

The Thermometer Times

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

VOL. 11 NO. 3

Out of darkness . . .

March 2001

Dates to Remember

RAP GROUPS

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

Saturday, March 10
Saturday, March 17
and Saturday, March 24
10am-12 noon

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

March 17, Guest Speaker:
Mike Busse, Partial Hospitalization,
Knollwood Center
Topic: Assertiveness
Don't miss this important meeting.



**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

Challenges for Self-Responsibility

William Bonney, Ph.D. spoke to the Tampa Bay DMDA on October 10, 2000. Dr. Bonney asked: "Who will make things work for you", and "Do you know anyone who knows you better than you do?"

Everyone has problems. It is part of the human condition. We can give up and stop trying, or we can stand up with skinned knees and keep going. We can decide to actively approach problems or we can become passive and "just let things happen," as if we have no control over our lives. There are times when we are not able to be as active as other times. However, Dr. Bonney pointed out, a diagnosis does not mean that a person cannot function.

Each person is ultimately the expert on solving his own problems, achieving the "ability to respond" effectively. Each person draws from his own unique experience. Being answerable for oneself can be hard work and painful and it may seem easier to give responsibility away. "It's the doctor's fault," or "My sister made me do that." However, to optimize our mental health and to live our lives fully, problem-solving is essential to self-responsibility.

Self-responsibility is self-sustaining. The more we are accountable for ourselves, the greater our sense of self-worth. Making a contribution makes us feel better. Confidence and trust in the world are enhanced. It is not what happens to us, but how we handle and respond to what happens to us, that gives us a sense of self-respect and self-worth. With practice, problem-solving becomes easier and less stressful, inherent in our approach to life.

How do people problem-solve effectively? By creating as many resources as they can in order to become active participants in their self-responsibility. People need to know when to seek help. No one is an island and everyone needs other people to do some things for them. Asking for help is not a sign of weakness or a flawed character. It is an acknowledgement that we do not have all the answers. It is okay for a person to say "I don't know how to do this." Finding help is an active role and a step toward wellness. People in the passive lane do not feel good about themselves and are less likely to receive help.

Another important factor in self-responsibility is a positive attitude and a willingness to learn. People can choose to learn from experience, reading, and support groups, to see new possibilities, and even to find humor in their circumstances. Adversity may even be seen as a challenge. On the other hand, people can choose to complain, take offense, blame others, and stagnate. A negative approach to problems becomes self-defeating as well as a method to sabotage self-responsibility. Dr. Bonney states: "You are very powerful in what you do by the things that you think about."

Self-nurturing is another important factor in self-responsibility. Knowing how to care for ourselves enhances further development and increases a sense of accomplishment. Ideas for self-nurturing include crafts, music, exercise, reading, nature, reflecting on our positive traits, journaling, and even savoring a cup of coffee. The

continued on page 2 (Challenges)

Challenges (continued from page 1)

main idea is to find something that you enjoy doing and that nurtures you. Everyone is creative in some way and everyone has unique traits and inner resources to draw upon.

Dr. Bonney described a useful tool called Quantum Problem Solving (QPS). The basis of QPS is CYA, that is, Check Your Assumptions. Many times we have assumptions that are false - they are not based on accurate data. For example, if a person believes that the world is cruel because of past experience, he may decide to stay home. Missing information results in assumptions, which lead to inaccurate conclusions, and impaired decisions. Virtually every decision will have its own problems and we can never solve them all. However, we can find the solutions that work best for us. In looking for the problem in a solution, we take the emotionality out of the process. We are moving from passive to active. We are taking control.

Self-responsibility is difficult. It causes us pain and suffering and we have to work at it. But as we take an active approach to our lives, the process becomes easier and self-fulfilling. Only you know what works best for you.

—Jane Trilling

*Source: Tampa Bay DMDA Newsletter,
Feb.-Mar., 2001*

Teenage Depression Shows

Family Ties

Children and teenagers sometimes experience bouts of helplessness, hopelessness, and despair that are diagnosed as major depression. Researchers have been unable to determine whether depressed youths display an early version of adult depression or a different mood disorder, perhaps stemming from problems such as anxiety, delinquency, and substance abuse.

There does appear to be a strong family connection, however. A new investigation has found that adult depression and the teenage version run in the same families.

