"Education" MDDA "Support"

The Thermometer Times

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

VOL. 11 NO. 4 | Out of darkness . . . | April 2001

Dates to Remember

****

RAP GROUPS

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

Saturday, April 14
Saturday, April 21
and Saturday, April 28
10am–12 noon

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

April 28, Guest Speaker:
Dr. Ron Warnell
"Bipolar Research"
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

Counselor Sees Bipolar II From Several Sides

March Educational Meeting

It was a rare privilege this month to have as our guest speaker a man who can speak from both sides and both ends of the desk, for he has experienced mental health issues from an incredibly rich set of perspectives. Mike Bussee is a professional mental health care provider who is also a consumer himself and a parent and family member of other mental health clients.

He started his talk by telling us of his professional background. He currently works as a counselor at Knollwood Psychiatric and Chemical Dependency Center, a Riverside facility treating adult patients, about one third of whom are depressive, one third bipolar, and one third schizoaffective. Mr. Bussee works with patients from across the spectrum.

He attended California State University, Fullerton, earning his bachelor's degree in anthropology. Then, due to the scarcity of jobs in that field, he returned to school for a master's degree in psychology. He has worked as a Licensed Marriage and Family Therapist in Orange County, where he worked with juveniles and was frequently frustrated by their parents, but his experiences taught him what makes families function well or badly. He also served as a group counselor at Juvenile Hall and at the former Albert Sutton Hall.

About seven years ago, working a telephone hotline in a crisis intervention program, a moment occurred that changed his life. While talking with a distraught woman on a suicide hotline, Mike was asking her the usual screening questions when he realized he could answer the same questions in the affirmative for himself. He had always been good at identifying mental illnesses in his clients, but he realized he had been in denial about his own mood swings — sobbing for days, being a phone-a-holic, overspending, compulsively cleaning house. He had suffered the loss of several relatives in rapid succession, then had lost his house and his car, his family disintegrated, and he was arrested at one point. Although he was a counselor for drug users, he rationalized his own street drug usage, by telling himself that he was doing it to control his moods rather than just to get high. In anger, he had once written an e-mail to a fellow employee but had accidentally sent it to everyone at his company—resulting, of course, in his immediate firing. This led to severe financial problems and then the desire to commit suicide. After driving around for a week planning his demise, he was confronted by his roommate, who threatened to tell his mother if he continued to refuse to seek help. He agreed to see a psychiatrist.

The psychiatrist confirmed his diagnosis with the words, "You're Bipolar II." He felt doomed, believing that this diagnosis meant inevitable deterioration, eventually to a hopeless state. But the doctor prescribed appropriate medications, and the feared deterioration never materialized. Instead, he began to recover and to rebuild his life.

Counselor *(continued on page 2)*

To every disadvantage there is a corresponding advantage.

— W. Clement Stone

Counselor *(continued from page 1)*

He learned that Bipolar II disorder is a "shuffle of the cards" that is not to be taken personally as a character defect, that stressors can cause it to appear, and that it can be controlled but not cured. It often occurs as a result of a genetic trait, and he found out that it was already present in other members of his family. He learned that many of his bipolar symptoms had been present throughout his life, from infancy through childhood and adolescence into adulthood.

When he was diagnosed with testicular cancer, he was successfully treated with surgery and radiation, but what was almost as much help in dealing with his health challenges was a book by Bernie Siegal, entitled *Love, Medicine, and Miracles.* This book explores the question, What traits do cancer survivors have in common? Bussee realized that what Siegal found applies as well to those with bipolar disorder. Siegal says:

- They accept the diagnosis but reject negative prognoses.
- They are rebels, questioning and challenging their doctors, not non-compliant but not passive either.
- They are non-conformist in their lifestyles.
- They have found "purpose in the pain," looking for what is to be learned and what is truly important.
- They are people of faith, holding spiritual values, but not necessarily ''religious.''

