

The Thermometer Times

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

VOL. 14 NO. 5

Out of darkness . . .

May 2002

Dates to Remember

CARE & SHARE GROUPS

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

**Saturdays, May 4,
11, 28, & 25**
10am-12 noon
at

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

Don't Miss This

**Guest Speaker: Shelley Pope
MFT**
**"Cultivating Stability
Through Yoga and Meditation"**



**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

Hate Crimes Against the Disabled

Educational Meeting for MDDA on April 13, 2002

Lieutenant John Wallace who has been with the Riverside Police Department for 16 years, spoke of the hate crimes against the disabled and gave many practical tips when dealing with the problem. Scenes from September 11th were shown at the beginning to emphasize the urgency in recognizing and facing hate crimes. Race, ethnic, religious, sexual orientation and gender differences can bring on these undesirable behaviors. Law number PG 422.6 states that it is unlawful to harass, intimidate, harm or frighten individuals in any way. Caregivers also commit these crimes against those in their care.

Only victims of hate crimes can make use of "Protective Class" enforcement. A data base is kept in hate incidents. This is not always conclusive evidence, but is recorded for future reference. This includes harassment, persecution, and intimidation. If the person touches you physically, that becomes a hate-crime rather than just a "hate incident". Minors are the responsibility of their parents and if they refuse to pay, the money will be taken out of their paychecks.

Officers are sent to the Museum of Tolerance where they take eight hours of training to gain empathy for victims and better prepare them to deal with hate crimes.

Some tips:

1. Keep a journal for 10 days following the crime.
2. Avoid dark alleys and unlit parking lots.
3. Plan what to do if confronted...sometimes a noise like a whistle will discourage a would-be assailant.
4. Practice options.
5. Use a peephole in your door and do not answer to any strangers. You may have to put a peephole at a lower level for a person in a wheelchair.
6. Always lock all doors, including you car doors.
7. Install an alarm system.
8. Ask to see ID of anyone you don't know, even the police.
9. Never tell anyone on the phone that you are alone.
10. Keep a phone handy.
11. Read all contracts before signing...if something is "too good to be true", or you are in doubt, don't sign it.
12. Beware of "Once in a lifetime offers", "you must send money to a P.O. Box", "Direct deposit offers".

When traveling:

1. Travel in numbers.

continued on page 2 (Police Dept.)

Police Dept (continued from page 1)

2. Do not wait alone.
3. Put your handbag in your lap, not on the floor.
4. Secure handbags to a wheelchair.
5. Use travelers checks instead of money or ATM cards.
6. Use a card of communication stating your name, condition, address, etc.
7. Use a money belt for anything you can't part with.

Additional tips:

Try to remember any details about your assailant, such as color of hair, marks on face, hair on arms, bitten off nails.

Try to remember what he or she said or the tone of his voice to recognize later. Do not destroy evidence, save scrapings from your fingernails, etc..

The toll-free number for Hate Crimes is:

1 866/662-4283

Sandy Waples

We would like to present to you Sandy, who has started with us recently. She tells us that she is originally from Omaha, Nebraska, but has lived in this area for 24 years. She has one brother, Rick. Sandy has lots of hobbies like making yarn covered bangers, making homemade greeting cards, and a variety of other creative crafts. Sandy's favorite TV show is "Providence." Veggie pan pizza is just about the best thing she likes to eat. She loves religious music. Sandy is a single lady and she has no children. Sandy is coming to day treatment to learn to handle stress, improve relationships and become less paranoid. Sandy can't wait for these day treatment groups: OT and Volunteer work, which helps children at the Loma Linda Hospital. Sandy has traveled extensively to lots of foreign lands like England, Scotland, Wales, Germany, France, Bermuda, Austria, Switzerland, and Belgium. She was appointed to the Western Region Mental Health Board to fight stigma and to educate police on how to treat mental illness. In addition, Sandy volunteers for MDDA, which is involved in helping mental health clients. Sandy we are so glad you are here. Welcome!

Source: CCC South, March 2002

An interview by one of CCC South's clients

Sandy Waples has been a wonderful asset to MDDA. She has sent cards to the ill and newcomers and helped with our newsletter mailings and more. Thanks, Sandy, for all your help.

