

# The Thermometer Times

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

VOL. 13 NO. 2

Out of darkness . . .

February 2002

## Dates to Remember

\*\*\*\*\*

### CARE & SHARE GROUPS

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

**Saturdays, February 2, 9, 16, & 23**

10am-12 noon  
at

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

Don't Miss

**Guest Speaker:  
Connie Inkman, Ph.D.**

speaking on:

**The Relationship Between  
Depression and Physical  
Illness**

February 23 at 10:00 am



**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

## Tips for Dealing Effectively with Mood Disorders

By David S Chowes

*Chair, Chapter Development Committee,*

*National Depressive and Manic-Depressive Association*

*Professor of Psychology, Baruch College, The City University of New York*

**Don't blame yourself.** A mood disorder is not your fault. Mood disorders are medical conditions, just like diabetes or hypertension. They do not define who you are and should not cause you to blame yourself.

Obtain a correct diagnosis. You will optimize your probability of improvement or recovery by obtaining the correct diagnosis and treatment. If you have been seeing the same professional(s) for a long time without significant relief~ seek a consultation from a new doctor. Even if this new person ends up agreeing with the previous diagnosis and treatment plan, it is worthwhile if it helps you gain confidence in your treatment plan, an important variable which enhances your outcomes.

Be wary of "too good to be true" treatments. Do not take too seriously the suggestions for alternative treatments which are based on anecdotal data. (Your friend Joe says he took Vitamin "Q" and Nutrient "N" and his depression went away.) In the absence of scrupulous scientific studies, such statements cannot be considered to be valid. People improve from all sorts of medical conditions without any interventions; the placebo effect also can cause people to go into remission.

- **Comply with and adhere to your treatment plan.** The best combination of medications and/or other remedies cannot have a chance of being effective if a person refuses to follow the regimen as directed by his or her doctor. There are people who refuse to take their medication because "it's not natural." The emphasis on the word "natural" is misplaced; some poisons are natural, too, and some medications for mood disorders appear on the Periodic Table of Natural Elements. It's important to take your medications exactly as directed, not just when you feel like it. The efficacy of most drugs depends on blood levels which can only stay constant when the prescribed dosage is taken. Intermittent medication taking can defeat your psychopharmacologist's intended purpose and your treatment outcome.
- **Work to defeat external stigma,** which is the reaction of society to your disorder. Responses to all "mental illnesses" were once absolutely horrible. Now,

*Continued on page 2 (Tips)*

## TIPS (continued from page 1)

with education (via television, radio, magazines, and well-known, successful people coming forward about their illnesses) we can attack society's stigma with a most formidable weapon: knowledge. Ambiguity scares; facts remove fears.

- **Work to defeat *internal* stigma**, the stigma you place on yourself. Since patients absorb the same values as everyone else in a given society, it is not uncommon to internalize the same attitudes as others. This can have a crippling effect. Answer your own stigmatizing ideas by knowing the facts about your illness and treatment and attending a quality support group.
- **Avoid being patronized.** It may feel good for a while, but it can lead to crippling dependency. Parents, friends, spouses, and, yes, even some professionals, can be guilty in this respect. Request that these people treat you the same way they would anyone else, and let them know that you will ask when you need help.
- **You are not your illness.** You are a person who suffers from a diagnosable disorder. Avoid making your disorder the focus of your life. This, if extended over a long period of time, may make you into a "professional patient." This may worsen your original condition and lead to an intractable situation.
- **Don't become a victim;** it may be a self-fulfilling prophecy. A victim is someone who has lost control of his or her life, which has evolved into a continuously punishing situation.
- **Never Give Up.** This is not meant as a simple feel-good nostrum; it is based on a reasonable forecast. If no remediation attempt is presently controlling your condition, keep in mind that during the past 30 years treatments have been introduced which have helped millions of people. Imagine what will most likely be introduced in just the next decade.

