support to help encourage eating despite a poor appetite.

Can depression be worsened as a result of some aspects of diet? Questions have been asked, and research has begun to help us better understand relationships. For example, it is observed that depressed people often crave carbohydrate foods. Carbohydrates are known to affect the production of serotonin, a chemical in the brain which affects mood. What is the link? We also know that certain vitamin deficiencies are associated with depression.

Might a vitamin deficiency be the primary cause of some depressions? Not all the answers on diet and depression are in. But, while research continues, there are some areas of your diet that you can work on now. Each of the diet recommendations below are consistent with good health but may also help improve symptoms of low energy and mood depressions.

Carbohydrate

A chemical in the brain called serotonin has an important regulatory effect on a person's mood. Specifically, feelings of well being are heightened when serotonin is active in the brain. It is thought that some depressed people have a deficiency of serotonin. A high carbohydrate diet increases the brain's production of serotonin. Without knowing it, depressed people may be turning to carbohydrates in an attempt to improve their mood. While there is no evidence that eating carbohydrates will cure depression, eating a diet with adequate healthy carbohydrate foods can help.

continued on page 2 (Diet)



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

Diet (continued from page 1)

B-Complex Vitamins

Deficiencies in the B complex of vitamins (especially folic acid, thiamin, riboflavin, niacin and B6) have been associated with depression. While most Americans are not deficient in these vitamins, those who suffer from depression often have poor diets and are thus, at risk.

Alcohol excess can also lead to deficiencies in these vitamins. It is best to get these nutrients from your diet. If you decide to take a supplement, select a multiple vitamin with no more than 100-150% of the RDAs. Large amounts can pose health risks of their own.

Alcohol

Many people think of alcohol as something that makes them feel "good", so it's not surprising that when depressed, many turn to alcohol in an attempt to feel better. Unfortunately, this is one of the worse things to do. Alcohol is actually a depressant and can worsen an existing depression. Too much alcohol can cause deficiencies in the very vitamins needed for good mental health. If you're suffering from depression, it is advised that you avoid alcohol altogether.

Essential Fat

Too much fat in anyone's diet is considered a health risk for heart disease and some cancers. But not enough fat can be a problem for our mental health. One goal to help manage mood is to eat an adequate, not excessive, amount of fat. The second goal is to select the right kinds of fat. Polyunsaturated fats are essential for a healthy human diet. In western diets, one type of these essential fats, omega-3 fatty acids (found in sardines and other fatty fish, for example) is hard to get unless effort is made to do so.

Caffeine

Caffeine may be used by people with depression to help increase energy levels. But, as with alcohol, this dietary measure can backfire. Caffeine stimulates the nervous system, so too much can keep you from getting a good night's rest. Even those who claim to fall asleep easily after a cup of coffee are affected. Caffeine prevents deep, restful sleep necessary for optimal health and well-being. Overstimulation of the nervous system has the potential to raise anxiety levels. Anxiety and depression often go hand-in-hand and make recovery more difficult.

<http://www.cyberdiet.com>

Source: Life in Balance,
MDDA of Detroit Newsletter, December 2000

The Thermometer Times

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Suicide Screenings May Emerge

Someday physicians may be able to screen patients for suicidal tendencies through a simple blood test, researchers at the University at Illinois at Chicago predict.

Scientists have known the imbalances of certain brain chemicals, including serotonin, are associated with depression and suicide, but in the past it appeared that examinations of brain tissue were necessary to spot the variations.

Now Ghashyam Pandey, a pharmacology professor, and colleagues have identified a chemical found in the blood that correlates to brain chemical imbalances associated with suicide.

“Even if it is secondary to changes in hormones that regulate serotonin receptors in the brain, it is still a good marker for suicidal behavior.” Said Pandey.

*Appeared in Tampa Bay DMDA Newsletter
As seen in the Rollercoaster Times
As seen in Depressive and Manic Depressive Association
Dallas Texas — April 2000 newsletter.*

*Source: Mood Challenge,
Peoria, Illinois DMDA, Sept/Oct. 2000*

Lithium increases gray matter in the brain

Able to stabilize the mood swings of many people with manic depression, lithium revolutionized psychiatric therapy when the drug came on the scene several decades ago. Yet neuroscientists remain perplexed at how this potent medication works.

Scientists in Detroit have now provided a clue that could help resolve that mystery. They find that about a month of treatment with the drug increases the volume of gray matter in a person’s brain. Gray matter, the so-called thinking part of the brain, is made up primarily of the main bodies of nerve cells and their short connections.