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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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**

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www.glasbergen.com



**"Wow, now that's what I call self-help!
Has it helped your wife's depression, too?"**

Pharmacotherapy of Bipolar Disorder: Trends and Controversies

Excerpts from an interview with Frederick K. Goodwin, M.D.

Q: Dr. Goodwin, it seems to us that more attention and resources are being directed to bipolar disorder now than in the past. Do you agree, and if so, to what do you attribute that?

A: You're right. Interest in bipolar disorder has increased logarithmically. We're preparing a second edition of *Manic Depressive Illness* now, and I am daunted by the amount of new information generated since publication of the first edition in 1990. Several things may be at play: the NIMH realizes that the balance of research had shifted too far from bipolar disorder, particularly bipolar depression, and is [now] paying more attention to it, and the pharmaceutical industry is beginning to get interested in developing agents both for mood stabilization and for treating bipolar depression. In the past, bipolar patients were excluded from antidepressant trials out of concern that antidepressants might trigger mania or mood cycling. As a result, little information was being generated about bipolar depression, compared with unipolar depression. Another reason is a shift from the older notion that bipolar disorder was a rare variant of affective disorder to a more accurate notion that it represents at least one-third of the major affective disorder spectrum. Also involved is the impact of advocacy organizations, particularly the National DMDA.

Q: Why are physicians prescribing less lithium and more anticonvulsants?

A: There are several reasons. One is that the illness has changed. We have a much lower age of onset, from a median age of 32 thirty years ago to under 19 now. We also have a broader definition of bipolar disorder. The patients that formerly were diagnosed as having schizoaffective disorder are, by the new DSM-IV criteria, diagnosed as having bipolar disorder. Also, we have more comorbid, Axis II disorders accompanying bipolar disorder that are associated with more treatment resistance. We have more substance abuse comorbidity than 30 or 40 years ago in the heyday of lithium, the rates having increased from around 20% to over 50%, which is also likely to be associated with more lithium resistance. Also, antidepressants are being used more now than they were 30 or 40 years ago, which may be making the illness more

lithium-resistant. We need more alternatives although we should be very careful about moving beyond lithium, particularly when dealing with patients for whom suicide is a concern.

Twenty eight studies from around the world, include about 16,000 patients, most bipolar and a few with recurrent unipolar depression. The investigators looked at the annual suicide rate in people on lithium compared to that in people not on lithium and found a difference of around 8-fold. In another study comparing lithium to carbamazepine, the anticonvulsant did not match lithium for prevention of suicide.

Q: Lithium's narrow therapeutic range and adverse effects have always aroused medical and medicolegal concerns among some clinicians. Won't those concerns continue to promote use of alternatives?

A: Lithium has been on the market now for so long that we know all of its warts and blemishes, and it is unfair to compare *the* most extensively studied drug in psychopharmacology with a newcomer for which there is less data. In one study, the side effect profiles [of lithium vs. Depakote] didn't favor either drug.

Paul Keck found that lithium compliance was somewhat better than Depakote compliance. Interestingly, he found that the best compliance (100%) occurred with a combination of Depakote and lithium. Side effects can be additive and clinical benefits synergistic. Because the side effects of each drug differ somewhat, keeping the dosage of each drug below its side effect threshold may make combination therapy more tolerable than monotherapy.

Long term mood stabilization depends on tolerability and prevention of breakthrough depression. It is much harder to keep somebody on a drug, month after month, year after year, when they are experiencing side effects. The most important tests of drugs will come from maintenance use, where we will get a better idea about long term compliance and about how successfully the drugs being tested can be combined with other drugs.

Dr. Goodwin coauthored the textbook *Manic Depressive Illness* with Kay Jamison, Ph.D., whom he says is "another example of a highly successful responder to lithium monotherapy."

Source: Tampa DMDA Newsletter, April-May, 2002

Support for Support People

On Saturday, April 27, Loved ones of persons in our group who suffer from mood disorders met to discuss their special challenges. By separating themselves from the rest of the group, a certain kind of freedom and bonding were some of the goals. If you are interested, call us for the next meeting date. 909/780-3366.