Mr. Bussee suggested a number of other useful ideas for people recovering from serious illness (and those who want to stay well):

- Don't delay getting help and developing a healthy lifestyle. The longer you wait, the more destruction there will be, until you've got a real MESS to deal with!
- Avoid "toxic" people — those who manipulate, blame, use, and suck the energy from others. They are usually "wounded" people who can only harm you by drawing you into their own problems and negative thinking.
- Maintain your medication schedule even when you feel better.
- Make your own health your Number One concern, above other people's needs and wants, and don't feel guilty about doing so.
- Reduce commitments and other stressors, keeping only what adds to your health.
- Include music and the outdoors in your life; they are powerful health enhancers.
- Avoid all non-prescription psychoactive substances, including caffeine and alcohol.
- Remember that your medication can control only up to 70% of your illness, and you have to do the rest of the work yourself.

—Yen Cress

The Thermometer Times

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You may now contact us via e-mail at:
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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

Coping with Manic Behavior

Coping with a relative who is in a manic state can be exhausting and demoralizing also. A person experiencing depression is usually so fatigued and tentative that, unless he or she is suicidal, there is little likelihood that he or she will make rash and impulsive decisions that would have an impact on other family members. In mania, just the opposite is true. The patient has boundless energy, unshakable drive, but little capacity to appraise the consequences of his actions realistically. It is common for individuals in a manic episode to engage in reckless buying sprees. Huge and unreconcilable debts can be incurred, and our legal system often holds families accountable for their relatives' financial mismanagement. Judgment and insight can be so impaired in the manic state that patients may flout all authority and become so intrusive and demanding as to harass others and violate social and sexual mores. At the worst, they may become irritable, aggressive, or even assaultive, leading to the involvement of the police and legal authorities. The family is often placed in the unenviable position of having to set limits on someone who refuses to acknowledge the family's responsibility and concern or who becomes openly hostile when challenged.

Once an episode has reached a certain pitch and the patient cannot be reasoned with, it is both protective of the patient and expedient to move quickly toward hospitalization. Because the patient's mood can fluctuate, ranging from mild euphoria to extreme irritability, and because the patient may speak logically and coherently for periods of time, it is often difficult for families to know when to force this issue. These lucid intervals can be deceptive, however. Unless the patient is being treated aggressively with antipsychotic or mood-stabilizing medications (and the patient is taking the medication), it is unlikely that the manic episode will end safely without hospitalization. Thus the hospitalization should be viewed as a positive step as it will serve to limit the damage that people in a manic state could do to themselves, their social network, and their family.

Therefore, should the family observe the following behaviors and be unable to convince the patient to see his or her psychiatrist and take the necessary medication, arrangements should be made for immediate hospitalization:

- sleeplessness for several nights with frequent shifts of mood, pacing, and agitated behavior
- no acknowledgment on the part of the patient that anything is wrong
- reckless and impulsive decisions or actions that may lead to financial ruin or social ostracism
- threatening, menacing, or assaultive behavior
- the presence of delusions or hallucinations.

—*Demitri Papolos, M.D., and Janice Papolos,* Overcoming Depression

Life in Balance (MDDA Detroit Newsletter) Mar 2001

Prozac gets OK for weekly dose

The government approved a once-a-week version of Prozac Tuesday for long-term depression treatment — but cautioned it's too soon to know if weekly doses are as effective as once-a-day Prozac.

Depression often requires long-term treatment. Yet many patients quit medication as soon as they feel better, prompting a relapse. So some psychiatrists have longed for once-a-week medication, theorizing patients would be more likely to keep taking their medicine if it didn't mean swallowing so many pills.

Tuesday's Food and Drug Administration approval makes Prozac Weekly the first once-a-week antidepressant. It is for patients whose depression has stabilized and need maintenance therapy — not for the newly diagnosed.

Manufacturer Eli Lilly & Co. said Weekly, a prescription-only Prozac, will be on pharmacy shelves in early March. It will cost a little less than daily Prozac: $63 wholesale for a month's supply of Prozac Weekly, vs. $71.26 for a month's supply of daily pills.

But will patients who switch to weekly pills relapse more often? "It is an important question. It's one that doesn't have a clear answer," said FDA medical reviewer Dr. Thomas Laughren.

The FDA didn't require Lilly to prove weekly Prozac is equivalent to the daily version, just that it works compared with a placebo or dummy pill. Indeed, the FDA warned doctors to switch patients back to daily pills if they appear to decline on Prozac Weekly.

