

The Thermometer Times

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

VOL. 11 NO. 7

Out of darkness . . .

July 2001

Dates to Remember

CARE & SHARE GROUPS

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

Saturdays, July 7, 14, 21, & 28
10am-12 noon
at
Riverside County Mental Health Administration Building
(see page 9 for address)

Don't miss the Fourth of July Picnic
12:00 noon at Jo Ann's
(see directions below)
Bring a dish to pass or just come.

Guest Speaker:
July 21

Geraldine Rech, P.A.I., will share information on the cemetery project.



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

Clinical Trials

Who, What, Why, When, Where, How?????

Our guest speakers on June 16 were Hamid Karimi and Kat Kist, who are with Treatment Finders, an independent organization that conducts clinical trials. They are both currently involved in a project aimed at documenting the usefulness of Topomax (Eli Lilly) as a treatment for bipolar disorder. Topomax was first recognized as a safe and effective anticonvulsive therapy, and the usefulness of anticonvulsives in the control of bipolar mania has been noticed and utilized, but further work needed to be done before these drugs could be fully recognized as a legitimate treatment for mania. (This "crossover" effect is common. Many medicines start out as treatment for one disorder and are found to be useful for some unrelated problem.)

•What are clinical trials and why are they necessary?

Whenever a pharmaceutical company develops a new medicine, it must be approved by the Food and Drug Administration before it can be released for usage by the public. In order to obtain this approval, the drug must undergo rigorous testing to determine what it does in the body, what dosages are likely to be effective without being toxic, and what side effects may occur. This testing follows careful, predetermined scientific protocols so that the results are dependable. Some of this work can be done in laboratories and some by computer, but the only way to determine how humans will actually respond to a drug is by trying it on humans and studying the results.

•How are such trials conducted?

Volunteers are recruited to serve as test subjects. After thorough interviews and medical testing to determine whether they are likely to be able to participate without harm, they are enrolled in the program. (Sometimes the volunteers are hospitalized so that they can be more carefully monitored, but volunteers may be watched on an outpatient basis, with frequent contact with the researchers.) They are taken off any medicines which might conceivably interfere with the experiment. Then the volunteers are randomly assigned to one of two or possibly more groups. One group is given inert substances known as placebos. The other groups receive the real medication being studied.

•Why are placebos necessary?

Placebos help the researchers distinguish between the actual effects of the medication and any psychosomatic effects. People often exhibit positive or negative changes that are solely due to the beliefs they hold regarding the treatment, even though they may be entirely unaware of those beliefs. For example, a person may feel better after taking a pill, and attribute his relief to the pill, believing it effected his health, when the

Clinical Trials (continued on page 8)

A LITTLE NOTE FROM

The Editor

Volunteering is an American tradition with an honorable reputation. Everyone knows that the Red Cross is essential in war-torn countries and disaster areas. Many religious groups help the poor and sick without compensation. You have probably benefited at some time from the unselfish expenditure of time, energy, and money supplied by volunteers with a heart.

Now it's your turn to benefit again while at the same time you can help someone else. How? It's not complicated. Just attend your local support group as a client or family member who wants to learn from and share with others.

A wise person knows that every person in the world is a potential source of knowledge: you can learn something from every one you meet. Others have already found solutions to problems like yours and answers to questions you still ask, and in a support group, such knowledge and wisdom are there for the taking. In turn, as payment in kind, you can help someone else in the same way.

Many members of our Riverside MDDA have mentioned how much they have benefited from their contact with this group. I have been with the group since about 1989 (or maybe before that—I can't remember for sure!). I have seen dozens of people come, improve, and go on with their lives. You may have been one of them, or you may be searching for such an experience.

Money can't buy the treasure available to you at your mental health support group, but you have to participate to find it for yourself.

—Yen Cress

Avoid the Sun If You Take These...

Several drugs can sensitize the skin to the action of ultraviolet light. Exposed areas may react with a rash or a serious burn. The following psychotropic drugs may have this effect; check with your doctor or pharmacist for information about other photosensitizing drugs and possible interactions

<u>Brand Name</u>	<u>Generic</u>	<u>Brand Name</u>	<u>Generic</u>
Adapin	doxepin	Ludomil	maprotiline
Anafranil	clomipramine	Modecate	fluphenazine
Asendin	amoxapine	Norpramine	desipramine
Aventyl	nortriptyline	Serzone	nefazodone
Elavil	amitriptyline	Thorazine	chlorpromazine
Haldol	haloperidol	Xanax	alprazolam
Impril	imipramine		

Our source unknown, seen in *Polars' Express, Boston Summer*, 1999

We are now officially on the web.