“This is a highly significant finding and may shed light on the therapeutic mechanism of lithium,” says De-Maw Chuang of the National Institute of Mental Health in Bethesda, Md.

Another study by some of the Detroit scientists hints that lithium stimulates production of new brain cells. This observation raises hope that the drug can treat strokes, Alzheimer’s disease, and other conditions that kill brain cells. It may also support a radical new theory that the birth and death of brain cells underlie depression.

There have been hints before that lithium safeguards nerve cells. Two years ago, Chuang’s group showed that the drug protects nerve cells from fatal overstimulation by the brain chemical glutamate (SN: 3/14/98, p. 165). Husseini K. Manji of Wayne State University in Detroit and his colleagues then found that lithium-treated nerve cells overproduce

a protein, bcl-2, that helps cells resist signals to commit suicide.

Manji next joined with his colleague Gregory J. Moore to carry out a brain-imaging study of people starting lithium treatment for manic depression. After 4 weeks, about the time it takes for lithium’s mood-stabilizing effects to emerge, the drug had increased the volume of brain gray matter by about 3 percent in 8 of the 10 people studied, the researchers report this week at the Society for Neuroscience meeting in New Orleans. They also describe this result in the Oct. 7 Lancet.

“This is the first demonstration of a pharmacological increase of human brain matter,” says Moore.

The researchers propose that most of the increased volume results from nerve cells sprouting additional branches to nearby cells, a sign of healthy brain cells. A small part of the increased gray matter may even consist of new brain cells.

In New Orleans, Manji’s group reported that lithium boosted new nerve cell production in one brain region of rodents. Mice receiving lithium had about 25 percent more new brain cells in the hippocampus than untreated mice did.

In past mouse studies, a diverse slate of proven antidepressant therapies, including electroconvulsive therapy, exercise, and drugs such as Prozac, has triggered the birth of nerve cells in the hippocampus.

This earlier work and other evidence have prompted some scientists to theorize that depression stems from problems with a brain’s natural ability to generate new cells in the hippocampus. That remains speculation, however. Indeed, only recently have scientists accepted that the adult human brain can grow new cells (SN: 10/31/98, p. 276).

Lithium’s ability to protect nerve cells and increase production of new ones may make the drug useful in more illnesses than manic depression, suggests Moore. Chuang, for example, reported last year that lithium reduces brain-cell loss in a rodent version of Huntington’s disease.

The drug also protects rodent brains from cell death after a stroke, even if researchers wait to administer the drug. “We can give lithium up to 3 hours after

continued on page 4 (Lithium)

Ziggy

By Tom Wilson



IMPORTANT!
ALWAYS TALK TO YOUR DOCTOR 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.

DEPRESSION IN THE PHYSICALLY ILL

New studies have shown that depression in medical patients can make their conditions worse. Psychiatrists are now calling for a special effort by physicians to identify and treat depressions. That is difficult, the psychiatrists say, because many of the symptoms of depression, like loss of appetite and lethargy, can be mistaken for signs of other diseases and most physicians are not well trained in diagnosing depression. When medical patients are depressed, they cannot tell if it is part of the physical illness or something else. Very often their doctors don't know, either. But studies show that for many severe and chronic diseases, like diabetes, treating a patient's depression also tends to speed recovery from medical symptoms or to lessen disability caused by the disease. Treating the psychological state has benefits medically. Of course, anyone who gets a serious illness is vulnerable to depression and a disease like cancer can itself trigger depression. Psychiatrists say, however, that only some medical patients become depressed and that these patients do less well than patients who have similar medical problems but are not depressed. Depressed patients are less able to do whatever it is they need to do to help themselves get better. If one is depressed on top of a serious medical problem, one just does not have the energy, the interest, or the sense of purpose and hope. The problem of depression's going unnoticed and untreated also seems to be prevalent in patients who do not have severe illness. Disease is a stressor that can trigger depression. Many widely used medications, like steroids, also sometimes lead to a depression. If one treats a patient's depression, one will see improvements over and above any changes in their other underlying medical condition.

By Debra Weinberg

*Source: Mood Challenge, DMD of Peopria, Illinois.
Nov./Dec. 2000
NAFDI News, Vol. 17, Fall 1996*

People are lonely because
they build walls instead of bridges
--Joseph F. Newton

What Do These Famous People Have In Common?

