

The Thermometer Times

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

VOL. 12 NO. 1

Out of darkness . . .

January 2002

Dates to Remember

CARE & SHARE GROUPS

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

**Saturdays, January 5,
*12, 19, & 26**

10am-12 noon

at

Riverside County Mental Health

Administration Building
(see page 9 for address)

*Please note January 12th's meeting will be at Jo Ann's (directions below)



**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

Memory Disorders and Affective Diseases

Dan Richards, M.D. spoke to the Tampa Bay DMDA on "Memory Disorders and Affective Diseases" on October 9, 2001. Dr. Richards is a neuropsychiatrist at the University of South Florida Memory Disorders Clinic in Tampa. He spoke about the effects of illness or brain injury on mood and thinking, as well as the effect of mood disorders on thinking.

Everything in the human body is under control of one or more areas of the brain. Mood, thinking, autonomic functions (such as' nomic functions) such as heart rate or blood pressure, hormone secretions such as thyroid or adrenal hormones, and movement, can all be adversely affected depending on the location of any insult to the brain. Because many functions are regulated by a network of inter-connected areas in the brain, eventual outcomes from injury or illness are variable and difficult to predict .

Injury to a particular area of the brain can be associated with specific mood disorders. For example, when the left frontal cortex is injured, 80% of these people will develop major depression. When the right frontal cortex is damaged, 60% of these people will develop mania or hypomania and 20-40% depression. The depression and mania do respond to treatment with medications, but treatment may be lifelong. The eventual outcome will be influenced by many factors including the personality structure prior to the injury, existing coping methods, and the ability to adapt. Injury to the left posterior cortex results in 40% developing depression. Injury to the right posterior cortex has the least effect on mood. In a condition referred to as Frontal Lobe Syndrome, damage to the frontal lobes above the eyes can result in disinhibition, whereby the person now acts impulses that he previously would have resisted.

The ability to think results from interconnecting domains originating in the cerebral cortex. These cognitive domains, or locations that regulate a particular function, include phasia (language), gnosis (recognition), praxis (performing a previously learned motor function), executive function, and memory. Brain injuries often refer to the deficit rather than the area of injury.

Aphasia is an inability to communicate using speech, writing or signs. More specifically, expressive aphasia describes the inability to speak.

Agnosia is an inability to comprehend, or literally, to not know. Tactile agnosia is an inability to recognize objects by touch. A person with tactile agnosia may be able to identify objects by sight but not by touching them.

Apraxia is the inability to perform previously learned motor activities. Ideational apraxia refers to an inability to use objects properly because of an inability to conceptualize their use.

The abilities to plan, anticipate, sequence, and abstract are termed executive function. This cognitive domain is located in the prefrontal cortex, an area that is largest in man of all the animals. Other species demonstrate some of these executive functions, but not to the extent that man does.

Continued on page 2 (Memory)

Memory (continued from page 1)

Memory involves registration, retention, and recall. This cognitive domain involves many different parts of the brain, including the amygdala and the hippocampus which are part of the limbic system. The limbic system, found in many primitive species, influences the autonomic nervous system (involuntary body functions such as heart rate, breathing, digestion) and the endocrine system (pituitary, thyroid, adrenal glands, gonads, etc.) Although the amygdala and the hippocampus have been around for a very long time, they also have a lot to do with memory.

Incoming information from our senses is linked with the limbic system and scanned for anything associated with strong emotion: danger, fear, hunger, sexual activity. This system acts like an alarm system and initiates the body's "fight or flight" response when danger is perceived. A person can be in motion before comprehending why he is in motion. When information circuits travel through the limbic system, our perceptions are flavored with emotion.

The hippocampus processes information and retains it or discards it. In this manner, memory is selected and laid down for future retrieval by the cerebral cortex. It is believed that the information we best remember is that with a strong emotional association or that which relates to other retained information. How clearly we remember what we were doing, wearing, and who we were with when an enormous national tragedy occurs. The emotional component of September 11, 2001 will insure that many details of that day will be permanently filed in our long term memories.

Our rational and emotional responses, thinking and feeling, are clearly and closely tied together. Brain circuitry literally pair the two responses. When a person says that he is so upset that he can't think, he unknowingly describes a real phenomenon. Strong emotions gear us for "fight or flight" rather than rational thought.