—Lauran Neergaard

The Associated Press

Pain and suffering
are inevitable;
being miserable
is optional.

—Art Clanin

Your mental health...

SCHIZOAFFECTIVE DISORDER

Schizoaffective disorder is a confusing and often missed diagnosis. Though less common than schizophrenia, schizoaffective disorder shares many of its symptoms.

Additionally, patients with this illness experience periods of mania, depression or both. As a result, patients are often mistakenly diagnosed as having schizophrenia, depression or bipolar disorder.

To correctly diagnose a patient with schizoaffective disorder, the mental health care specialist must take a complete history and involve family members.

Generally, schizoaffective disorder begins during the teenage or early adult years. The course of the illness is marked by persisting psychotic symptoms, during which episodic (and sometimes prolonged) mood swings or depression occur.

In my practice, I have found that the single most critical question to ask is whether the person experiences psychotic symptoms *in the absence* of a mood swing or period of depression.

In contrast, when patients with bipolar disorder experience psychotic symptoms, they usually occur with or following the onset of a mood change and improve as mood-related symptoms improve.

Patients with schizophrenia and those in the psychotic portion of schizoaffective disorder exhibit at least one of the following symptoms:

• An unchanging belief or concern not shared by others. Common examples of such delusions include the belief that others are watching or conspiring against the person, or that others (usually strangers) are talking about the person.

•Hallucinations — experiencing a "voice" talking to them, perhaps critical of the person

•Disorganized speech — speech that is difficult to understand or follow.

•Disorganized behavior.

•"Negative" symptoms, including indifference to being with others or social withdrawal; a severe flattening of mood and emotions (often mistakenly viewed as depression); a lack of pleasure in almost any activity; a lack of interest, drive, initiative or motivation; and the absence of spontaneity (such patients rarely start conversations).

Remarkably, some patients with psychotic disorders may not experience hallucinations or delusions.

In the bipolar type of schizoaffective disorder, patients will likely experience symptoms of mania.These include:

•Abnormally elevated or "high" mood, or apparent enthusiasm.

•Easy anger or persistent irritability — especially when others set limits on their behavior.

•Reduced need for sleep, possibly with an increased level of nighttime activity.

•Talkativeness. Patients with mania are often difficult to interrupt, may talk rapidly, experience racing thoughts, and leap from one idea or activity to the next.

•Noticeable sensitivity to sound and color and easy distractability.

In the depressive type of illness, the following symptoms may occur:

•Sad mood.

•Difficulty staying asleep or a desire to sleep a lot more than they normally do.

•Usually a reduced activity level — which is often accompanied by a reduction in interest or pleasure, and a slowed thought process.

•Reduced appetite and energy.

•Thoughts of death or suicide.

When there have been no symptoms of mania, the illness is regarded as "depressed type." With any occurrence of mania, the illness is considered as "bipolar type."

The critical point is the correct diagnosis with its corresponding, effective treatment. An incorrect diagnosis will lead to ineffective treatment and the increased likelihood of relapse and re-hospitalization. In addition, ineffectively treated psychotic or mood-related illnesses increase the risk of death.

Nowadays, the newer anti-psychotic medications such as Risperdal, Zyprexa and Seroquel are used to treat psychotic symptoms. The older medications such as Haldol, Prolixin and Navane have a dramatically increased risk of neurological side effects such as permanent twitches or jerks (tardive dyskinesia), stiffness, tremors and restlessness.

Continued on page5 ***(Schizoaffective)***

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.

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

Schizoaffective

(Continued from page 4)

These older medicines also have an increased risk of a potentially fatal rise in body temperature, called "neuroleptic malignant syndrome."

The bipolar subtype of the illness usually responds to mood stabilizer such as lithium or depakote. In this subtype, the antipsychotic medicine is given with the mood stabilizer indefinitely.

The depressed subtype usually responds best to the combination of an antipsychotic with an antidepressant; however, some patients do well with only the antipsychotic.