In interviews with students at nine high schools in western Oregon, psychologist Peter M. Lewinsohn and his colleagues at the Oregon Research Institute in Eugene identified 268 students who had previously experienced episodes of major depression (usually starting at age 13 or 14), 110 who had suffered from anxiety disorders or other psychiatric problems that didn't include depression, and 291 who had never developed any mental disorders. The researchers then interviewed 2,202 of the participants' parents and siblings age 13 or older.

Compared with the study group without mental disorders, family members of depressed adolescents show markedly elevated rates of major depression and moderately elevated rates of alcohol abuse, according to the team's study, which appears in the January ARCHIVES OF GENERAL PSYCHIATRY. Most family members who abused alcohol also exhibited depression.

However, parents and siblings of depression-free teens with

continued on page 3 (Teenage Depression)

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
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Child, Adolescent & Adult Psychiatry
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and Neurology

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We are now officially on the web.

Check it out at:

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

Thank you for renewing your memberships and newsletter subscriptions.

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

The National Depressive and Manic-Depressive Association Launches Mood Disorder Questionnaire

(CHICAGO – December 6, 2000)

Seven out of ten people with bipolar disorder receive at least one misdiagnosis and the average length of time from onset of symptoms to correct diagnosis is ten years. To address the critical need to shorten this decade of inadequate or no treatment, the first self-rated screening instrument for bipolar disorder was created. The Mood Disorder Questionnaire (MDQ) was designed to identify the minimum critical criteria necessary to diagnose Bipolar Spectrum Disorder (BSD) and to assess the sensitivity and specificity of this threshold, using a professional diagnosis of BSD as the standard. An interactive version is now available on the National Depressive and Manic-Depressive Association's (National DMDA) website at <http://www.ndmda.org>.

BSDs are frequently undiagnosed, unrecognized and untreated largely due to the broad range of symptoms often attributed to problems other than bipolar disorder. Consequences of misdiagnosis or delay of diagnosis can be devastating; as many as 20 percent of people with bipolar disorder die by suicide.

Using a series of questions based on both DSM-IV criteria and the authors' clinical knowledge, the questionnaire screens for lifetime history of bipolar symptoms. The confidential on-line tool is comprised of 13 "yes" or "no" questions and two multiple-choice questions. Individuals are immediately told whether their answers indicate a possible screening for bipolar disorder.

If so, they are urged to print out their results and ask their health care professional for a comprehensive evaluation for bipolar spectrum disorder. The questionnaire is not meant to take the place of a comprehensive evaluation. People who have concerns should consult their health care provider.

The questionnaire that was extensively tested has a 90% reliability rate. Results in a hard copy version of this questionnaire were recently studied by Robert M.A. Hirschfeld, M. D., Chair, Department of Psychiatry and Behavioral Sciences, The University of Texas Medical Branch in Galveston, Texas and a member of National DMDA's Scientific Advisory Board. "This is a wonderful opportunity for people to learn whether they or a loved one might have bipolar disorder in a quick and easy way," said Dr. Hirschfeld.

National DMDA is the nation's largest patient-directed, illness-specific organization. Founded in 1986 and headquartered in Chicago, Illinois, National DMDA has a nationwide grassroots network of chapters and support groups. It is governed by a 15-member board of directors and guided by a 65-member Scientific Advisory Board composed of the leading researchers and clinicians in the field of mood disorders.

Source: The Initiative, Interim, 2001

Music on the Mind

From an article by Nancy K. Dess,
Ph.D in Psychology

New research is revealing the role of music in brain function. Music seems to be not only cultural, but biological. In-

Teenage Depression

(continued from page 2)

anxiety disorders, such as panic attacks, or drug abuse show no increased depression rates, reports Lewinsohn's group.

These findings strengthen earlier reports suggesting that adolescent depression exists apart from other emotional disorders, often as a prelude to adult depression, comments psychiatrist Richard Harrington of Royal Manchester Children's Hospital in England. Uncovering the specific ways in which genetic and environmental factors promote depression in certain families will require further study, he says. —B.B.

*Source: Science News, Vol. 159,
February 3, 2001*

Infants have musical abilities, and research has shown that certain cells in the brain respond more to melody than to language.

Music also influences the brain. A recent report on the "Mozart Effect" found that college students performed better on tests of spatial-temporal abilities after listening to Mozart for ten minutes. However, as Dr. Dess notes, this effect lasts only a few minutes. But, with time and practice, listening to music can have long-term effects on the brain. Evidence shows that long-term musical involvement affects cognitive skills- language skills, reasoning, and creativity- and improves social adjustment.