RU-486 May Drastically Relieve Psychotic Depression

by Charles Clawson

Stanford Report, November 8, 2000

Preliminary trials suggest that the controversial drug RU-486, a recently approved abortifacient and emergency contraceptive, may provide sudden relief for psychotic depression, a disease normally very difficult to treat.

“Some psychotically depressed patients are dramatically better within a few days,” said Allan Schatzberg, MD, Kenneth T. Norris Junior Professor and chairman of the department of psychology and behavioral sciences at Stanford. “They stopped hearing voices and having pessimistic kinds of delusions, like they’re dying or the world is ending. We’ve seen the response within a four-day study. This is fairly dramatic.”

Traditionally, patients with psychotic depression receive one of two treatments: an antidepressant administered in conjunction with an anti-psychotic drug, or electroconvulsive therapy (ECT). Even when effective, both treatments are relatively slow, and can leave residual symptoms that last for months.

“With mifepristone (RU-486) there’s a very quick intervention; the patients often feel better, and then we can put them on conventional antidepressants without the anti-psychotics or ECT,” Schatzberg said. “What’s interesting is that the results are not effervescent. The patients feel better and it lasts. Nobody’s had to come back, nobody’s had to undergo ECT.” The social implications of the treatment are profound, Schatzberg said, both because mifepristone might eliminate the need for shock treatments and because it comes from a drug with other uses that some people don’t like.

About 90 patients will be studied over five years—30 individuals each from the psychotically depressed, non-psychotically depressed, and control categories. The landmark study, funded by the NIH, should provide crucial data for differentiating psychotic and non-psychotic depressions, which are thought to be distinct illnesses.

[Http://www.stanford.edu/dept/news/report/november8/ri486-1108.html](http://www.stanford.edu/dept/news/report/november8/ri486-1108.html).

Source: *Life in Balance*, Detroit MDDA, March 2002

THE BEST AND MOST BEAUTIFUL THINGS IN THE WORLD CANNOT BE SEEN OR EVEN TOUCHED. THEY MUST BE FELT BY THE HEART.

—Helen Keller

Depression hinders the immune system

Treating mild depression that can weaken the immune system

in older people may help them fight disease more effectively. Researchers at Ohio State University College of Medicine say that people 60 and over often have a mild depression. In a study of the emotional health and infection-fighting ability of 78 older adults, they concluded that the link between depression and a weakened immune system may explain why older adults are at greater risk for cancer and severe infections. Lead author Lynanne McGuire writes in the February *Journal of Abnormal Psychology* that exercise and talk therapy as well as antidepressants help relieve mild depression in older people.

By Roberta Yared

Source: *AARP Bulletin*, April 2002



“It’s said that Saint John’s-wort may improve your mood. But perhaps it’s time to cut back the dosage.”

National DMDA Conference 2002

Start planning for the National Depressive and Manic-Depressive Association’s 15th Annual Conference this year in Orlando, Florida.

The date is August 9 through 11th.

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

LEARNING TO RECOGNIZE STRESS IS THE KEY TO DEALING WITH IT

Stress is part of life, in small and larger amounts. Everyday hassles and small irritations such as traffic jams, long lines, and arguing with a spouse or child can quickly add up to be as stressful as life's obvious major stresses like loss of job, death, moving, or divorce.

What is stress anyway? When we're in stressful situations, adrenal glands secrete special hormones that prepare us to handle stress by speeding up the heart rate, constricting blood vessels to the gut while enlarging the muscles, stimulating the liver to release its glucose stores for quick energy.

Problems with stress occur when the brain fails to give the "all clear" signal. If the alarm state lasts too long, you begin to suffer the consequences of chronic stress. Unrelieved stress can lead to many health problems including heart disease.

Symptoms: Stress affects many parts of the body and can result in a multitude of symptoms that people often experience daily. They can include: fatigue, indigestion, muscle aches, upset stomach, diarrhea, constipation, headaches, slowness of breath, muscle tension in the jaw or forehead, feelings of hopelessness, irritability, insomnia, depression, defensiveness, anxiety, isolation or withdrawal from others, loss of appetite or overeating. Sometimes stress can trigger increased smoking, use of alcohol and drugs, poor job performance or poor hygiene.