—Appeared in *CDMDA News*, September  
2001 *Spurce missing*, OC? page 1



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

Check it out at:

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

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

*Publisher & Editor in Chief*  
**Jo Ann Martin**

Senior Editor  
**Yen Cress**

Copy Editor  
**Karen Cameron**

Associate Editors  
**Nelma Fennimore**  
**Karen Cameron**  
**Georgia Peterson**  
**Chris Majalca**

Staff Writer  
**Judy Kaplan**

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

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

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

## MOURNING RITUALS

I anticipate my alarm by three hours  
Regardless of when I drift off to sleep.  
The hours between attempted sleep and  
Awakening are my Waterloo.  
I'm quite certain I've died a thousand  
Deaths under God's watchful Eyes.  
It's remarkable to awaken with  
Tears and forlornly wonder if this is the  
Day I might die.

By: Steven Lappen

---

---

# MY DARKEST HOUR

by Mike Wallace, Senior Correspondent, *60 Minutes*

**L**IKE MOST PEOPLE, I'D HAD DAYS WHEN I FELT BLUE AND it took more of an effort than usual to get through the things I had to do. But I always snapped out of it. Before I knew it, I would be corralling another reluctant interview subject for *60 Minutes* or trying to whip a crosscourt forehand past my opponent in a tennis match. Relentless as ever, basically. (And a pain in the neck to my colleagues at CBS News, who claim that "Mike Wallace is here" are the four most dreaded words in the English language.)

So my down times invariably passed. Until the fall of 1984, that is, when I found myself suddenly struck, then overwhelmed, by something—an emptiness, a helplessness, an emotional and physical collapse—I'd never experienced before. CBS News was embroiled in a high-profile lawsuit filed by General William Westmoreland over a documentary we had made about the Vietnam War; a special report for which I'd been the chief correspondent.

The case went to trial in early October. Every morning after Mary and I had breakfast, instead of heading to my office in the mid-Manhattan CBS News building on West Fifty-seventh Street, I went downtown to the federal courthouse in Foley Square. As I made my way into the courtroom, past the phalanx of reporters, I had a feeling their eyes on me were skeptical. A pretty jarring reversal of roles. Still, that was nothing compared to having to listen to the other side's lawyers call into question not only the accuracy of our documentary but also my own professional integrity.

You'd think I'd have just let the allegations roll off my back. After all, they weren't true. Plus, as Mary reminded me, I had nearly 50 years in broadcasting to back up my good name. But day after day, I sat trapped in room 318 at the courthouse, hearing people I didn't even know attack the work I'd done. Given the way trials proceed, I didn't have a chance to defend myself right then, so the accusations ate at me. Doubts started to haunt me. *Did I do something wrong?* It was as if all my experience in radio and TV news didn't count for anything anymore. *What if I really am dishonest as a reporter? Dishonest as a person?*

I tried to keep going on with life as usual. Whenever court

was out of session, I worked on stories for *60 Minutes*, doing research and interviews at night if necessary. But I had a hard time concentrating. Me, the guy who was famous for never giving up on a story, for asking such pointed questions they made everyone from gangsters to movie stars to political leaders sweat.

In November, I had a brief escape from the courtroom. I went to Ethiopia to cover the famine. The tragedy unfolding before my eyes in that drought-ravaged country; the human suffering I witnessed, resharpener my focus. With something approaching my usual vigor, I did a segment for *60 Minutes*. We edited it and got it on the air. *Things are getting back to normal*, I told myself.

But as soon as I returned to the daily grind of the trial, that strange, dark malaise set in again. If anything, it was more pervasive than before, casting a pall over every part of my life the way the chill gray of winter seemed to blanket all of New York City. I didn't have an appetite, no matter what Mary put on the table. I could barely summon up the energy to get out of bed each morning, let alone run after balls hit to the corners of the tennis court. But at night, I would lie awake, restless. Sometimes I'd give up on sleep and switch on the television, looking for something on the late-night shows to get my mind off all my dark thoughts. And even when I could go back to the office and do the work I loved, I felt dead inside.

Maybe the only constant, the only part of my day-to-day life that hadn't changed since the trial began, was what I said before I fell into bed at night. The *Shema*, one of the oldest and most important prayers of the Jewish faith. "*She-ma Yisrael Adonai Eloheinu Adonai Echad*," I would recite each night, as I had every night since I learned those words growing up in Brookline, Massachusetts. "Hear, O Israel, the Lord our God, the Lord is One."

