VOL. 11 NO. 10

Out of darkness . . .

October 2001

#### **Dates to Remember**

\*\*\*\*\*\*

#### **CARE & SHARE GROUPS**

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

## Saturdays, October 6, 13, 20, & 27

10am–12 noon at Riverside County Mental Health Administration Building (see page 9 for address)

Coming October 20th
Kent Layton, PsyD.
Aurora Behavioral Center
San Diego
The Panic Personality, Triggers, and
Resolutions Tactics
Don't Miss It!



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

## What Do We Want From Others When We Are Having A Hard Time?

by Mary Ellen Copeland

A Recovery Educator was facilitating a group. A woman in the group began having a very hard time—such that her behavior was interfering with the ability of the other participants to focus on the information being presented. The facilitator took the woman aside and said, "What do you need?" So often when we are having a hard time we are told things that are not helpful, like "Stop!" "Pull yourself together," and "Get a grip."

There may be times when you have intense feelings and unusual behaviors that are commonly called psychiatric symptoms, things like: having panic or anxiety attacks, crying all the time, screaming, ranting, raving, angry outbursts and constant pacing. You know your own indicators that you are feeling very badly or are uncomfortable. You may be trying to figure out what you can do for yourself that will help you feel better. At the same time, the people in your life, may be "wringing their hands" and wondering what they can do to help. Even though they may be very well-intentioned, they may do things that are not helpful, and may even be harmful or cause a worsening in your symptoms. I ask people in my workshops, "What do you want from others when you are having a hard time?" They share the kinds of things that most of us want all the time. Some of them are listed here. You may agree with some and disagree with others. Let me know if you have any ideas of things that should be added to this list.

#### • To be heard.

After a recent seminar, a woman who had been a health care provider for many years said, I learned one very important thing here— "that is to keep my mouth shut." Cheryl Stevens, MD, a facilitator of mental health recovery education, said, "Osler, father of modern medicine, supported the ethic that if you listen to the patient long enough, not only will they tell you the diagnosis but you will also learn the best way to fix the problem." I find that being heard is one of the most helpful wellness tools I have. When someone truly listens to me, and does not interrupt with judgments, criticism, stories of their own or even advice, I feel better and I often figure out what I need to do for myself. •

To be treated as an equal, with dignity, compassion, respect and unconditional high regard at all times and to be accepted as the unique, special and wonderful person you are.

- To be given messages of hope: "You will feel better." "There are "no-limits" to your recovery." "You can do whatever you want to do and be whatever you want to be."
- To have your experiences validated.

Continued on page 2 (Having a Hard Time)

#### **Having a Hard Time** (continued from page 1)

- To be given choices and options, not final answers, when you ask for help.
- For others to understand that you are the expert on yourself as you dictate your own path to recovery,— whatever that means to you—working at your own pace toward your own goals. I was visiting the exhibits at a recent conference with Yvonne Smith, a mental health recovery educator. There was an exhibit that had the word "partners" in the title. Yvonne said, "Partners, partners! I am not going to partner with anyone on my wellness and recovery. I am in charge of myself."
- To have it understood that the people of your choice work with you—not for you—to increase mutual understanding and respect, and to promote wellness.
- Private time and private space that is respected by others.
- Respect for your clearly defined boundaries. Your boundaries may be different when you are having a hard time. Let others know what they are so they can be respectful.
- For others to engage with you in mutually enjoyable activities (you need to let them know what they are).
- "If you think I am a danger to myself or others, please talk with me about it. Hear what I have to say. Stay with me. Listen and listen and listen."
- "Control me only when I am abusive to others, or a danger to myself or others."

In these hard times, others may do things that are not helpful. Most people agreed that the following things were not helpful. If you think these things would not be helpful to you, share the list with your supporters. Discuss it with them so everyone is clear and mutually respectful around these issues. What is not helpful:

- Trying to deal with anyone who has a "big ego" or who is on a "power trip."
- Bigotry, prejudice or hatred.
- Predetermined outcomes or proposed outcomes determined by someone else.
- Inappropriate comments or joking about what might be helpful, like: "If you have sex with me you will feel much better."
- Patronizing comments, like: "Have you taken your medication, dear?"
- Having your boundaries—whatever they might be—violated.
   Scolding, threats or punishment.