Further information can be found about schizoaffective disorder at the following web sites:

The Family Support Project at UCLA at:*http://www.npi.ucla.edu/ssg/schizoaffective. html* or

Internet Mental Health, which describes the diagnosis,at: *http://www.mentalhealth.com/dis1/ p21-psO5. html*

—Robert Karp M.D., Medical Director, Maumee Valley Guidance Center, Ohio
ADAMhs ADVANTAGE (Ohio) Feb/Mar 2001

A person has two legs and one sense of humor, and if you're faced with a choice, it's better to lose a leg.
—Charles Lindner

COMIC RELIEF

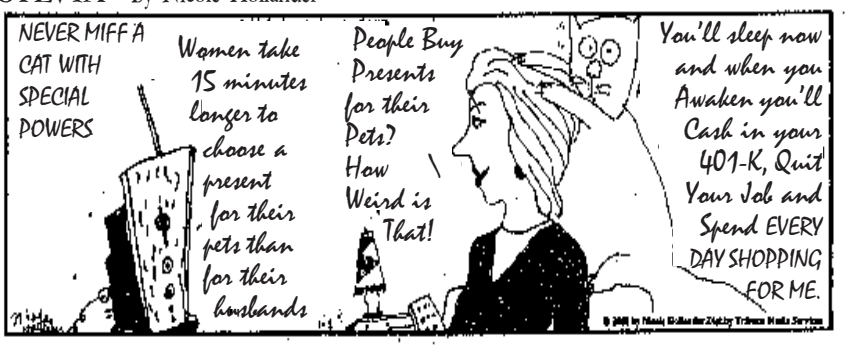
No one thinks that depression and/or mania are funny. But researchers and people with chronic illnesses alike have found that a sense of humor in the midst of hardships not only braces the spirit but strengthens the body-relaxing muscles, relieving pain, releasing endorphins and boosting the immune system. Research has shown that humor is beneficial in dealing with any stressful life event or chronic illness and depression certainly fits in this category.

The link between laughter and better health is nothing new. In the U.S. the study of humor physiology began in the 1930's when researchers started to conduct investigations into the effects of laughter on muscle tone and breathing. Since then, there has been a remarkable array of findings, particularly over the past decade, that confirms how healing laughter can be. Studies at Loma Linda University School of Medicine in California, for example, reveal that laughter stimulates the immune system, increasing the number of natural killer cells and T-cells, both of which fight off invading organisms. It also steps up production of new immune cells and of gamma interferon, an immunity booster. Laughter also lowers the level of the stress hormone,cortisol,that suppresses the immune system, and it releases depression-fighting endorphins. A professor at Stanford University Medical School estimates that 20 seconds of robust laughter works the heart much like three minutes of hard rowing and laughing 100 times a day gives the same physical benefits as riding a stationary bike for 15 minutes!

Make humor happen for you! Look for funny headlines in the newspaper, or signs that can be read wrong and be funny, as "When the dryer stops, remove your clothing." Make a point to see the **funny** side of serious predicaments. Learn to laugh at your own mistakes. End statements about how stressed you are with "hee hee." Laugh on a regular basis; you don't have to guffaw. You can get benefits by just deliberately smiling more. If you can't make it, fake it, as even if you fake a smile, your body releases endorphins and you feel a lift. Luckily humor has no rules. Choose whatever tickles you and enjoy. Real life is funnier than anything we could possibly invent!

—Dorothy Foltz-Fray, *Tampa Bay DMDA Newsletter, Feb/Mar 1999*
—Excerpted by *Fox Valley DMDA Newsletter, Mar/Apr 2001*

SYLVIA By Nicole Hollander



Conference News for 2001

National DMDA
August 17-19
Cleveland, Ohio

CDMDA
October 26 & 27
Visalia, California

Plan for these now...you won't want to miss them! More information in next issues.

Song

April, April,
Laugh thy girlish laughter;
Then, the moment after,
Weep thy girlish tears,
April, that mine ears
Like a lover greetest,
If I tell thee, sweetest,
All my hopes and fears.
April, April,
Laugh thy golden laughter,
But, the moment after,
Weep thy golden tears!

—William Watson

When we have not come into ourselves we say, in solitude: "No one loves me; I am alone." When we have chosen solitude, we say: "Thank God, I am alone!"