I tried to draw strength from that prayer. And from Mary, who was always at my side, incredibly patient with me and my moods. Still, I'd catch her looking at me, her eyes full of worry. One evening after we came home from the courthouse, she said, "Mike, you need to go see a doctor. Something's wrong."

I denied it. "The pressure of the trial's getting to me," I said. "I'll be myself again once it's over?"

Mary insisted on taking me to the doctor. I told him what I'd been experiencing, even swallowed my pride and asked, "What can you do to help me?"

"You don't need help," the doctor said. "You're tough. Everybody knows that. You'll bounce back in no time." He warned me about the damage to my reputation if word got out I was having these emotional difficulties.

Mary was still concerned. "I don't want to be right about this," she told me on our way home, "but I think what you are feeling goes way beyond being under stress. It's taken over your life."

Why is it that the people you love so often know you better than you know yourself? It took a complete physical collapse on the heels of a bout of the flu in December to make me concede I might be in as bad shape as Mary feared. Right before

*continued on page 4 (Mike Wallace)*

---

## Mike Wallace

the New Year, I was admitted to the hospital, 'suffering from exhaustion,' a CBS spokesman announced.

The truth, I was to learn from Dr. Marvin Kaplan, the psychiatrist I started seeing, was something I'd never imagined. My defenses were pretty much broken down by then. When Dr. Kaplan asked me to give him a complete history of my symptoms, I poured out everything to this man who was all but a stranger to me. I told him about the trial; about the doubts that plagued me; about not being able to eat, sleep or enjoy the things I used to. "I just don't see any way out of this," I confessed. "It's like I'm going out of my mind, I feel so low, so... hopeless. No, *copeless*."

"You feel as you do, Mr. Wallace, because you are experiencing clinical depression. Any stressful change in one's life can trigger an episode, and some people are more prone to it than others."

Depression? Wasn't that some sign of emotional weakness? "Depression is a disease," Dr. Kaplan explained. "A disease that millions suffer from. The good news is that almost all depressed people can get better with treatment." First, he prescribed an antidepressant to relieve my symptoms. "Once it takes effect, it will put a pharmaceutical floor underneath your depression, so that you don't sink any lower." Then psychotherapy to help me gain insight into myself and figure out ways to cope with what was troubling me.

Within a week, I was released from the hospital, continued my sessions with Dr. Kaplan and went back to work, nowhere near functioning at full capacity; and still too ashamed to tell people in the office what was going on. They must have wondered why Mike wasn't acting like his usual demanding, abrasive self.

I was due to testify at the trial, so while the CBS attorneys prepared me legally, Dr. Kaplan got me ready emotionally. "You believe that if our side loses, it will be the end of your professional life," he observed. "Why don't we talk about how you will go on if you do lose?" A seemingly simple exercise, but it helped me regain some perspective.

Nearly five long months after the trial began, the day before I was to take the witness stand, the other side dropped the lawsuit. Obviously I was hugely relieved, but why didn't I feel well again? "That's not how depression works," Dr. Kaplan told me. "You don't just snap out of a serious illness. You have to stay on the treatment and give it time to work." I did what he said, and sure enough, within a couple months, I felt better. So much better, in fact, that I disregarded Dr. Kaplan's advice and stopped taking the medication. Less than a week later, I happened to fall playing tennis and busted my left wrist.

And just like that, I was in deep again. As deep as the first time. I'd look out the window at all the people on the streets of New York. So much energy out there, so much going on, and all I wanted to do was turn my back on it. I didn't care about anything except how miserable I felt and how I might end this pain.

Even so, I was still reluctant to acknowledge that I had what I had. The only ones who knew were Mary, Dr. Kaplan (who put me back on medication), and my son and daughter. And two good friends who were going through the same thing and were much braver than I in sharing their experiences—writer William Styron and humorist Art Buchwald.

Arty called me night after night. It was so reassuring to know that what I was feeling was normal for a depressed person, to talk to someone who'd been through it himself and come out the other side.