Researchers have demonstrated that the stress hormone cortisol (from the adrenal cortex), is associated with depression. Prednisone, a synthetic steroid like cortisol, causes mood changes including depression. Studies have shown a reverse correlation between high cortisol levels and the ability to recall information.

A depressed person's brain metabolism decreases; there is less oxygen and glucose utilization by the cells. Some areas in the brain, including the hippocampus, may actually shrink in size. Consequently, memory suffers.

Treatment of depression has been shown to improve cognitive function. However, some antidepressants actually cause memory problems because of their effect on acetylcholine, the main neurotransmitter in memory. In particular, the tricyclics and,

We are now officially on the web.

Check it out at:

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

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

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

even one of the SSRI's, Paxil, can adversely affect memory. According to Dr. Richards, Zoloft and Celexa are two antidepressants associated with memory improvement.

Depression and bipolar illness can have long term effects on memory. People diagnosed with these illnesses often stop taking their prescribed medications and relapse a number of times before they accept the need to be stabilized on medication. Dr. Richards stated that these repeated manic or depressive episodes may cause structural changes in the brain. Additionally, these illnesses may become more difficult to control over time. It is important to be diagnosed and treated early in order to preserve function.

Dementia refers to not only an impairment of memory, but also an inability to function. There is a loss of intellec-

Continued on page 3 (Memory)

Memory (continued from page 2)

tual capacity to the extent that normal social and occupational functioning can no longer be carried out. Dementia's causes include trauma, alcoholism, vitamin deficiency, vascular insufficiency, and diseases such as Alzheimer's Disease. It is interesting to note that most dementing illnesses spare some of the limbic system and although a person with an insult to the brain may lose function, memory, and comprehension, they often retain feelings. Pseudo-dementia refers to a state of severe depression, so extreme that a person appears to be demented. This form of depression usually responds to ETC.

After 40, people begin to demonstrate what is referred to as the normal cognitive decline of aging. It becomes more difficult to retrieve the name of a movie, a person, a location. This decline is common and not necessarily an indicator of impending dementia. Multiple small infarcts, or mini strokes, can be demonstrated on PET scans. When a person becomes anxious about remembering names, the memory difficulties are often compounded by the anxiety. Worry about forgetting becomes a vicious circle.

It is possible to improve memory, provided that a person does not have organic brain damage. Treatments for depression will improve mood, as well as memory. Medications, ECT, and psychotherapy are all effective. Cognitive therapy, in particular, helps to weed out the distorted thinking patterns of depression.

Decreasing stress enhances mood, and, in turn, memory. Stress reduction techniques include exercise, sports, meditation, creative outlets, enjoying nature, caring for animals, spirituality, and reading.

The use of mnemonics (techniques for committing material to memory), visual associations, and acronyms (a word formed from the first letter of each word in a phrase) helps improve memory. Thinking in new ways such as starting a new hobby or driving a different route to work can enhance memory. There are books available on this subject.

In closing, Dr. Richards explained that exogenous and endogenous depression become the same entity, both chemical disturbances that can be demonstrated on PET scans. In the past, a distinction was made between endogenous depression, which results from internal chemistry and genetics, and exogenous depression, caused by events in one's life. States Dr. Richards: "Depression involves specific areas of the brain, but is influenced by the biology (genes, chemicals, neural pathways), stressors, and the coping mechanisms that a person has learned to use".

Reported by Jane Trilling

Source: Tampa Bay DMDA Newsletter,
Dec. 2001 - Jan. 2002

**All of us could take a lesson from the
weather: it pays no attention to criticism.**

-North DeKalb Kiwanis Club Beacon

Mental illness not career limiting

This article has appeared in many newsletters; however, it was originally printed in the Oct. 25, 1999 *Boston University News*.

Contrary to popular belief, serious mental illness is not necessarily a career-limiting disorder. A study of 500 professionals and managers, all of whom have, or have had, a serious mental illness, shows that 73 percent were able to achieve full time employment in occupations that ranged from semiprofessionals (nurses, case managers and administrators) to executives and full professionals such as lawyers, professors and CEOs.

While past studies have focused primarily on dysfunction, this is the first study of its kind to open a window on a previously unexplored area: how people, despite a disabling mental illness, have fashioned an enduring, well-paying and meaningful professional or managerial career.