Edward Thomas	Poet
Leo Tolstoy	Writer
Ted Turner	CNN Network
Mark Twain	Author
Mike Tyson	Prizefighter
Vincent Van Gogh	Painter
William Styron	Writer
Queen Victoria	Monarch
Kurt Vonnegut	Writer
Mike Wallace	Broadcaster
Michael Warren	Canada Post
George Washington	President

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

Lithium (continued from page 3)

the onset of stroke," says Chuang.

Manji proposes testing lithium in people with Alzheimer's and Parkinson's diseases and amyotrophic lateral sclerosis, more commonly known as Lou Gehrig's disease. —J. Travis

Source: Science News, Vol. 158, Nov. 2000

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.

No Time to Exercise? Yeah, Right . . .

By CAROL KRUCOFF
SPECIAL TO THE TIMES

If you're like most Americans, you know that exercise is good for you, yet you can't seem to get moving

Only one in four adults gets the recommended 30 minutes of moderate physical activity most days of the week. Public health experts say this modest amount of exercise can reduce the risk of numerous diseases—including heart disease, type II diabetes, hypertension and some cancers—as well as enhance mental health and physical functioning.

"I don't have time" is the explanation people generally offer when asked why they don't exercise. But in a society where adults watch an average of four hours of television a day, it's clear that, for most people, "no time" isn't the real reason.

"Lack of time is one of the biggest lies we perpetrate on ourselves," says Steven T. Head, a holistic health educator with Sports Therapy Services in McLean, Va. "We seem to find time for things that are important to us, no matter how busy we are.

Scratch this easy excuse, say Head and other fitness experts, and you're likely to find some deeper issues at the heart of inactivity.

Here are six of the most common, often unacknowledged, reasons why people won't start or stay with an exercise program—plus some solutions to help you break through these barriers.

Intimidation: "For many people, exercise becomes equated with a 'failing grade' socially and for some, even morally," says Peg Jordan, spokeswoman for the Aerobics and Fitness Assn. of America, based in Sherman Oaks. Jordan interviewed 1,880 people about fitness motivation and discovered that more than 80% saw exercise as "too scientific, too complicated so that beginners risked exposing their incompetence and ineptitude."

Impatience: "People want a quick fix," says Susan Kalish, executive director of the American Medical Athletic Assn. in Bethesda, Md. "Even though it took them 30 years to get out of shape, when they don't get fit overnight, they blame their genes.

Exercise Resistance: Painful experiences associated with exercise, ranging from humiliation to sexual abuse, can prompt some people to resist physical activity, says Francie White, a registered dietitian and expert on eating and body-image problems. White, who is based in Santa Ynez, Calif., coined the term "exercise resistance" to describe this emotionally charged condition, which in women is frequently associated with aversion to the attention that can come from having an attractive body.

In men, exercise resistance is often linked to feelings of inadequacy about their athletic performance.

Unrealistic Expectations: "People who exercise in search of the perfect body are doomed to failure," says Kelly Brownell, director of the Yale University Center for Eating and Weight Disorders. "But if they're looking to become healthier, happier, more energetic and better able to function, then exercise can deliver."

Denial: "Many people are in denial that health problems could happen to them," says Carol Kleinman, a psychiatrist in Chevy Chase, Md. "Then, when they have a heart attack or physical problem, all of a sudden they have the motivation to reorder their priorities to exercise."

Irrelevance: "With today's technology, it's no longer necessary to move to exist," says Pam Peeke, assistant professor of medicine at the University of Maryland School of Medicine. "Exercise doesn't add to people's income, and many people consider it another chore to add to a time-starved life."

Yet physical movement is essential to health, especially in handling stress, says Peeke, whose book, "Fight Fat After Forty," contends that sedentary living

turns our natural "fight or flight" response into an obesity—promoting "stew and chew."

"We must make a deliberate, planned effort to exercise," says Peeke. "This can be a challenge."

The key to becoming a regular exerciser is to stop focusing on outcomes—such as losing a certain number of pounds or developing "six pack" abs, says Jay Kimiecik, a professor of exercise motivation at Miami University in Ohio.

"The root of change comes from within," says Kimiecik, who advises working from the "inside out" to develop positive feelings about physical activity.

"People who exercise regularly will tell you that they do it because they like the good feelings it gives them," he notes. "Exercise can help people get into an optimal psychological state of mind called 'flow' that feels so nice they'll figure out ways to overcome lots of obstacles to feel that way again."