I continued to take refuge in prayer. When I couldn't sleep at night, I'd turn to the affirmation that had been a mainstay for nearly as long as I could remember. *Shema Yisrael Adonai Eloheinu Adonai Echad*. Those old, familiar words brought me back to my boyhood in Brookline, a town that was simply wonderful to grow up in. Back to a place and a time as far away from this oppressive darkness as I could imagine.

Eventually the depression lifted, as it had the first time, and I went back to doing what I loved—reporting stories, playing tennis, going out on the town with Mary. But grateful as I was for the help I'd been given during my darkest days. I still worried that people might think less of me if they knew about my depression, so I kept quiet about it.

Then came the night I was a guest on the late-night TV interview show *Later with Bob Costas*. Bob planned to devote the show to my work, but while I was talking to him about *60 Minutes*. It suddenly occurred to me who might be watching television at one o'clock in the morning. *There are probably a lot of people listening at this moment who can't get to sleep because they're depressed*, I thought. *People who need to know that there is hope*.

That's when I finally went public about my depression. I wanted whoever might be listening and suffering to understand how low I'd sunk and how I was getting better every day with treatment. Help was out there for them, too.

Depression, I'd come to see, was a part of me, something I'd always have to watch out for. The difference was, if it hit me again (and it did in 1993), I knew I couldn't retreat into its depths. I had to keep taking my medication and going to therapy, keep talking to people. In a way, that's been the key to my still going strong after 83 years. Every time I reach out beyond myself—to my family and friends, to my doctor, to my coworkers and the public to whom we bring the news, to the whole community of people who battle depressive disorders, and to the one I have turned to ever since I was a boy in Brookline—I find the hope that has led me out of the darkness. •

Source: *Guideposts*, 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

## CHANGING PHYSICIANS



It's difficult to switch doctors under any circumstances but particularly difficult when dealing with a serious medical condition. However, patients must take responsibility for seeking the best care possible.



Here are some reasons which medical experts say justify switching physicians:

- If a doctor is unwilling to discuss or acknowledge recent findings from medical research.
- If a doctor dissuades you from obtaining a second opinion.
- If a doctor can't diagnose a problem due to incomplete work-up and knowledge.
- If a doctor won't communicate with you about the details of a problem and simply states that there is "nothing to worry about."
- If a doctor's professional performance seems impaired from alcohol or drug abuse, or, a mental disorder.
- If a doctor encourages, starts or discusses sexual contact.
- If a doctor or his office is uncooperative in obtaining one's medical records.
- If a doctor doesn't protect your medical privacy.
- If you have no confidence in your doctor. No matter how good the physician may be, if you lack confidence, it may be difficult to treat problems successfully.

**Who's counting?** Since 1992, 2,164 medical articles have been published on physicians.

**ZIGGY** by TOM WILSON



**TOPAMAX WARNING:** The FDA has issued a warning regarding a very serious side effect of Topamax (topiramate) now generally viewed as beneficial as monotherapy and adjunctive therapy for bipolar disorder, especially in rapid-cycling patients. Topamax can cause development of an ocular syndrome characterized by acute myopia and secondary angle closure glaucoma. Symptoms, usually occurring in the first month of use, include blurred vision and ocular pain. An eye exam may also find myopia, anterior chamber shallowing, redness, increased intra-ocular pressure and possible extended dilation of the pupil. Elevated pressure in the eye, if left untreated can lead to **permanent vision loss**. Immediate discontinuation of the drug seems to cure this side effect. Affected patients should see their ophthalmologist as soon as possible.

Source: *DMDA Fox Valley*, Jan.-Feb. 2002

## 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 to 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 Altahuler, M.D. ■ Natalie Rasgon, M.D. Ph.D.

### 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!

**Senators skeptical of  
Medicare plan**

Several senators began work on Medicare reform with plans to cover prescription drugs for all beneficiaries, going beyond President Bush's proposal to initially cover only the poorest seniors.

Many senators want broader legislation – adding a drug benefit and restructuring the program to add competition and save money. The Senate Budget Committee started hearings Thursday.