You can help assure that others treat you the way you want to be treated *if* you discuss these points with your supporters before a difficult time occurs—and on an ongoing basis. You can include it

\*Continued on page 3 (Having a Hard Time)

#### We are now officially on the web.

Check it out at:

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

### The Thermometer Times 16280 Whispering Spur Riverside, CA 92504 (909) 780-3366

Publisher & Editor in Chief
Jo Ann Martin

Senior Editor Yen Cress

Copy Editor **Karen Cameron** 

Associate Editors
Nelma Fennimore
Karen Cameron
Georgia Peterson
Chris Majalca

Staff Writer Yen Cress

Medical Advisor
Andrew J. Rooks, M.D.
Child, Adolescent & Adult Psychiatry
American Board of Psychiatry
and Neurology

Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

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

## Conference News for 2001

#### **CDMDA**

October 26 & 27 Visalia, California

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

More information in next issues.

Rooms - \$74.00 per night (up to 5 persons to a room Registration - \$65.00 - Clients, full conference

as part of a larger document known as a crisis plan or advanced directive. There is more information on this in the books listed on the order form.

Source: Mental Health Recovery Newsletter, July 2001, and Mental Health Recovery Newsletter, July 2001

For more information about this arlticle, Call: 802/254-2092

#### From the President

By the time this newsletter reaches you, many of you will be weary of hearing this, but I must say it anyway. Be kind to those of you around you, regardless of their nationality. Of course, I am speaking of the many mid-eastern people who reside in our country.

Before moving to California, I lived in the largest Arabic community in the United States (Dearborn, Michigan). When I first arrived and moved in, they were a little hesitant to accept me. I worked late, playing the piano around Detroit, wore clothes which were very unlike theirs, and looked different than they did. Eventually they did accept me. Some of them would sit by the entrance to our building to see that I arrived home safe at night. Their children and I planted hundreds of sunflower seeds in the back lot behind our building and watched them grow taller than we were. Whole families watched me paint murals of their country at the tops of the stairs. They in turn enriched my life by teaching me how to make some mid-eastern dishes, gave me a hand-made dress from Lebanon, and a copy of the Quran. I even house sat for one of them while they returned to their native country.

They were my friends.

Now, I wonder where they are and if they are safe. I am alarmed by the news that many of these people are being threatened with their lives because of the horrendous attacks in New York and in Washington, D.C.. They are potentially as much victims of September 11th, 2001 as anyone. I felt lucky, and still do, to have been a part of their community for about 13 years. At one point I thought it might be as close as I would come to going overseas.

Be kind to your fellow citizens, judging them not by their names, or how they dress, but by the fact that they are fellow Americans and living peaceful lives. Let our government tend to the sorting out of those we should fear.

My heart goes out to all who have felt loss during this unbelievable time. May we all take lessons from those who have already shown bravery.

Jo Ann Martin

#### HELPFUL SUGGESTIONS FROM THE NATIONAL DMDA

September 17, 2001

On September 11, 2001, the horrific events in New York, Pittsburgh and D.C. dramatically changed the world forever. Your support group may receive an increase in requests for support or information as a result of these devastating attacks. Rates of depression are especially high in people who experience Post Traumatic Stress Disorder (PTSD). In one study conducted by the National Institute of Mental Health, 40 percent of patients with PTSD had depression when evaluated both one month and four months later. Because PTSD can lead to depression and other illnesses, early intervention is important. As a Chapter Leader or group facilitator, you should continue to focus on coping strategies, hope and on productive actions as well as be sensitive to short-term strategies to lessen long-term effects of trauma.

- Respond to requests and questions in a comforting manner.

  In response to this tragic event, people

  may be experiencing a number of different symptoms in
  - may be experiencing a number of different symptoms including, fear, helplessness or anger. Your responses, can often dictate their comfort and involvement as they choose to participate in a support group meeting.
- Establish trust that encourages another to share feelings within a limited time for interaction.
  - Generally trust is built over time, although disclosing your personal feelings or experiences may be one way you can indicate your investment in the group and offer a sense of security to each participant in an immediate fashion.
- **Protect an individual's privacy and dignity.** Privacy issues are usually assumed or stated in ground rules of each meeting. Often forgotten, in times like these, it is the need to treat each person's dignity as fragile and precious.
- Avoid judgmental comments on their role or impact (whether primarily or secondarily affected).
  - Primarily affected people will have lost someone close or may have witnessed this tragedy first hand. Secondarily affected persons encompass a large range of people from on-site medical assistance staff, like paramedics and firefighters, to those who have watched the evening news from many states away. While each experience is significantly different, the impact may be similar. Essentially, you should honor each persons feelings and validate their story.
- Ask gentle questions. Your sensitivity to ask, "How do you fee!?," "What do you want to talk about?" or "Was today a good day? will be appreciated.