Check it out at:

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

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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

National DMDA

August 17-19 Cleveland, Ohio

call 800/826-3632

or 312/642-7243 for registration & credit card info.

CDMDA

October 26 & 27 Visalia, California

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

More information in next issues.

The Healing Power of Pets

People take care of their loved ones including their pets. And a new book suggests our pets take care of us in return.

Based on decades of clinical research and anecdotal evidence, *Kindred Spirits* proposes that the human-animal bond can improve pet owners' physical and mental health.

Written by Allen M. Schoen, D.M.V., M.S., a Colorado State University veterinary medicine professor, the book presents a variety of evidence suggesting that pet ownership can have specific healing effects, including lower blood pressure and cholesterol levels. One such study, done at Australia's University of New England, found that cat owners had fewer psychiatric disturbances than those without feline friends. And research conducted at the University of New York at Buffalo found that hypertensive stock brokers improved dramatically after owning a pet for six months.

Despite mounting evidence that animal companionship can positively affect human feelings, Schoen calls for more and better research on the subject. "Animals are a gift to the human race—a gift that humans rarely take full advantage of," he writes.

Source: *Tampa Bay*, June/July 2001,
Carin Gorrell, *Psychology Today*,
March! April 2001

THAT'S LIFE By Mike Twohy
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M2Economics@aol.com



New Sparks Over Electroshock John Cloud/Westfield

Electroconvulsive therapy, as psychiatrists call it, has remained a common treatment for those who are severely depressed and who don't respond to (or can't tolerate) drugs. Its use has been quietly on the rise in the past two decades. Because most states don't require reporting on electroshock, there are no hard figures, but many people in the electroshock world agree that at least 100,000 Americans receive the treatment annually, up from a 1980 federal estimate of 33,000. Research on electroshock has also surged.

Why all the interest? One reason is that electroshock remains a nagging scientific puzzle: it works a little bit like banging the side of a fuzzy TV—it just works, except when it doesn't. Second, a small but persistent group of advocates wants to ban it—they say it causes brain damage—and a larger, more mainstream group of activists wants more research before the treatment spreads any further. Many of these folks are former patients (or survivors, to use a term of choice), and they have helped persuade a handful of state legislatures to consider a ban. No states have agreed, though at least four have enacted restrictions.

Psychiatrists and some former patients who found the treatment beneficial are rushing to try to prove the dissenters wrong. An ugly war of words has erupted. Dr. Peter Breggin, a psychiatrist critical of electroshock and who favors therapy and human services instead, told *TIME* that shock is used by "cold, aloof guys who seem to feel more comfortable with machines than patients." Dr. Harold Sackeim, who runs the department of biological psychiatry at the New York State Psychiatric Institute, responds that caregivers who forgo the use of electroshock and other biological methods to treat the suicidally depressed "are going to end up with a lot of dead patients."

Today, when the worst pain is usually a

headache after patients awaken, some say they are coerced into electroshock and lied to about it. "The doctor told my family it was an absolute cure for depression," says Juli Lawrence, who underwent electroshock in 1994. But the following week she attempted suicide. She says her doctor also failed to warn her about the memory loss usually associated with electroshock, which can range from forgetting where you parked your car to forgetting that you own a car at all. The memory loss is often temporary, but not always. (A 1999 Surgeon General's report says there are "no reliable data" on the incidence of severe memory impairment.) Lawrence says she can't recall any events from nearly two years before and from several months after her treatment. She now runs ect.org, a website critical of electroshock that works to stop the treatment from being forced on people. (Roughly 1% of those who undergo electroshock are ordered by a judge to do so, according to state figures published on ect.org.)

When performed properly, psychiatrists say, electroshock is simple, and safe. Curtis Hartmann,—a Westfield, Mass., lawyer who has received about 100 electroshocks since 1976 to help control his bipolar illness, knows the procedure well.

Hartmann fasts the night before, a routine practice before general anesthesia. He leaves his home around 4 a.m. and drives to nearby Holyoke Hospital. He goes to the second floor and turns left toward the short-stay surgery unit. His body is prepared for electroshock in three ways: an anesthesiologist puts him to sleep; a chemical relaxes his muscles; a respirator helps him breathe.