This research provides more hope for others who are combating stereotypes about the impact of serious mental illness on careers.

Participants reported a range of on-the-job coping mechanisms and supports. To deal with daily pressures, 62 percent took breaks, while flexibility to modify daily duties was important to 49 percent. And, 33 percent fashioned flexible schedules.

Getting back to work played a key role in the recovery process for many respondents.

The study provides detailed information on the strategies used by participants and how they handled disclosure of their illness on the job. More information on the nature of the participants' vocational achievements, coping mechanisms, and supports is also available.

To receive more information, contact:
Project Director Marshal Langer Ellison,
Ph.D., or Zlatka Russinova, Ph.D., at The
Center for Psychiatric Rehabilitation.
Phone: 617/353-3549.

Source: *Adams Advantage*, Archbold, Ohio,

Dec. 2001, Jan 2002

Ziggy

By Tom Wilson



Online at www.inlandempireonline.com/comics

Steve's Story

The "Medical Model" Can't Explain Everything

My name is Steve. I was born on October 10, 1955, at 2:10 p.m. in Santa Cruz Hospital. My mother's name was Mary Reyes Lira, and my father's name is Joe. Though some of you may know me, I was advised not to use my last name due to the very personal nature of what I am about to reveal. But I feel that telling my story fully and honestly helps my recovery.

In 1966 my father left us and went back to Mexico, so I lived with my mother in the city of Indio, California. Because my mother was an alcoholic, my life as a child was not too great. There were times when my mom would have her friends over, and she would put me out of the house. Sometimes I did not eat. But worse, I was sexually abused by some of her friends. They always warned me that if I told my mom what they were doing, my mom would get mad at me. As a result, I did not say anything to anyone about the things that they did to me. The effect of all of this abuse and neglect finally caught up with me when I was about 17 years old and had a breakdown. I was put in a hospital on a 5150 hold, but they told me and my mother that I was OK, so they let me go back home. In 1975, I went back to the hospital for the same thing. This time I was put into an outpatient treatment hospital in Riverside County.

The doctor at the hospital told me that I had a chemical brain disorder and that they were afraid to let me go back home. He told me that they were going to put me in a mental hospital to see what kind of treatment they could give me. They put me in a treatment center in the hospital and gave me medication. With that medication, I felt extremely disoriented. I didn't know if I was coming or going. I was unhappy with myself, and did not want to have anything to do with anyone. I was afraid that the staff was going to put me in the cold room and leave me there for days.

I always asked questions about myself to the doctor, but he would never tell me anything. Then in 1984 my mother passed away, and when the hospital told me about her death, they let me go back home. Things were not good for me. My family did not want anything to do with me. In 1987 I left and moved to Los Angeles where I lived on the streets. I became an alcoholic. I had what they now call a "dual diagnosis"—mental illness made worse by chemical dependency. My situation was not good.

Once more, while I was on the bus to Yuma City, I was put on a 5150 hold because of my depression. The police took me to Yuma Mental Health Services. The doctors told me I needed a support group, so they put me at Pathways Recovery Center in Marysville, California. Afterwards, I was released from the center, but I had nowhere to go. So I lived on the street for about one year.

In 1990, I returned to Los Angeles, and I tried to live on the street. But it was not good. I decided to take a room in a hotel on Seventh Street. It was not the best place, but at least I was off the street. I was clearly very depressed and it did not go unnoticed. Someone told me about the Downtown Mental

Health Center. I went there and saw Dr Raymond Yee. He talked to me for about a week to see where he could place me. He told me that he would help me if I went to a Day Rehab and Dual Diagnosis group five days a week. That is where I met Chuck Davis and Okbar Chatman, who were running the groups.

Up to now I was always told that I was no good, that I did not have any abilities, that I could not get well. It was not easy for me to accept that I had a mental illness, especially schizophrenia or any related disorder. I met a counselor, Rosemary, who talked to me one on one. I told her more about me than I had ever told anyone. It is not easy to talk in counseling, but the more I talked the better I got. Then I came to know Randy Alpern as well. She came to see if I would be in a new group called C.L.P. (Community Living Program). I told her O.K. Lucia Rivera then told me what the group was about. It was a good group. For fourteen weeks, Lucia and Randy showed us how to take care of an apartment when we got one. The Section 8 program gave Lucia some applications. It was not too long before we had one of the Section 8 apartments Lucia had told us about.