continued on page 4 ( Nat'l DMDA)

#### Nat'l DMDA

(continued from page 3)

Whether or not new people attend your group as a result of this event, taking time to discuss this national tragedy with those present members is imperative. Psychiatrist Carol S. North, Associate Professor of Psychiatry at Washington University School of Medicine in St. Louis, advises us to, "Share your feelings and reactions, try to process together, try to make meaning." With DMDA support groups already assembled, the challenge is to continue asking the group thoughtful and intentional questions to engage in meaningful and intentional dialogue. As a facilitator, conversation starters and probing questions should allow for current or new group members to express:

- Emotional Reactions (anxiety, guilt, anger)
  - Sample questions: How are you feeling? Have you been able to talk with your friends or family?
- **Physical** Reactions (fatigue, insomnia, nightmares)
  - Sample questions: Did you get a good night's rest? Have you made time to relax and get some extra rest?
- Cognitive Reactions (difficulty with concentration, solving problems or making decisions)
  - Sample conversation starter: After watching the news again all last night, I cannot seem to concentrate on my projects at work. Is anyone else experiencing that?

Recovery will probably not be quick or simple for anyone, but National DMDA does offer suggestions to take care of yourself and your loved ones. Those suggestions are available on our website at <a href="https://www.ndmda.org">www.ndmda.org</a>. We will also mail each chapter a quantity of pamphlets to distribute locally. For additional information, contact Chapter Relations staff, Lisa Goodale, lgoodale@ndmda.org or Barbara Hylard, bhylard@ndmda.org.

#### **Brilliant, Worldly, Upbeat**

Surely, He 's Never Really Depressed After <u>The New Yorker</u> published Andrew Solomon's riveting account of his depressions left him unable to get out of bed for days, to shower or to cut up his meat. Many of his colleagues didn't believe it.

"Some of them were saying to other people, 'Oh, I know Andrew Solomon. He's a very together person. He would never really do any of that. I think he just made a lot of that up for sensation.' The idea that I would make that stuff up was bizarre to me," he said.

I could imagine the confusion. The man before me was animated, articulate, funny, and, well, very together. But, when depressed, he, like us, shuts himself away from what he calls "the alien world."

His new book, The Noonday Demon; An Atlas of Depression, was published in June by Scribner. He will join a writers' paned on depression at MDSG in January.

Yet Solomon is unlike most of us who fumble describing depression and end up with, "Put it this way: It's hell." He finds unforgettable metaphors and analogies to help the non-depressed or as a friend of mine says. "the not-yet diagnosed" to see, feel and touch depression.

"The book ends "...The opposite of depression is not happiness, but vitality, and my life..., is vital, even when sad...I have discovered what I would have to call a soul, a part of myself I could never have imagined until one day, seven years ago, hell paid me a surprise visit Almost every day I feel momentary flashes of hopelessness and wonder every time

whether I'm slipping."

"For a petrifying instant...I want a car to run me over and I have the grit to stay on the sidewalk until the light turns] or I taste hungrily the metal tip of a gun in my mouth; or I picture going to sleep and never waking up again.

"I hate those feelings, but I know they been driven me to look deeper at life... Every day I choose, sometimes gamely and sometimes against the moment's reason, to be alive. Is that not a rare joy?"

The author freelances for <u>The New Yorker Art Forum</u> and <u>The New York Times</u>, is working on a second novel and thinking about possible nonfiction books on dwarfs and the deaf.

He graduated magna cum laude from Yale and then studied in Cambridge, England, where he was the first foreign student to place first in his graduate class. He's written three critically acclaimed books; he's all of 37.

In his new book, he is remarkably candid about his struggle with mental illness. Doesn't this make editors, a nervous and unforgiving lot at deadline, vocal about whether he'll be well enough to come through?

"My editor.," he said. "asked the question when bids were coming in for my new book., 'Now, you've got this depression under control, right? You're not going to have a breakdown and not he able to go out and promote it?' I thought, 'Maybe yes, and maybe no"

But I said to her, The depression seems to be under control now. I'm on a good regimen of meds, and I have no rea-

Continued on page 5 (Brilliant)

#### **Brilliant** (continued from page 4)

son to anticipate anything like that."

"'Two thirds of the way through writing the book. I had a very had episode. One of the first things I did was call my editor and my agent and say, 'The book's going to be at least a few months late. And I'm really sorry. but there's nothing I can do about it".

"My editor, who *is* really a lovely woman. said, 'Well can't you get an extra researcher to speed things up."