All these steps are taken to protect him from the physical side effects of having a seizure, which is what happens when the electrodes are attached to Hartmann's

continued on page 5 (ECT)

Sleeping with the White Pages

By Betsy Naylor

Every night for a while, I woke up after an hour or two, quite alert, as if the sun were out. Nocturnal enticements such as e-mail, a book, talk radio or the refrigerator filled the next one- to two-and-a- half hours until I could go back to sleep. This habit of finding good entertainment didn't help matters.

I complained about not being able to stay asleep to my psychopharmacologist; I complained loudly.

Trying to avoid prescribing yet another medication, he suggested an exercise. When you wake up, he said, heft the phone book (Manhattan) onto your lap and start copying the names and numbers on a sheet of paper. Do this for three weeks.

But how will this work? I asked him. Can I copy other written pages or even the yellow pages?

No, he answered, the point is do something utterly and completely useless. Any activity you look forward to will not help the problem of interrupted sleep.

Thus, I began the telephone-book drill.

The payoff was immediate, and the time it took to get back to sleep grew shorter and shorter. The first time I tried it, I copied for one hour and 40 minutes. In three weeks, I was down to 20 minutes.

At this writing, I copy two to three times a week for 20 to 30 minutes. Otherwise, I sleep through with requisite bathroom breaks (no lights on).

Occasionally, a book or the refrigerator prove too tempting but never for more than half-an-hour— an astounding improvement. This system is not perfect, but not being able to get back to sleep certainly isn't the problem it used to be.

All this from sleeping with the white pages.

(*Editor's Note:* MDSG will give the author a quiz in six months. Both names and phone numbers, please.)

Source: MDSG support Group, New York, NY 2001, #2

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.

Are You a Shopaholic?

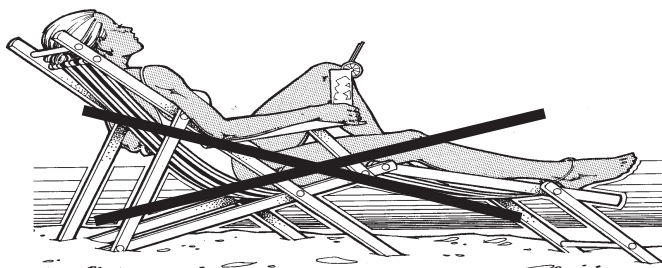
How do you know when your shopping habits are out of control? Donald W. Black, M.D., a professor of psychiatry at the University of Iowa College of Medicine in Iowa City and a leading researcher on compulsive shopping, suggests you look for these signs:

- You shop to relieve feelings of sadness, boredom, loneliness or unworthiness.
- You shop so often that you are taking away time from family or work responsibilities.
- You have financial or legal problems as a result of your shopping habits.
- You're preoccupied with shopping.
- You buy things you never use.
- You hide or give away things you bought so your partner won't find out. Sound like you? For help: Call Debtors Anonymous, a self-help group, at 718- 453-2743, or visit our website at www.debtorsanonymous.org. A credit counselor can help untangle finances. Try Consolidated Credit Counseling Services, Inc. at 800-728-3632, or go to www.debtfree.org. Finally, you might want to see a therapist or psychiatrist who specializes in compulsive behavior.

McCall's [March 2001]

Source: Tampa Bay DMDA Newsletter; June/July 2001

Beware Summer SAD



Heat zaps the energy of people who suffer from summer depression, making them irritable and edgy. The key may be in the hypothalamus, which regulates temperature, hormones, and emotion. In Maryland, National Institute of Mental Health researchers have documented one case of summer depression for every five cases of winter blues, and more in warmer climates.

Seasonal affective disorder expert Dr. Norman Rosenthal says treatment is the same for nonseasonal depression, and often involves antidepressants. Take cold showers, travel to a cooler climate if you can, and avoid going anywhere that isn't air-conditioned.

—Condensed from Claudia Chamberlain, *ABCNEWS.com* [undated] As seen in *Polars' Express*, J-J-A, 2000

Source: Life In Balance, MDDA, Detroit, June 2001

ECT (continued from page 3)

head and electricity courses into him. For reasons no one quite understands—just as no one is precisely sure how all antidepressants work or why some people improve with good old-fashioned talk therapy and others don't—the seizure is key. Hartmann explains it this way: "The seizure just kind of dynamites the depression out of my brain somehow."