At the C.L.P. graduation a Club Aide from Project Return: The Next Step Res[representative] came to talk to the group and told what she had done to better herself. Then Bill Compton came to talk to us about having a group too. That was when I met Gustavo Rodriguez and Jose Lara. I then became a club aide and helped the group. Before long I became a Regional Aide for a region which at the time had 13 clubs.

I like what I am doing. I wish the doctor who told me I would never get better could see me now. He would not be a happy man. It has also been about nine years since I have seen anyone from my family. I want to go back to Indio and see them and tell them all the things about me. Life is not good when people tell you that you are no good, and do not have any abilities, and no future.

Don't let anyone put you down. Just move on and don't look back. All we can do is live day by day. Now I can forgive myself for all the mistakes I have made. I also forgive and release everyone who has injured or harmed me in any way. Forgiveness is a choice. It is a choice that enables our emotional wounds to heal, and endows us with the ability to drown out the anger that can destroy us if left unchecked.

All of us can, if we want to, compose a list of those persons who have hurt us. Often anger and resentment soon follow. In order to recover, we must stop the pattern of calling up bitterness from the past. As a religious leader said, "If you want to lose everything you have, remain angry. Harboring self-defeating resentments only reinforces the pain and inhibits your ability to break free as a whole person". I made the decision to turn my life over to the care of God as I understand Him, surrendering my will and false beliefs and asking to be changed in depth.

Thank you, Downtown Mental Health and the Community Living Program, and Project Return: The Next Step for helping

Continued on page 5 (Steve)

Steve (continued from Page 4)

me move on with my life. This is the first county in California that has groups and programs that help. If all the other counties were like this, it would be better for everyone. To all of you, thank you so much. There is more to my life, but this is the best I can do for now.

Source: Next Step News, winter 2001-2002

AND WHILE WE ARE ON THE TOPIC OF MANIC ATTACKS

If you have had a manic attack and are now in the aftermath, you can do one of two things. You can sit around feeling guilty for the things you said and did that you wouldn't ordinarily have done. Or, you can carefully assess each situation, determine whether or not your actions were justified and apologize if you've hurt someone unnecessarily. Ask a trusted friend or relative to help you sort out your actions. Try to step back and gain some perspective. The things you did and said may not have been as out of line as you think and you may be the only one who thinks they were a big deal. Talk it over with the friend or relative before deciding on a course of action.

Source: Excerpted from an article from Polar Star, MDDA/L.A. winter 2000-200 1

DO YOU HAVE BIPOLAR DISORDER?

Have you gained weight taking medication to treat bipolar disorder?

Bipolar Disorder Research Study

Being conducted at UCLA

If you are 18 — 65 and have gained weight taking medications to treat bipolar disorder, you may be eligible to participate in a yearlong research study. Please call 310.794.9913 for more information. You will receive free medication as part of this study.

UCLA MOOD DISORDERS RESEARCH PROGRAM

Mark Frye, M.D. • Lori Altshuler, M.D • Natalie Rasgon., M.D., Ph.D
For more information, call 310/794-9913

'TIS THE SEASON TO HAVE SEASONAL AFFECTIVE DISORDER

SYMPTOMS OF SAD

- Carbohydrate craving
- Difficulty concentrating
- Sadness and anxiety or an "empty" feeling
- Weight gain, decreased activity
- Withdrawal from social activities
- Change in sleep patterns, either insomnia or oversleeping

If you notice periods of depression that seem to come every winter and fade away each spring, you may be suffering from Seasonal Affective Disorder (SAD). Mild symptoms are usually called 'winter blues' but moderate to severe symptoms are usually diagnosed as SAD. Sufferers usually crave starches and sweets during the winter and often gain 5 to 15 pounds that they lose in the spring. SAD is often mis-diagnosed as hyperthermia, hypoglycemia, infectious mononucleosis or other viral infections. The most common characteristic of patients with SAD is their reaction to changes in environmental light. People living at different latitudes note that their winter depressions are longer and more profound the farther north they live. People with SAD report also that their depressions worsen whenever the weather is overcast at any time of the year or when their indoor lighting is decreased.