—Louise Bogan

Alliance Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

Open 1p.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 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 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

The Mule's Tale

Once upon a time, a mule fell down into a farmer's old well. The farmer was greatly distressed, and tried to think of a good way to get his mule out. He thought of letting down a ladder — but of course, as smart as mules are, they can't climb ladders. Then he thought maybe he could let down a rope with a loop on the end — but even if he did manage to get the rope to settle just right over the mule's head, the animal would strangle before it could be pulled to the top.

That night, the farmer went to bed still trying to think how he could rescue his poor mule. All night long the mule brayed and squealed, and the farmer couldn't sleep for all the noise and the worrying.

In the morning, he called his neighbors together for advice, but no one could think of anything. And the mule just upset everyone more with all its braying and squealing.

Finally the farmer decided to put the poor beast out of its misery by just burying it. At least it wouldn't suffer a long, agonizing death in the dark, damp, cold well, and there would be a stop to those pitiful sounds. So the farmer and his friends got their shovels and started throwing dirt down the well.

After about an hour, the mule got tired of all that dirt piled up on its back and all around its legs. So it shook itself and stamped its feet and the dirt got packed down and the mule stood on it.

All day the men worked shoveling dirt down the well, and just before nightfall, the mule stepped right out of that well.

Moral: If you feel the dirt piling up all over and around you, you'll have a better chance at survival if you

shake it off and step up.

—Yen Cress

With many thanks to Kay Bruno

YOUR MEDICATIONS WILL PROBABLY HAVE SIDE EFFECTS

Side effects, those unwanted but mostly predictable responses produced by medications, are part of every pharmacologic treatment. Antidepressants are no exception. For the millions of people who try these medications, management of side effects is a part of managing their illness. Side effects, sometimes worse than the illness, usually decrease as beneficial effects of the medication increase and as one's body gets accustomed to the new chemicals being introduced into one's system. Each class of antidepressants has its own side effects and each person reacts to a given medication differently.

TRICYCLICS, one of the oldest classes of antidepressants, likely work by preventing cells which secrete neurotransmitters from reabsorbing them. Their side-effects include dry mouth, constipation, blurred vision, lowered blood pressure, weight gain and sexual difficulties. A small number of people may experience sweating, racing heart, allergic skin reactions and sun sensitivity. If one has difficulty breathing, a fever with increased sweating, high or low blood pressure, loss of bladder control, severe muscle stiffness, weakness or any other unusual symptom the prescribing doctor must be called immediately.

MAOIs have been around as long as tricyclics, and are thought to work by preventing the breakdown of several neurotransmitters. The side effects of MAOIs include low blood pressure and dizziness shortly after standing, sleep disturbances, weight gain, sexual difficulties and rapid increase in blood pressure associated with eating certain foods or taking certain medications. If you experience severe headache, palpitations, difficulty breathing, constriction in your throat or chest, dizziness, nausea, neck stiffness or any other unusual symptom, contact the prescribing doctor immediately.

The newer SSRIs have fewer side effects but can cause nervousness, dry mouth, insomnia, diarrhea and headache. If while taking an SSRI, you experience nausea, agitation, restlessness, hypomania, or other unusual symptom call the prescribing doctor immediately.

It is difficult to know when a side effect is just an aspect of your treatment you need to learn to deal with or if you can hope for a better side effect profile with a different drug. Negative responses must be weighed against therapeutic effects. Be sure to contact your doctor about any side effects, as he or she may be able to alleviate them. Overall, work with your doctor to determine reasonable expectations for your course of treatment.

Fox Valley DMDA Newsletter, Mar/Apr 2001

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

Impact of Salt, Caffeine, and Nicotine on Prescription Medications

Proper brain functioning is dependent on many factors, and one of the most important of these is our diet. Furthermore, what we eat and drink can have a big effect on the ability of a medication to have a therapeutic effect on mood, thinking and behavior.

Salt is needed for all nervous system functions. For example, a person taking lithium must use extreme caution with respect to the amount of salt in their diet. Once the lithium level reaches therapeutic range, it can be altered by subtle changes in daily salt intake. For instance, a person who normally doesn't eat much salt can lower their lithium level by eating salty foods such as pizza, tomato juice, or canned soups. In short, when your body takes in too much salt, this lowers your lithium level. Conversely, losing sodium by sweating, diarrhea, or vomiting can cause the body to retain lithium. Lithium toxicity can occur if your salt loss is great enough.