Hartmann knows some people don't respond to electroshock, and he understands the risk he takes when he undergoes it (his most recent treatment was last summer: he currently takes medications). A tiny number of patients die: the National Institute of Mental Health says the figure is 1 in 10,000, about the same as any procedure involving anesthesia. Antishock activists cite Texas statistics from the mid-90's saying about 1 in 320 electroshock patients died in the two weeks after treatment, though the deaths weren't necessarily caused by electroshock. The activists also say electroshock causes brain damage. Dr. Breggin says the damage produces delirium so severe that patients can't fully experience depression or other higher mental functions during the several weeks after electroshock.

Yet a 1999 Surgeon General's report argues that "there are virtually no absolute health contraindications". It notes that psychiatrists have revised their technique for delivering the electricity in the past generation so that less power is needed and, consequently, fewer side effects result. For his part, Hartmann says he has often gone to work around noon after morning electroshock sessions. "The people in the office are just agog that you can add two and two, that you're not drooling," he says. "But my concentration was actually improved, and I felt so much better."

Hartmann says the memory problems he has experienced have been minor—getting confused about what he ordered from the hospital menu, for instance. More important to Hartmann is the fact that

since he first experienced depression at 15, electroshock has been "the only thing that has ever let me feel 100%...Depression is like being a corpse with a pulse. I tried everything else. I had a loving family, thousands of hours of good psychotherapy, and none of it ever helped." Hartmann believes he would have killed himself—perhaps by starving himself; as he tried once—if not for electroshock.

It's no panacea, of course. Electroshock's effects are short term, lasting weeks or months before depression can descend again. At \$2,500 a treatment, it's also expensive, though insurance usually covers it.

It's hard to know what steps people will take when despair rules. Novelist William Styron has long battled depression; his 1990 memoir about it, *Darkness Visible*, inspired Hartmann and millions of others. Last summer Styron underwent electroshock for the first time. He had asked several prominent psychiatrists about the option, and they agreed it could help. It didn't, though he says he didn't suffer any negative side effects. "Anyone who would ban it is ridiculously off base," he says.

A ban seems unlikely—the psychiatric establishment uses its clout to quash the idea whenever it can—but more states could require complete and open records on who gets electroshock. "The problem is it's a roll of the dice," says Brian Cooper, senior director of consumer advocacy for the National Mental Health Association. "Electroconvulsive therapy can be a quick fix, but you can't tell who's going to come out of it with part of his life missing."

Source: Polar Star, Boston,

June/July 2001, Excerpted

from TIME, May 10, 2001

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

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

Prozac Weekly (fluoxetine HCl)

is indicated for use in the continuation treatment of depression. It comes as a 90mg capsule. The capsules contain enteric-coated pellets that delay the release of the drug into the bloodstream. Prozac is also available in other capsule strengths and in a liquid formulation; these forms are usually given on a daily basis.

For more information visit www.prozac.com

ProZac.com

If you've been treated for depression, you probably know what a difference the right treatment can make. Treating depression isn't only about getting better, it's about staying better. And Prozac Weekly™ (fluoxetine HCl) may help.

Your doctor may have told you that patients who stop taking their medication as soon as they feel better may find that their symptoms soon return. That's why it's important you continue your treatment as long as your doctor recommends. Working with your doctor to find the right treatment and treatment regimen is your best chance for a full recovery.

If daily Prozac has helped you feel better, talk with your doctor about whether Prozac Weekly could be right for you.

Continued on page 7 (Prozac Weekly)

Alliance
Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

Open 1p.m. to 3 p.m.
Tuesday, Wednesday,
Thursday, 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 Helpline**
at
(909) 686-HEIP
[(909) 686-4357]
24hr. Helpline
7 Days a Week

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!

Fortune Cookie

say:

If the shoe fits,
it's probably your size.

•

Don't wait for tomorrow.
Live today.

•

Improvement is not a destination;
it is a direction.

•

The pursuit of happiness is a right,
but so is the pursuit of misery.

•

The best things in life
are not things.

•

Being on the right road is not enough;
you can get run over if you stand still.

•

Conscience gets a lot of credit that
belongs to cold feet.

•

A level head rests atop a strong back-
bone.

•

You have two ears and only one mouth.
Listen more than you speak.

•

You won't drown by falling into the
water, only if you stay there.

—Compiled



**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

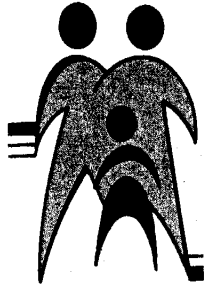
6 a.m. to 9 p.m.
(909) 352-1634

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



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 on to 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

PROZAC WEEKLY (continued from page 5)

It's an FDA-approved, once-weekly medication that has been developed to make the treatment of depression simple and convenient. As the first antidepressant designed to be taken once a week, Prozac Weekly may be what you need to keep you feeling better and help you simply begin to live.