All humans—even those who are inactive—have a built-in desire to move, Kimiecik says.

Although this inherent instinct may have been squashed by embarrassment, intimidation or other internal barriers, it's possible to recapture the joy of movement and the resulting health benefits. Try to:

- Pick an activity you enjoy or have enjoyed in the past (such as walking, dancing, cycling, swimming, gardening

continued on page 6 (Exercise)

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

Exercise (continued from page 5)

or skating) and make a commitment to doing it regularly.

- Focus on making the experience as pleasant as possible. For example, if you're concerned about others judging you negatively, exercise at home. If you're self-critical, avoid exercising in front of minors.

- Solicit support. Ask a friend to be your exercise buddy if companionship is appealing. Consider working with a qualified personal trainer if you want help getting started. (For referrals, call the American Council on Exercise, 18001 529-8227.)

- Start slowly, with as little as five minutes of your activity and progress gradually over time. If you've been sedentary, accept the fact that it may take you several months to be able to move continuously for 30 minutes.

- Recognize that you may feel some discomfort at first. Over time, you will get stronger and these early aches will fade. (If you choose to embark on a vigorous activity and you're a man over 40, a woman over 50, or have risk factors for heart disease, consult a health professional first.)

- Remember that fit and healthy bodies come in all shapes and sizes. Exercise may not give you a movie-star body, but it will help you look, feel and perform at the optimum level your genetic heritage will allow.

- Hang in there. The Catch-22 of exercise is that it may take weeks or even months until you can be active enough for the "feel good" effect to kick in.

"It took me about three months before I was feeling comfortable running," admits Henley Gabeau, executive director of the Alexandria, Va.-based Road Runner's Club of America. Gabeau says people typically reach the "love-it" point when they can run continuously for 30 minutes.

Regardless of the activity you choose, if you progress in gradual increments, with the goal of moving for at least 30 minutes, at least three times a week, you will get fit over time. And those who persevere past the sixmonth point are likely to stay active and fit for life.

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.



"Ever have one of those great days when you're just between manic and depressive?"



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**

Georgia Ann

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

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



Family/Friends Support Group

Riverside Co. Dept of Mental Health

JOURNEY OF HOPE

Second Wednesday of

Each Month

2–4 p.m.

Hemet Mental Health Clinic

1005 N. State Street, Hemet

and

Third Wednesday of

Each Month

6:30–8:30 p.m.

Meadowview Clubhouse

41050 Avenida Verde,

Temecula

These support groups are for families and friends of people with severe and persistent mental illness. The County is also offering a 12-week series of educational meetings. There is

NO COST TO YOU.

Please contact:

Camille Dirienzo-Callahan

(909) 791-3369 or

Mekkia deSanchez

(909) 600-5055

Ways to Insure Minimum Help From Your Doctor

1. Don't come with any questions in mind, and don't bring a pen or notebook.
2. In the waiting room, think about things that will help you feel more anxious.
3. In the doctor's office, sit down reluctantly and cower a little.
4. Tell the doctor as little as possible about you, using vague words.
5. See if he can guess the rest. That will show if he's in tune with you.
6. If he writes you a prescription, don't ask about any side effects. If you just ignore them, maybe they'll never show up.
7. If the medication makes you feel a lot better in a few hours or days, toss it in the trash. You are cured.
8. If the medication DOESN'T make you feel better, go back to the doctor and tell him his medication doesn't work.
9. If he takes you to task for stopping your medication, drop him, find another doctor, and repeat steps 1 through 8.
10. If you dislike repeating step 9, go to the drugstore and improvise a self-medication program of your own, made up of various pills and liquids: any thing and everything that looks good or sounds good.
11. If that doesn't work, go back to doctor-hopping or to a combination of doctor-hopping and self-medication.
12. If all else fails, check into the hospital; and if you're anywhere near going bananas, make it the psychiatric ward.

Lacy

What is "reasonable accomodation?"

Employers are sometimes reluctant to accommodate disabled employees for financial reasons or because solutions can become complex. The process needn't be expensive or difficult. Many accomodations can be made at little or no cost.

Modification of facilities, such as providing an employee with a private work space to reduce distractions.

Part-time work schedule for an employee who might become fatigued by a full time job.

Modified work schedule for an employee who takes medication and may be groggy in the morning, requiring a later or flexible schedule.

Time away from the workplace to attend therapy sessions.