The Budget Committee chairman, Sen. Pete Domenici, R-N.M., was among those who said the president's plan doesn't go far enough.

*From news services*

**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

AT KNOLLWOOD PSYCHIATRIC CENTER  
at 5900 Brockton Ave., 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](http://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**

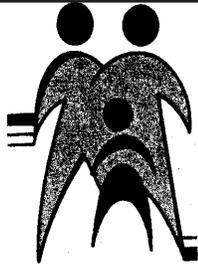
**12 noon to 6 p.m.**  
**(909) 354-8727**

**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

## JUST FOR TODAY!

**WE CAN DO ANYTHING** just for one day. So, just for today, let us be unafraid of life; unafraid of death which is the shadow of life; unafraid to be happy, to enjoy the beautiful, to believe the best.

Just for today, let us live one day only, forgetting yesterday and tomorrow, and not trying to solve the whole problem of life at once. Lincoln said that a man is just as happy as he makes up his mind to be. Suppose we make up our mind to be happy just for today, to adjust ourselves to what is- our family, our business, our luck. To try to make the world over to suit us is a large order. If we cannot have what we like, maybe we can like what we have.

So just for today let us be agreeable, responsive, cheerful, charitable, be our best, dress our best, walk softly, praise people for what they do, not criticize them for what they cannot do. And if we find fault, let us forgive it and forget it.

*By Joseph Fort Newton in THE PHILADELPHIA EVENING BULLETIN, 1947  
Source: Fox Valley DMDA newsletter, Jan./Feb. 2002*

## Threat or joke?

Students say jokes and threats get confused by adults and are sometimes hard to separate. The FBI offers suggestions on how to identify low and high levels of risk.

### Low level of threat

- Information contained within threat is inconsistent, implausible or lacks detail and is vague and indirect
- Threat lacks realism
- Content of threat suggests person is unlikely to carry it out

### Medium level of threat

- Wording suggests the threatener has given some thought to how the act will be carried out
- There may be a general indication of a possible place and time.
- There is no strong indication the threatener has taken preparatory steps
- There may be a specific statement to convey the threat is not empty: "I'm serious!" or "I really mean this!"

### High level of threat

- Threat is direct, specific and plausible
- Threat suggests concrete steps have been taken, for example, the threatener has acquired or practices with a weapon or had the victim under surveillance.

*Source: FBI Report - School Shooter: A Threat Assessment perspective. and The Press Enterprise 3/10/01*



"Has the medication had any other side effects?"

## A Message to Parents...

The shocking statistics:

- Suicide is NOT about death; it is about ending pain.
- Suicide is the second leading cause of death for young people aged 15 to 24.
- One in five youths has suicidal thoughts; one in ten has made a suicide attempt (Washington State Department of Health).
- For every completed youth suicide there are 20 attempts.
- More 15- to 24-year-olds die from suicide than cancer, AIDS, heart disease, birth defects, stroke, pneumonia, influenza, and - chronic lung disease COMBINED (Centers for Disease Control).
- Talking about suicide is good. It opens the door to a difficult subject and is often a relief
- **95 percent of all youth suicide is preventable.**

Source: Orange County DMDA,

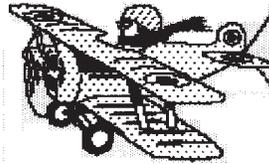
The Rollercoaster Times, Dec. 2000

## RENEWAL TIME

It's time to renew your membership with MDDA of Riverside. If you have already done so, we appreciate your constant support. Indication of your renewal update will appear on the mailing label of your newsletter. If this label is in error, please notify us. Some of the benefits you will receive are:

1. 12 months of the Thermometer Times
2. Notification of special events.
3. A membership card to carry which includes vital information.
4. The satisfaction of knowing your dues help support our meetings, refreshments, and the cost of the newsletter, including all mailings, and outreach services.

Just fill out the form at the back of this newsletter and send in your money. Additional donations are always welcome.



## 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

**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)

### HEMET SUPPORT GROUP

"Foundations" meets every  
Tuesday 7-9 pm.  
Please call (909) 658-5013



## 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 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: lpartaker@excite.com

A collaborative effort brought to you by:

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