Music is good exercise for the brain. Playing an instrument involves processes of vision, hearing, touch, motor planning, emotion, and symbol interpretation, all of which stimulate different brain systems. So, learning to play an instrument, which can be accomplished at any age, will help stimulate and exercise the brain. Dr. Dess also recommends school music programs, for their intellectual, personal, and social benefits for our children.

*Source: Today, September/October
2000*

How to Apply For FREE DRUGS

Drug companies sometimes actually give their medicines away, though you'll have to do some legwork — and meet certain financial requirements — to participate. Successful applicants typically have low incomes and no insurance.

Here's how to apply:

Step 1: Check AT's list, "Drug Hotlines," for drug companies' pharmaceutical assistant programs that offer medications. If your medicine is not on the list, find out the name of the drug manufacturer. A guide is available from the Cost Containment Research Institute in Washington, D.C. . You can order a copy by sending \$5.00 to:

Institute Fulfillment Center, Prescription Drug Booklet #PD-370, P.O. 462, Elmira, N.Y. 14902-0462. OR get the same guide online at www.institute-dc.org

- **Step 2:** Call the drug manufacturer and ask for its pharmacy assistance program.
- **Step 3:** Ask the assistance program staff to send you the application. (In some cases, your doctor may have to make this call.)
- **Step 4:** Fill out the paperwork with your doctor, who must sign the application and provide a valid prescription for the drug in question. It may take at least a month for the company to review your application, and each drug company sets its own standards for qualification. If approved, your prescription is mailed to your doctor's office.

Other resources: Anyone can apply for pharmaceutical assistance programs; you and your doctor do not have to go through an agency to apply. However, if you'd rather not do the paperwork yourself — and are willing to pay for the convenience — there are alternatives.

The Medicine Program in Doniphan, MO, provides applications for a \$5.00 fee for each medication (refunded if your application is rejected). For more information, call 573-996-7300 or go online to www.themedicineDropram.com

Indigent Patient Services, Inc. in St.

Petersburg, FL, fills out and coordinates assistance programs applications. The organization charges a one-time \$25.00 setup fee, as well as \$10.00 per medication. For more information, call. 727-821-7333 or go online to www.pihs.com/i13s

*Source: Sad and Glad Times, Winter
2001, Davenport, Iowa*

LOW DOSE PROZAC

A Lilly Research laboratories study of 417 patients has found that lower doses of Prozac (20 mgs a day) was well tolerated and effective against depression. Compared to previous studies using Prozac at up to 80 mgs a day, the subjects had lower frequencies of "adverse events" (the exception being insomnia). There was no difference in discontinuation between the Prozac group and the placebo subjects.

Source:McMan's Depression & Bipolar Weekly

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

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.

Effective Treatments Available for Depression

Certain factors can interfere with and delay diagnosis and treatment

Although recent research disproves the notion that older adults suffer from depression at a higher rate than those under the age of 65 years, certain factors more prevalent among the elderly can interfere with and delay its proper diagnosis and treatment.

“If accurately diagnosed depression in older persons is like depression in the young, it’s very treatable, usually with a combination of antidepressants and psychotherapy,” says Anand Kumar, M.D., director of UCLA Neuropsychiatric Hospital’s Geriatric Ambulatory Care Program.

Geriatric patients should begin antidepressant therapy with a smaller dose than typically prescribed to younger patients, advises Helen Lavretsky, M.D., psychiatrist at UCLA’s Neuropsychiatric Institute. “As we age, natural changes in the brain, an increase in the body’s fat composition, and physiological changes in drug metabolism and clearance by the liver and kidneys cause medications to accumulate in the body, often presenting side effects,” she says. “Starting on a low dose and increasing it slowly means that improvement may take longer, but any adverse effects will be minimized.”

Depression in older persons is frequently associated with common, late-life medical disorders, including heart disease, hypertension, diabetes, arthritis and cancer.

“It’s difficult to determine if chronic illness makes one more biologically sus-

ceptible to depression or if it’s a psychological reaction to disease; most likely, it’s a combination of both,” says Dr. Kumar. “In any case, depression may affect the outcome of the medical illness. For example, research shows that patients who are depressed after a heart attack have increased risk for mortality,” he adds. Dementias, including Alzheimer’s disease, and those stemming from other neurodegenerative disorders such as Parkinson’s disease and ALS, are also associated with geriatric depression. “The symptoms of dementia and depression often mimic one another. Upon diagnosis, a patient who suffers from both dementia and depression must receive proper management for each disorder, not just the dementia,” observes Dr. Lavretsky.