Warning: Don't go on a salt restricted diet or add salt supplements without consulting the person who prescribes your medication.

Caffeine is another substance that has many bad health effects, particularly for those suffering from mental illness. Some of the negative effects include:

•Decreased lithium levels due to frequent urination.

•Decreased effectiveness of anti-anxiety medicine.

•Possibility of irregular heartbeats and increased blood pressure.

•Can cause panic attacks.

•Increased risk of anxiety if taking SSRIs.

•May require higher doses of anti-psychotic drugs.

Many people taking psychiatric drugs are addicted to nicotine. Nicotine is known to increase the release of dopamine in the brain. It is believed that one of the reasons why schizophrenics often need high doses of antipsychotic drugs is that nicotine may counteract drugs such as Risperdal, Haldol and others.

Smoking also causes an increase in liver enzymes, which play a role in processing psychiatric drugs. The net effect of this is that the therapeutic dose of antipsychotic drugs may need to be raised due to smoking. As these doses are raised, it can create increasingly unpleasant side effects.

—Adapted from a NAMI article written by Mao' D. Molter, M.S.N., A.R.N.P., CS Moodpoints, DMDA of Houston/Harris County, Fall/Winter 2000.

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

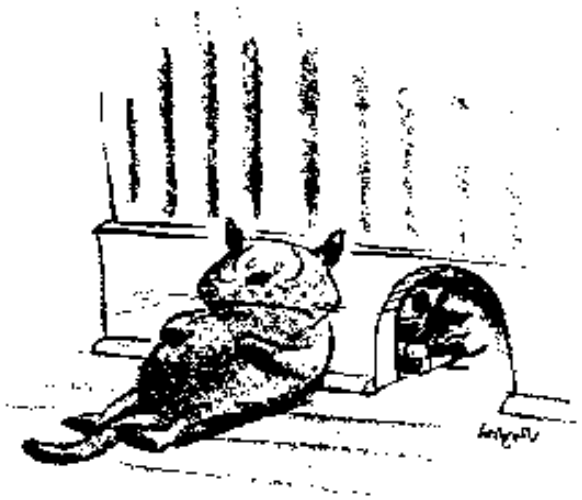
HEMET SUPPORT GROUP
"Foundations" meets every
Monday and Tuesday 7–9 pm.
Trinity Lutheran Church
Please call (909) 929-1223

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)

DOING THE BEST AT THIS MOMENT PUTS YOU IN THE BEST PLACE FOR THE NEXT MOMENT.
—OPRAH WINFREY



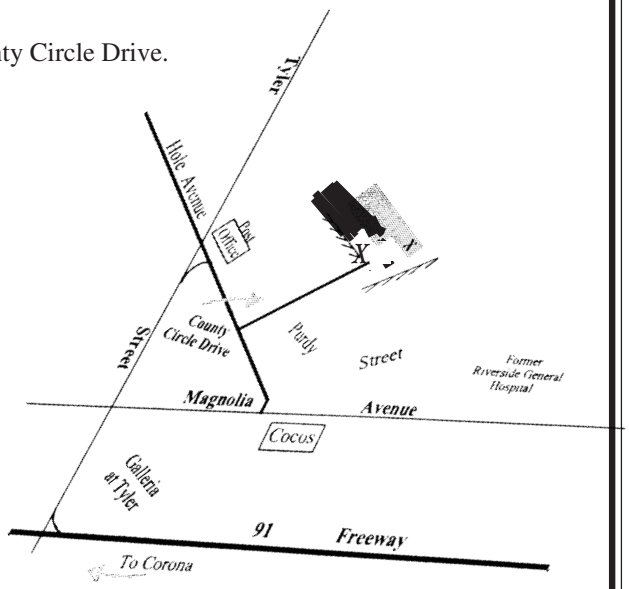
"Don't worry. Fantasies about devouring the doctor are perfectly normal."

THE NEW YORKER, NOVEMBER 13, 2000

MDDA of Riverside
Map Legend

= Meeting Location
= Parking

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 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.

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 suffer from: ❒ Manic-Depression ❒ Depression I am a: ❒ 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. ❒