Light therapy with bright, fluorescent,full-spectrum light (with ultra-violet screened out) can reverse the winter depressive symptoms of SAD. In one study, 80% of 112 patients improved significantly with light therapy. Some antidepressants also are effective against SAD, although it takes anywhere from 4-6 weeks before they start working. Light boxes usually bring noticeable relief in less than a week. Light therapy, which can be used in combination with antidepressants, can be effective for both seasonal and non-seasonal depression. If you suspect you have SAD, talk to your doctor and ask about light therapy.

continued on page 7 (SAD)

Who Are You?

Sandy would like to interview members for a brief personality profile that we can publish in *The Thermometer Times*.

If you would enjoy participating in this, please call her at 909/688-0368.

Alliance
Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

Open 1 p.m. to 3 p.m.
Tuesday, Wednesday,
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 into 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!



**Emotional Health Anonymous
Saturday Riverside Meeting**

Emotional Problems?

Do you suffer from DEPRESSION, ANXIETY, or other EMOTIONAL PROBLEMS not related to substance abuse?

We are not professionals. We are a group of men and women who share their experience, strength, & hope with each other that they may recover from their emotional illness and help others who still suffer from emotional problems to find a new way of life.

When: **EVERY SATURDAY**

Time: 4:00pm - 5:00pm

Where: **KNOLLWOOD**

**PSYCHIATRIC CENTER
at 5900 Brockton Ave.,**

Meetings are held in Room 2

For more info: 626/287-6260, San Gabriel Valley Intergroup of Emotional Health Anonymous, P.O. Box 2081, San Gabriel, CA 91778 www.flash.net/sgveha



**Phone
Phriends**

If you need someone to talk with, you may call one of the following members at the corresponding times.

Leroy

**6 a.m. to 9 p.m.
(909) 686-5047**

Sandy

**3 p.m. to 9 p.m.
(909) 688-0368**

Arnold

(909) 685-1663

Georgia Ann

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

Georgia

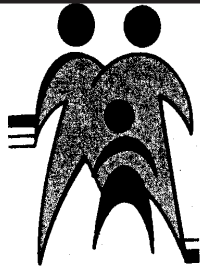
**12 noon to 6 p.m.
(909) 354-8727**

Marlene and George

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

Dawn

**12 noon to 9 p.m.
909/688-1803**



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

SAD (continued from page 5)

The DSM IV does not list SAD as a separate disorder, but rather as a “seasonal pattern” for depression and bipolar. According to the DSM IV there must be a “regular temporal relationship between the onset of major depression and the time of the year (fall or winter) accompanied by a full remission (or change to mania or hypomania) in the spring”. Approximately 4 to 6% of the population experiences SAD. Women are 4 times more likely to be affected than men.

Light therapy has been found to be helpful to people with a long history of depression or bipolar who have been affected by the change in seasons. The seasonal reduction in light is the obvious culprit, but how this registers on the brain is still a matter of speculation. One theory is that serotonin levels drop off in winter. Another is that melatonin may be the cause. Yet another theory is that circadian rhythms are thrown off-balance.

Scientists agree that bright light therapy is the treatment of choice and that the eye and not the skin responds to the light. Many patients have found relief using light boxes. Patients keep their eyes open and glance toward the light, but avoid staring directly into it. The light box should be a specified distance from the patient’s eyes. Sessions usually start at 10-15 minutes a day and increase to 30-45 minutes if a box providing 10,000 lux is used. Any sort of sit-down activities can be done in front of the light- reading, TV watching, crafts, eating, etc. The most common side effects are eyestrain and headache.

For light box info,
call Northern Light Technologies 800-263-0066
or Sunbox 1-800-548-3968

Source: Seasonal Affective Disorder by John McNamany

*Mc Namany’s Depression and BiPolar Newsletter, 11/07/00
& Fox Valley DMDA Newsletter, Nov.-Dec. 2001*



Exercise and Cognitive Function

The Johns Hopkins Medical Letter

Health After 50

Exercise may help preserve cognitive function, according to a new article in *Archives of Internal Medicine*. Researchers surveyed 5,925 older women on their physical activity and tested their mental ability. Six to eight years later, the women who performed even moderate physical activity (such as playing 18 holes of golf once a week, playing tennis twice weekly, or walking 10 blocks a day) had a lower risk of cognitive decline than their less active counterparts.