Recognizing what triggers and how you deal with it is your first step toward ensuring a healthier future.

SOURCE: OSF Healthcare System/ The Times of Your Life/ February 26,2002, and Mood Challenge, DMDA of Peoria, III March 2002

MEMBERSHIP CARDS

Our new membership cards are here. Join us with your support for MDDA and you will receive your own card to carry in your wallet. The information on it may help you when you are unable to communicate to someone trying to help you. If you are a member and we missed you, please let us know. 909/780-3366

CDMDA State-Wide Conference

"Bridges to Health", a two-day conference packed with talent, great speakers, workshops, talent show, and art and literary displays will be held at the Cathedral Hill Hotel in San Francisco on Friday, October 18 & 19th, 2002! It will be a wonderful experience for anyone to attend and the cost will be kept at a minimum
Start saving and planning to attend. More information will be available soon.

Phone in to Lucinda Bassett every Saturday at 6 PM on KLAC 570 AM, Los Angeles. She will help you cope with everything from personal relationships, emotional challenges, career, difficult situations and people, anger, depression or anxiety, parenting and anything else.
Call in Lines: 1 800/977-5522 Switchboard 213/385-0101
www.570klac.com

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 Althuler, M.D. ■ Natalie Rasgon, M.D. P.h.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~~
~~Crisis~~
~~Line~~
@
(909) 686-HELP
[(909) 686-4357]
24hr. Hotline
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!

Self-Abuse

Psychology Today, July/August 2001

As many as 3 million Americans are self-abusive in some way. As a young man, behavioral psychologist B.F. Skinner cut himself over the pain of a failed relationship, and in a 1995 interview with the BBC, even Lady Diana admitted to cutting herself repeatedly when her marriage was failing. Self-abusive individuals can often be helped through a combination of cognitive behavioral therapy, group therapy and medication.

For treatment alternatives, contact Self-Abuse Finally Ends at www.selfinjury.com

*Source: Tampa Bay Newsletter,
August-September 2001*

**Emotional Problems?
Emotional Health Anonymous
Saturday Riverside Meeting**

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.

EVERY SATURDAY: 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



**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

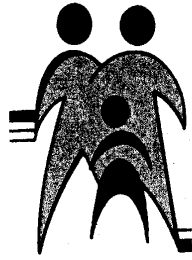
6 a.m. to 9 p.m.
(909) 352-1634

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

Thoughts on *The Beautiful Mind*

by Mary Ellen Copeland

I hope you have seen the movie *The Beautiful Mind* with stellar performances by Russell Crowe and Jennifer Connelly. If you haven't, I strongly encourage you to do so. We saw it twice and it was even more powerful the second time.

Those of us who have a psychiatric diagnosis or experience symptoms that are visible to others have been treated badly in our society for as long as any of us can remember. Far too often, the media has supported this stigma through sensationalizing news events and spreading information that is inaccurate, slanted or blatantly untrue. National, regional and local mental health agencies and organizations have mounted educational and advocacy efforts to reduce this stigma but it is not easy to counter the constant, but hopefully lessening, stream of negativity. I hope that this movie is the beginning of a major shift—where people who are having a hard time with difficult, painful and often disabling symptoms are treated with the dignity, compassion and respect they deserve.

This movie reinforced many of the things that those of us who are committed to mental health recovery strongly believe. We picked up the following.

People who experience these symptoms are some of the most brilliant people in our society—people who can find solutions to serious problems and whose talents enhance our lives. We can do the things we want to do and be the way we want to be. The world will miss out on our great potential if we don't have opportunities to recover or if we are mistreated or badly treated—as almost happened in this case.

- Recovery is possible and, as the focus of mental health treatment changes to recovery, it is much more likely that people will get better and better and better instead of worse and worse (the common prediction in the past).
- There are many roads to recovery—and each of us needs to choose our own road—the road we feel will work best for us.
- Those of us who have these symptoms, even symptoms that persist, can learn to live effectively with or without our symptoms—that we can control our minds and sort out the difference between delusions and real-

continued on page 8 (Beautiful Mind)

Aid For Prescription Drug Users

{The following article was sent to "Life in Balance" by an MDDA member who has lowered his prescription drug bill by using the pharmacy mentioned below }

Two area pharmacists have set up a cross-border purchasing alliance to ease some of the pain of buying prescription drugs in the United States. Through a newly formed Detroit-based company called Can-Am Rx, Barry Steinberg and Michael Blacher are dispensing some of the most widely used drugs for chronic conditions at prices up to 78 percent less than typically charged at U.S. drugstore chains.