Unpaid leave of absence so a disabled person may take time for short-term recovery in a hospital, respite center, or at home, or

continued on page 8 (Accommodations)

Accommodations

(continued from page 7)
even to take a vacation.

Job restructuring to make changes in the amount or type of a worker's tasks to make the job less stressful, such as allowing the employee to do paperwork in an office instead of working with the public.

Training from a job coach to teach a disabled person to learn the job to the point of mastery. An outside agency may send a job coach to the employment site, or the employer may provide one.

Modified supervision, such as increasing face-to-face meetings with disabled employees to offer positive and negative feedback, putting instructions in writing or offering more frequent performance reviews.

Sensitivity training to raise awareness among coworkers and supervisors and to debunk myths and fears about employee's disability.

Transfer to a vacant position if the employee can't perform the essential job functions of a current position or when the employee and employer agree a transfer would be more appropriate.

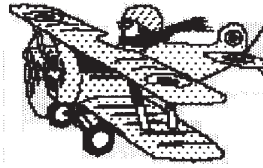
*Source: Rollercoaster Times, winter 2000,
DMDA of Orange County and DMDA,
Chicago, Mar-Apr. 1999*

Conference News
for 2001

National DMDA
August 17 through 19
Cleveland, Ohio

CDMDA
October 26 & 27
Visalia, California

Plan for these now...you
won't want to miss them!



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) 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)

*The best years of your life are the ones in which you decide your
problems are your own. You don't blame them on your mother, ecol-
ogy, or the President. You realize you control your own destiny.
Belief in recovery is essential. If you believe, it works.*

Psychiatrist Albert Ellis

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

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

Support Groups

Family Services of Western Riverside County

Support For This Millennium

When: English, *Eating Disorders/Body Image*: Thur., 5:00 - 6:30 PM

Why: To provide participants opportunities to meet and share similar experiences, challenges, resources, problem solving techniques and receive mutual support.

Where: Family Services Association of Western Riverside County
Mead Valley Community Center
21091 Rider Street, Perris, CA 92506

How: Simply call (909) 657-0686 (space is limited)

Cost: Support groups are absolutely FREE

Questions: For further information call Anh, (909) 686-3706



A United Way Agency

"FAMILY STRENGTH IS COMMUNITY STRENGTH"
Serving the Community Since 1953



Support Groups

Family Services of Western Riverside County

Support For The Millennium

- Who:** Persons experiencing depression, doubt, difficulties living with adolescents at home or combating eating disorder/body image issues.
- When:** Spanish, *Depression* group: Mon., 6:30 - 8:00 PM
English, *Fear and Phobias* group: Wed., 5:30 - 7:00 PM
English, *Coping with active adolescents*: Wed., 6:30 - 8:00 PM
English, *Eating Disorders/Body Image*: Thur., 5:00 - 6:30 PM
- Why:** To provide participants opportunities to meet and share similar experiences, challenges, resources, problem solving techniques and receive mutual support.
- Where:** Family Services Association of Western Riverside County
3634 Elizabeth Street
Riverside, CA 92506
- How:** Simply call (909) 686-3706 (space is limited)
- Cost:** Support groups are absolutely FREE
- Questions:** For further information call (909) 686-3706





A United Way Agency

"FAMILY STRENGTH IS COMMUNITY STRENGTH"
Serving the Community Since 1953



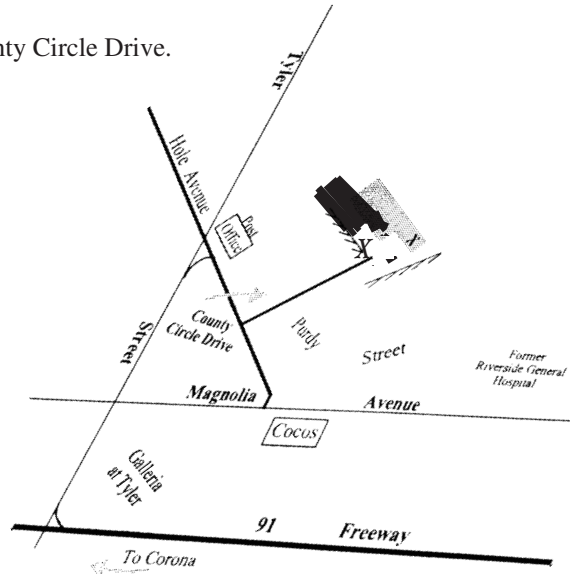
MDDA of Riverside
Map Legend

-  = 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.