Source: Tampa Bay newsletter, Dec. 2001-Jan. 2002

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

Depression can get in your bones

A new study identifies major depression as a risk factor for osteoporosis, particularly in men. In a study of 39 men and women—18 hospitalized for depression and 21 healthy—researchers at the Max Planck Institute of Psychiatry in Munich measured the density of bone found in the lumbar area of the spine. Two years later, the depressed patients were found to have lower bone density and increased bone loss compared to the healthy subjects; the men showed greater bone density loss than the women.

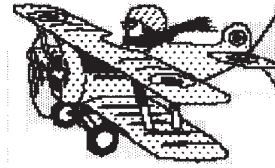
According to the study's lead author, Ulrich Schweiger, M.D. of Lubeck University, the findings add to mounting evidence of the effects of depression on a person's general health. Studies over the last five years have shown that patients with major depression—especially males—die earlier than people in comparison groups, even after screening out deaths from suicide.

Depression is associated with changes in the secretion of endocrines in the body, leading to an increased risk of heart disease and stroke and the apparent acceleration of bone loss. An elevated level of cortisol, the main stress hormone of the adrenal gland, is identified as the principal cause.

As to why the men suffered greater loss in bone density, Dr. Schweiger says, "There is some speculation that female sex hormones protect against the effects of an excess of cortisol." If this were the case, he says, similar bone loss would be noticed in postmenopausal women, whereas premenopausal women would benefit from the protective effects of their hormones.

Since antidepressants act to normalize cortisol secretion, Dr. Schweiger plans to conduct follow-up research to assess whether they prevent further bone loss. Further study will also involve a larger group of subjects, standardize the length of treatment, and include an outpatient population.

According to, Dr. Schweiger and his co-authors, "the identification of depression as a risk factor for osteoporosis has important public health implications." Eight million women and two million men in the United States currently



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

TEMECULA DMDA

Meets every Tuesday 11 am-1 pm.
41002 County Center Dr.
Contact Mark at: (909) 507-1365

UPS & DOWNS - Riverside

Call Family Services at (909) 686-3706

For Support People: AMI - Riverside Mental Health Administration
Building, 4095 County Circle Dr. (off Hole Ave. near Magnolia) 7:30 pm,
1st & 3rd Monday each month (909) 737-5747 (call FIRST)

Calling all interested consumers.



We are looking for consumers who are interested in sharing their personal recovery story. Living With Schizophrenia and Other Mental Illnesses (*LWSIOMI*) is a 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" - must be able to present professionally
- are in recovery - have the time to be trained, and
- believe in treatment, with medication as the cornerstone for recovery periodically present at 1 1/2 to 2 hour workshops, often during working hrs.

Stipends will be paid for presentations.

NAMI - - Living With Schizophrenia and Other Mental Illnesses

Please call for more information: Lisa Partaker, Program Coordinator
(909) 686-5484 or email: llpartaker@excite.com

A collaborative effort brought to you by:





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

have osteoporosis. An additional 18 million citizens have low bone mass, putting them at an increased risk for the disease. Count it as added motivation to define mental health care more holistically, not simply by the demands that arise during the acute phases of mental illness.

Dana Rosen-Perez. CBS HealthWatch via Medscape. March 2000

Source: MDDA of Detroit newsletter, Sept. 2001

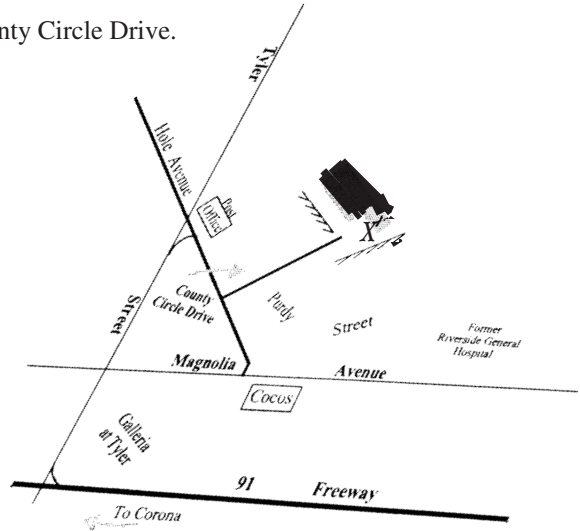
MDDA of Riverside
Map Legend

-  = 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 first, 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.