"No, I can't, I'm really sick. When I'm feeling better. I'll do everything I can to catch up"

"Well, if there's *anything you can do*, it would really be great if *you would just do*.

"I'm sorry, but believe me this extra breakdown will make really good material for this book. You'll get your money's worth"

Perhaps the most moving passages tell how his father and close friends took care of him during bad times. In one, a friend helps him take the "15 steps" (he calculated) necessary to get him from bed to shower.

In another, his father cuts up his lamb chops at the dinner table. And when a bad reaction to meds while on tour to promote his last book left him too weak to stand, a friend talked him out of lying face down indefinitely in the mud.

So what advice would he give to friends and family?

"The most important thing - and, perhaps, the most obvious thing - is to be patient," he said, "to accept that no matter how distorted a depressed person's reality may seem, it's his reality"

Just being there physically in the same room or even in the next room can make a huge difference" He added that, of course, encouragement to get professional help is imperative. Yet he cautioned against being too demanding "You need to strike a balance, and it's a very line between encouraging the depressed to get up and do what they're capable of but not pushing them to dance on broken legs"

One gets the impression that Solomon for all his candor is a private man

"I think, if you reveal a great deal about yourself, you keep whatever you don't reveal extremely private," he said.

"It's hard to say there was anything I liked about my depressions, but one good lesson they've taught me—it's possible to let down some of my defenses and be a little bit less glossy and controlled".

Let's hope some of what he hasn't revealed shows up in

his future books; we'd all be richer for it.

Source: Jane Cartwright, <u>Moods</u>; Newsletter
of the Mood Disorders Support
Group/New York Vol No2, 2001.
Also Polar Express, Newsletter of the
Manic-Depressive and Depressive
Association of Boston

#### An Interview with Sandy

Before your diagnosis, what made you suspect that you might need one?

I FELT VERY DEPRESSED, ANXIOUS, AND UNABLE TO CONCENTRATE.

Was your diagnosis ever changed?

Pes, thep misdiagnosed me for 30 pears. Thep thought I had major depression. Thank God I found a doctor that said I was bipolar and put me on the right meds. I then improved.

How did you feel about having to take medicaiton?

Most of the time, I have felt O.K. About it. But there are times that I feel like one big Dill.

How did you think your friends might react if they were to hear of your diagnosis?

Sometimes they understand. Others know nothing and coud care uss!

If you told your family of your diagnosis, what was their reaction?

BOTH OF MY PARENTS PASSED AWAY, SO THEY NEVER KNEW.

Did you stay on your medications or go on and off?

During your illness, did you try to work or volunteer, even if

continued on page 7 (Interview)

#### 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 909/688-0368.

### Alliance Library

1215 N. Buena Vista Suite K San Jacinto, CA

Open 1 p.m. to 3 p.m. Tuesday, Wednesday, Thurday, and Friday.

> 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 develop 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, and turn into the driveway. Suite K.

Riverside Glicide
Chisistelp Line
(31)
(909) 686-14517]
(909) 686-4357]
24hr. Hitline
7Daysalviek

#### GOT 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!

#### Don't Forget

National Depression Screening Day October 11, 2001

Screening forms in Spanish will be available.

A list of sites in your area will be available soon.

#### Don't forget

#### **Thanksgiving Dinner**

at my home.

It will be be here before you know it.
Dinner promptly at 1:00 P.M.
Bring a friend and or family member.

Don't stay home alone.

Directions to my house are on the front left lower corner of this newsletter.

Any questions, call 909/780-3366

#### BIZARRO By Dan Piraro





## 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

Arnold Oberg (909) 685-1663

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

Georgia Peterson 12 noon to 6 p.m. (909) 354-8727

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



## Family/Friends Support Groups

Riverside County Dept. of Mental Health
Offers Support groups for families and friends
of people with severe
and persistent mental illness.
These Support Groups are offered
throughout the County of Riverside.

The County also offers the

NAMI Family-to-Family Education Program

This program is a 12-week series of educational meetings for family members.

There is NO COST TO YOU.

For information on dates, times and location, Please contact:

Riverside Co. Dept. of Mental Health The Family Advocate Program (909) 358-4987/1-800-330-4522

#### Columbia Presbyterian Medical Center

is conducting Bipolar Genetic Studies. These are for families with at least two living members who have had a manic or schizo-affective episode. You may learn more by logging onto their website: (http:bipolar.hs.columbia.edu) or by calling the toll free number 888-219-2140. Some handouts will be available for you to pick up at our weekly meetings.

These are important studies...join in to make a difference!