Dr. Kumar suggests that patients report to their physicians all prescriptions and over-the-counter medications, supplements and herbs that they are taking. Some drugs can cause depression; some antidepressants can interfere with the effectiveness of other medications; and certain drug interactions can result in harmful side effects.

Source: UCLA Healthcare, Vital Signs, no. 24, March 2001

Know When to Let Go

Health, November/December, 1999

Next time you feel let down, take some advice from psychologists at the University of Michigan. Try not to obsess on your difficulties. They say women have a much greater tendency than men to ruminate when upset.

Besides not helping the situation, it can also lead to depression. Talk to a friend or therapist instead, they say.

Source: Topeka DMDA Newsletter, Jan., Feb. Mar., 2001

Depression in Medical Illness: The Role of the Immune System

Summary of an article by Kenneth V.

Iserson,

Western Journal of Medicine 1

73(5),2000, Medscape.com

Immunity and resistance to disease are affected by stress and emotions. Pathways between the brain and nervous system and the immune system, in turn, result in behavioral and mood changes when the immune system is activated.

When pathogens (germs) invade the body, the immune system alerts the brain of the infection-induced immune activation. Cytokines such as interleukins and interferons, are peptides (chains of amino acids) that are produced in the brain and elsewhere to orchestrate the body’s immune response. Cytokines mediate not only the disease-fighting function of the immune system, but also changes in the brain, nervous system, and endocrine system. Ultimately, chemical changes result in behavioral changes, collectively known as “sickness behavior,” such as depressed mood, anorexia, altered sleep, and reduced interest in interacting with others.

Disease-related depression causes distress to the patient and can decrease the body’s ability to fight the illness, as well as compromise the treatment plan.

Source: Tampa Bay

Newsletter, Feb./Mar., 2001

Ziggy

By Tom Wilson



Review two weeks of 'Ziggy' at www.press-enterprise.com/comics

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!

More information in next issues.

**Smoking and
Teenage Depression**

A new study suggests smoking may be a cause of depression in teenagers, contradicting the current thinking that says depressed people may smoke to feel better.

The study found that teens who smoked were about four times more likely to develop highly depressed symptoms during a year's time.

The researchers speculated that nicotine or other smoking by-products may have a depressive effect on the central nervous system.

Elizabeth Goodman, an adolescent medicine specialist at Children's Hospital Medical Center in Cincinnati led the study, which appears in the current issue of the journal Pediatrics.

Source: Tampa Tribune,
October 3, 2000

**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.**

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



**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

Arnold Oberg
909/783-2933

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

Georgia Petersen
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/Friend Support Group

Riverside Co. Dept of Men
JOURNEY OF HOPE
Second Wednesday
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
Mekikia deSanchez
(909) 600-5055

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



HOW TO BRING MORE JOY INTO YOUR LIFE

Bo Lozoff

Human Kindness Foundation

This is a time of unprecedented prosperity – yet many Americans, no matter how successful, find their lives lack real joy and contentment. Joy and contentment don't come from working harder, earning more or escaping it all once a year with a costly vacation.

SIMPLE FULFILLMENT

Throughout the centuries, philosophers and religious teachers have given us blueprints for living fulfilling lives. Though different in many ways, these traditions share two principles...

- **Personal communion.** We should spend time every day looking inward... examining our true desires and feelings...and inching toward a profound unity with the source of creation.

- **Community.** By cultivating kindness, goodwill and generosity, we recognize the interconnectedness of creation. This motivates us to do what we can to leave the world better than we found it.

A fulfilling life balances these inner and outer principles. If we only look inward, we become self-centered. If we focus only on the welfare of others, we become bitter when the world doesn't change as fast as we think it should.

PURPOSEFUL PRACTICE

We can build these inner and outer foundations through *purposeful practice*. That is any simple, repetitive activity you do regularly and deliberately, with the aim of growing in awareness.

You can't strengthen your heart by reading about exercise. Similarly, reading or thinking about spiritual ideas isn't enough to give your life meaning. You must act.

Choose one or two practices to which you are drawn and do them every day. Stick with a new practice for at least one month before deciding whether it is working.

The following practices have been helpful to many people...