Simply Live

If you've been treated for depression, you probably know what a difference the right treatment can make. Treating depression isn't only about getting better, it's about staying better. And Prozac-WeeklyTM (fluoxetine HCl) may help.

Proven Safe

For over 14 years, doctors have been prescribing Prozac daily for their patients - more than 40 million prescriptions worldwide. In a 1997 survey, over 90% of patients surveyed were satisfied with their use of Prozac.

Prozac Weekly has been proven safe and effective for the continued treatment of depression. It contains the same active ingredient as Prozac, except it's a convenient once-a-week dose that maintains an effective level of medication in your body throughout the week.

Plus, since you only take it once a week, you don't have to worry about remembering to take it.

Submitted by Kevin Nenstiel

Easy Ways to "Exercise" and Protect Your Brain

Exercise to increase blood flow to your brain

- * walking Stay mentally active to keep
- * swimming your neurons (AKA brain
- * gardening cells) connected
- * yogo * reading
- * dancing * puzzles
- * bowling * games See your doctor ,
- * Tai-Chi * writing stay on medications
- * singing eat well balanced meals,
- * sewing and get enough sleep.
- * classes
- * surfing the Internet

Exerpts from The PRI Bulletin, spring 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

Clinical Trials (cont'd from page 1)

pill may have been nothing more than plain sugar which had no effect at all. He may actually feel better, but obviously it was not any active ingredient in the pill that caused it: it was his own mind's subconscious beliefs.) Utilizing a technique known as a "double blind," the results are further protected from beliefs that may affect the researchers themselves in anticipating results.

•What is a "double blind" study?

As the volunteers are divided into groups, they are not told whether they will receive the real drug or the placebo. Everyone gets one or the other, but everything is created to look alike, so no one will know by looks or taste which is which. The "double" part means that even the researchers themselves do not know which a particular person is receiving. The results are recorded using codes which are only broken after the results are in. Then it will be apparent what effects the real drug produced and which effects may have occurred even though a person was taking the placebo and not the real drug.

•What happens next?

If a volunteer suffers a significant problem while enrolled, he will be removed from the study and restabilized before being released. Those who experience an improvement are offered the opportunity to continue on the experimental drug. All the volunteers receive monetary compensation for their participation.

•Why should I consider volunteering?

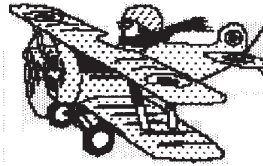
You may enjoy the idea that you are contributing to the growing body of scientific knowledge about your disorder, and that you have helped in the process of providing safe and effective treatments. You won't get wealthy on the compensation, but a dollar is a dollar, right? You will also be much more carefully monitored than your personal care providers could ordinarily do, and you may even benefit from the treatment.

•Where can I find out more?

Treatment Finders has research facilities affiliated with Loma Linda University, and can be reached at 866/477-0202.

Advertisements for other research projects appear regularly in The Thermometer Times.

—Yen Cress



ANNOUNCEMENTS

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

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

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 recovery-education 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: lpartaker@excite.com

A collaborative effort brought to you by:

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



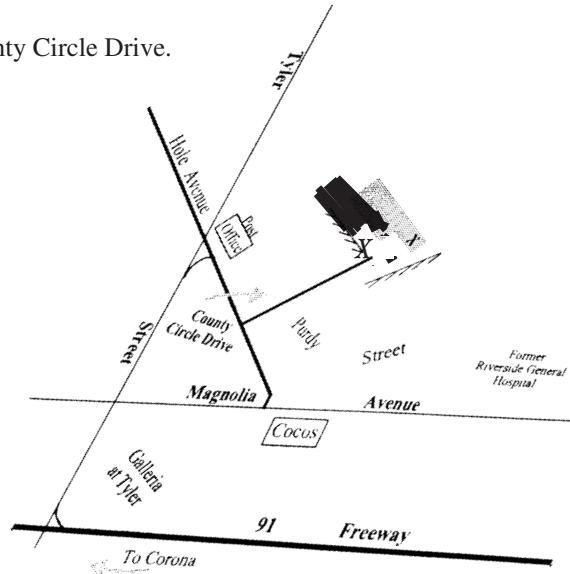
MDDA of Riverside
Map Legend

-  = 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 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.