"If you're a senior with seven medications, your average drug bill can run \$800 to \$900 easy. And if we can cut it to \$350 to \$400, you can buy your medications and groceries," said continued on page 8 (Aid)

Beautiful Mind

(continued from page 7)
ity. We can devise innovative ways to address our symptoms and/or delusions so that they don't overtake our lives. • Being supported by loving family members, colleagues and the community, and being treated with dignity, compassion and respect helps. It may even be essential to relieving symptoms. It helps us to recover and achieve our dreams and goals.

- There is great value in having something that is meaningful *to us* to do.
- There is a strong connection between stress and symptoms. Minimizing and managing stress are important to recovery.
- Hospitalization and other invasive treatments often are not the best option and if we are open to using all the resources available to us, the outcome can be amazing.

If you have thoughts about the impact of this movie, let us know through our e-mail.

www.maryellencopeland.com

Source: *Mental Health Recovery Newsletter*,
February 2002

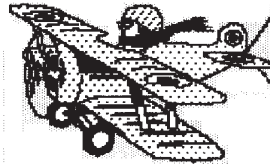
AID (continued from page 7)

Steinberg, who has owned and operated his A&M Pharmacy in the Detroit Medical Center clinic at 8282 Woodward since 1975. Because of government controls, many prescription drugs are significantly cheaper in Canada than in the United States. While there is a burgeoning business among Canadian pharmacists offering to fill prescriptions for U.S. customers, Can-Am offers the twist of having a U.S. and Canadian pharmacist working together. That lets them take advantage of the lower costs of some generic drugs.

Customers fill out a health questionnaire and sign a waiver that allows Can-Am to act as their agent. Either the patient or the doctor can provide the prescription. and everything can be done by fax.

To reach, call -A&M Pharmacy toll free at: 877-226-2630.

Source: *MDDA Detroit newsletter*, March 2002



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.
Please call (909) 658-5013

TEMECULA DMDA

Mark Monroe
909/507-1365
909/926-8393

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 (*LWSOMI*) 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: llpartaker@excite.com

A collaborative effort brought to you by:

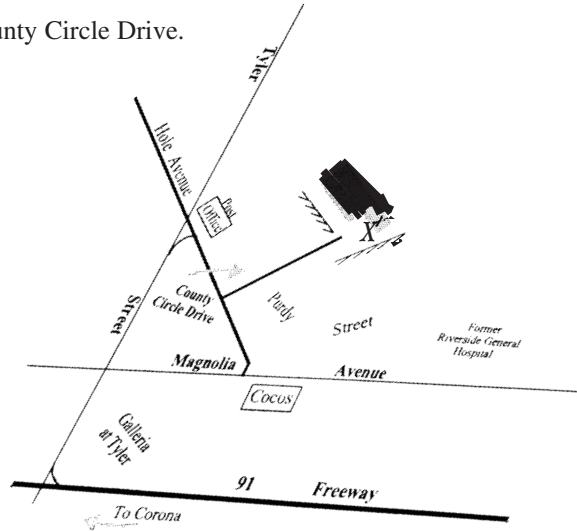
Riv. County MH Dept. — NAMI, Western Riverside County —
Jefferson Transitional Programs



MDDA of Riverside
Map Legend

-  = Meeting Location
-  = Parking

Buses 1 and 13 stop on Hole near County Circle Drive.
Bus 12 stops at Tyler and Hole



About MDDA

MDDA Of Riverside is a support group for manic-depressives and depressives who have sought or are seeking treatment for their illness. MDDA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time is held at the home of Jo Ann Martin on the Saturday afternoon following the last Rap Group Meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach Jo Ann or Leroy at (909) 780-3366. Our Rap Group Meetings are on the 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.


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.