- **Quiet the mind**—the core practice for

developing calmness and mental strength.

At the beginning and end of each day—sit perfectly still in a chair for 10 to 15 minutes and focus on your breathing—pray—practice yoga—walk in the garden...even drink tea, paying close attention to its fragrance, heat and flavor.

- **Take responsibility.** Each morning and during stressful times, repeat these affirmations—*I will not blame others for my negative states of mind today I will not blame circumstances for my negative states of mind.*

- **Be mindful.** Mental focus turns any activity into spiritual practice— from jogging to preparing dinner to vacuuming the car. Instead of listening to music or letting your mind wander, focus entirely on the activity.

- **Practice daily kindness.** Recognize everyone with whom you interact as a human being—not someone who is merely there for your convenience.

Notice what the cashier and the parking lot attendant look like. Give each a sincere greeting. Community isn't just your family, friends and coworkers—it is everyone life places in front of you.

- **Volunteer.** Spend some time each week serving others. Find out about volunteer opportunities through your library, place of worship, hospital or a volunteer-coordinating agency.

Volunteer opportunities are also often listed in local newspapers. On line resources:

www.volunteermatch.org
www.giraffe.org

- **Simplify.** Spend less time, money and energy on *things*—and more on *people*. Small steps make a big difference.

Give away one old item each time you buy something new. Instead of buying birthday and holiday gifts for friends and family, agree to do something special for

continued on page 8 (Joy)

Joy (continued from page 7)

each other— such as cooking a favorite meal or hiking together.

RAISING JOYOUS CHILDREN

Kids don't develop satisfaction and self-confidence by taking classes in self-esteem. They must learn values, skills and discipline.

To help your children build the foundation for meaningful lives...

- **Live what you teach.** Instill values by keeping your promises... and saying what you mean.

- **Cut back on TV** When children do watch TV be sure to watch it along with them. Press the mute button during commercials, and discuss the programs—and the values they promote. Discourage children from just blindly accepting the media's version of real life.

- **Spend time outdoors.** Hiking or camping can bring you closer as a family and serve as a reminder that the world is much bigger than any individual or family

- **Learn and teach manual skills.** Knowing how to fix a leaky faucet, change a tire, grow vegetables or bake bread yourself— instead of hiring someone else to do it— makes adults feel capable. The same is true for young children and even teens.

- **Help your children become doers— not spectators.** Require them to take a class and stick with it— such as gymnastics, dance, soccer, karate, etc.

Let them choose an activity that they enjoy... but make sure it requires effort and discipline in order to improve.

Source: Bottom Line, December 1, 2000

Ziggy

By Tom Wilson



THE UPLIFTERS

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

HEMET SUPPORT GROUP

"Foundations" meets every Monday and Tuesday 7-9 pm.
Trinity Lutheran Church
Please call (909) 929-1223

UPLAND DMDA

FONTANA DMDA

Meet Thursday evenings
Call David or Samantha Johns
(909) 947-1307 OR
e-Mail dmjbf@aol.com

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)



*"First my ball rolled under the sofa;
then the squeaky broke on my rubber pork chop;
then my water was too warm and my food was too cold,
so I've had a horrible day, and I'm completely stressed out!"*

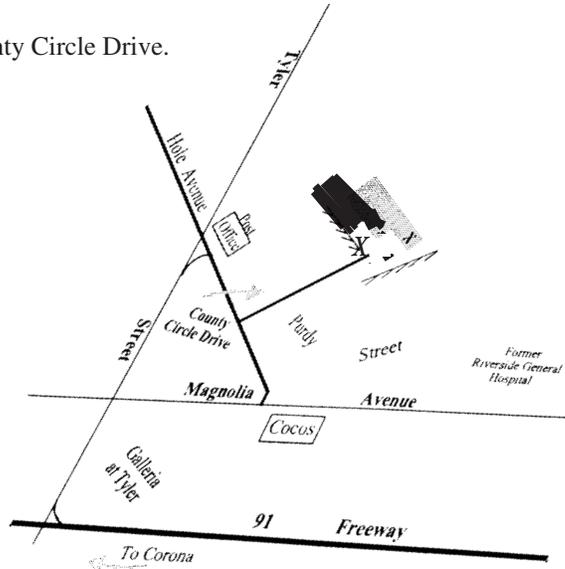
MDDA of Riverside
Map Legend

-  = 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 _____ CITY _____ STATE _____ 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.