Columbia Presbyterian Medical Center, Department of Medical Genetics & Department of Research Assessment and Training. 1501 Riverside Drive, Unit 123 New York, NY 10032-2695 **Interview** (continued from Page 5)

just parttime? If so, how did that go?

I volunteered at a local hospital in the admitting office.

I liked it, it kept me busp, and made me feel productive.

Do you have some skills or hobbies that you enjoy?

I watch educational programs on T.V.

How, if at all, has MDDA helped you in your feelings about life in general?

It gave me lots of hope and empowerment. I love the meetings, I look forward to them. I've gotten great feedback

How has MDDA helped in your view of what the future holds for you?

I prap I can get a part-time Job and make a little extra monep. I want to feel like a productive member of society.

How has MDDA helped in your view of yourself?

I FEEL EMPOWERED. FOR SO MANY PEARS, I FELT NOT ONLY HOPELESS, BUT HELPLESS. I DID NOT KNOW HOW, OR EVEN IF, I COULD HELP MYSELF. I FEEL I HAVE CONTROL OVER MY ILLNESS.

How has MDDA helped in your feelings about going after what you want?

WHEN I'M FEELING GOOD, I SAP "GO FOR I'!" BUY WHEN I AM NOT DOING WELL, I FEEL "OH GOD, I JUST CAN'T HANDLE THIS!

Do you have a personal faith that encourages you? If so, describe it briefly?

I'm Jewish, but God is God and I prap when I feel the need to.

continued on page 8 (Interview)

#### 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

#### **Interview** (continued from page 7)

Have your friends or family members become more understanding and supportive?

THE DEODLE OF MDDA HAVE BEEN EXTREMELY SUPPORTIVE OF MY PROBLEMS. Mp ENTIRE FAMILY IS DEAD.

If you were to give a fellow sufferer some words of encouragement, what two statements would you make?

1. (RO NOT TO GIVE UP! CHERE IS A LIGHT AT THE END OF THE TUNNEL! 2. It's 70% meds and 30% pour AND YOU HAVE TO LEARN ABOUT YOURSELF AND THEN LEARN HOW TO HELD POURSELF. AND IT DOES NOT HADDEN OVERNIGHT. (RE TO BE A DATIENT DATIENT!

> Interview by Sandy Waples Interviewee: Sue Beck

Touched By An Angel



On Sept. 25th the MDDA had an Angel leave this world, for her work here was done. Josie Richard's was a loving, caring, and giving member of the MDDA. She went to a better world.

She volunteered for the MDDA, the California Network, and her Church Family. As well as her own immediate Family. She would ask you to Rejoice and Celebrate in the Times We Shared Together and to Treasure each other and Steve, her husband.

We Were Blessed To Be Touched By An Angel!



(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 Tuesday 7–9 pm. Trinity Lutheran Church Please call (909) 658-5013

#### 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)

#### Calling all interested consumers.

We are looking for consumers who are interested in sharing their personal recovery story.

Living With Schizophrenia and Other Mental Illnesses (LWSIOMI) is a recoveryeducation program given by trained consumer presenters for other consumers, family members, friends, professional, and lay audiences.

Individuals need not be active in mental health advocacy at this time, but they:

- "have been there"
- are in recovery
- believe in treatment, with medication as the cornerstone for recovery
- must be able to present professionally
- have the time to be trained, and periodically present 1 1/2 to 2 hour workshops, often during working hours.

Stipends will be paid for presentations.

NAMI - - Living With Schizophrenia and Other Mental Illnesses

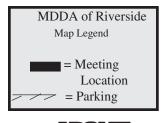
Please call for more information:

Lisa Partaker, Program Coordinator (909) 686-5484 or email: llpartaker@excite.com A collaborative effort brought to you by:

> Riv. County MH Dept. - NAMI, Western Riverside County -Jefferson Transitional Programs



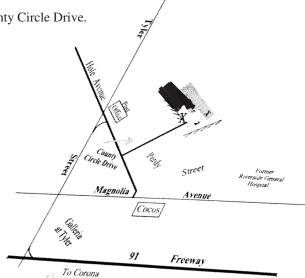




Buses 1 and 13 stop on Hole near County Circle Drive. Bus 12 stops at Tyler and Hole

## ABOUT MDDA

MDDA Of Riverside is a support group for manicdepressives 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.

#### MEMBERSHIPINFORMATION

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 Plo	ease Print	New Ren	newal	 
   NAME	PHONE			
ADDRESS	CITY_		STATE _	ZIP
Please check one of the following:  I have: Manic-Depression Depression I am a: Family Member Professional				
None of the above 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.				