

The Thermometer Times

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

VOL. 14 NO. 6

Out of darkness . . .

June 2002

Dates to Remember

***** CARE & SHARE GROUPS

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

**Saturdays, June 1,
8, 15, 22, & 29**

10am-12 noon
at

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

4th of July Picnic at Jo Ann's (see flyer)

**Guest Speaker:
Lisa Partaker and Dave Neff
from Jefferson Transitional
Programs
"In Our Own Voice"
(Living with mental illness)**



Meetings will start promptly at 10 A.M.. Do yourself a good turn. Be on time for announcements and other news that may be important to you.

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.



16280 Whispering Spur
Riverside, CA 909/780-3366

2nd
driveway
on
right

Lithium: The ultimate brain food?

*By John McManamy
Research Correspondent, National
Depressive and Manic-Depressive
Association*

At the National Depressive and Manic-Depressive Association Conference held last summer in Cleveland, Frederick Goodwin, MD, host of NPR's "The Infinite Mind," observed that "if you see a psychiatrist under 40, he was probably never taught about lithium."

In the United States, lithium is now a second or third choice for the treatment of bipolar disorder, due in part to drug companies promoting their newer mood stabilizers. All that, however, may eventually change, thanks to some eye-opening new findings that may one day result in those with and without bipolar alike asking to be put on the medication.

The story begins with recent findings that new brain cells can grow in adult animals and humans much more than we had previously thought. Thus, not only can damaged, shrunken brain cells grow to normal sizes and make new connections, under the right conditions, animals and humans are also constantly making brand new brain cells in certain brain regions, a process referred to as *neurogenesis*.

Following on that came the discovery that both lithium and antidepressants can cause new brain cells to grow in rats. Significantly, a subsequent human study led by Hussein Manji, MD, chief of the Laboratory of Molecular Pathophysiology at the National Institute of Mental Health, found that lithium "significantly increases total gray matter volume in the human brain of people with manic-depressive illness."

But producing new brain cells is only part of the picture and probably not the main part of the picture. What may be even more important is the ability to protect and rescue damaged brain cells and help them to re-establish connections, according to Dr. Manji.

To appreciate lithium's possibilities, we need to realize that both depression and bipolar disorder are more than mere mood disorders. The impairments to function and cognition may last far beyond the course of an actual episode, and although not "classic" neurodegenerative diseases such as Parkinson's and Alzheimer's, they are clearly illnesses associated with brain cell loss and shrinkage. Indeed, numerous neuroimaging and postmortem studies have found reduction in the volume of the prefrontal cortex of depressed and bipolar patients, as well as cell atrophy and loss.

If we knew the exact nature of brain damage in a patient, we could perhaps develop improved treatments specifically targeting these abnormalities accordingly, says Dr. Manji. However, recent research is suggesting that one of the oldest of all psychotropic medications — lithium — in fact targets some very important neuroprotective pathways.

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Lithium (continued from page 1)

For decades, we have been focusing on lithium's effects in depression and mania, and are only now beginning to appreciate its neuroprotective effects.

Bcl-2 is a protein with a very important neuroprotective function. Unfortunately, it is found at low levels in most parts of the adult brain. However, when investigators have artificially increased bcl-2 through genetic manipulations in mice, they have found that the brains of the animals are protected against strokes, free radicals and toxins used in models of Parkinson Disease.

Recently, Dr. Manji and his colleagues found that in the rat frontal cortex, both lithium and Depakote doubled bcl-2 levels. According to Dr. Manji:

"The effects were most pronounced in layers II and III — the very same regions that investigators studying bipolar disorder have found evidence for loss or atrophy of cells. In other areas of the brain — the striatum and hippocampus — lithium also increased bcl-2 levels. Extensive brain region studies with Depakote are ongoing.

Lithium and Depakote also influence GSK-3 beta, an enzyme associated with the regulation of cell survival, and activate a pathway which is normally used by brain-derived neurotrophic factor (BDNF), and nerve growth factor. This pathway — the intracellular ERK-MAPkinase pathway — is essential to cell growth, neuroprotection and maintenance of normal "plasticity" (that is, the ability of the brain to adapt to and handle normal and abnormal stresses).

Human brain imaging studies showed that lithium increases in N-acetylaspartate, which is a marker of brain viability, and increases brain gray matter in several regions of the brain. Thus far, the analysis is suggesting that lithium reverses the atrophy (shrinkage) that has been found in the caudate and the hippocampus.

• Detailed studies of lithium's ability to reverse shrinkage in the frontal cortex are ongoing. The caudate is associated with movement and may be a more obvious marker of pathology than mood. The hippocampus is best known for its role in memory, but also influences mood through many of its connections.

Taken as a whole, these findings illustrate the importance of early intervention for mood disorders. According to Dr. Manji:

"If we can prevent some of the brain changes from taking place in the first place, perhaps we can alter the course of this illness so that it isn't the recurrent, devastating illness that it is for so many."

But the true benefit may extend far wider, to those concerned about maintaining the working order of their brains, whether they suffer a mental illness or not.

Accordingly, Dr. Manji and his associates are exploring the possibility of low-dose lithium as a preventive measure against

continued on page 7 (Lithium)

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

BIZARRO By Dan Piraro

Can you program it so that when it's on "hold" it plays one of those MUZAK tracks that drives people INSANE?



Contagious Bad Moods

Emotions are just about as contagious as the common cold and flu! Whether good or bad, moods are transmitted instantaneously and often unconsciously through nonverbal cues such as facial expressions and body language. When you are depressed your resistance is low. It's an extra struggle to avoid and not absorb other people's BAD moods.

People frequently mimic or synchronize one another's facial expressions, voice levels, posture, and movements. Consequently, they experience the emotions associated with the gestures. The transference of bad moods is often so subtle that most people are unaware of it but wonder why they feel so out of sorts.

The odds of catching another's mood are very high when you're with people you like and those you want to like you. The more important the relationship is to you, the more vulnerable you become. Your resistance is better with those whose relationship you don't value. Chances are you'll be less empathic and won't mirror their facial expression and body language.

How to boost your resistance? Just recognizing that you are prone to absorbing bad moods can help you become less susceptible. Remind yourself you are not responsible for others' feelings or for trying to resolve their problems.

Learn when to keep your emotional distance! Some people thrive on being negative and may expect you to wallow in their unhappiness, often intensifying feelings of misery. If someone habitually calls or tries to trap you in a conversation to complain, tell them you understand how they feel but you don't want to dwell on it. Or suggest setting a time limit on how long you'll spend on the subject, then move on, or say goodbye.

Your resistance to bad moods is low when you are depressed. It is OK to turn on the answering machine if you feel vulnerable. Make the effort to call someone close to you and explain so they won't worry. Setting a time with someone you trust to talk to three times a day is a good plan. This also avoids isolation which can extend the depression.

When you spend time with others, you can absorb their moods without realizing it. Periodically ask yourself how you feel. The more you are aware of your own moods, The less susceptible you will be to someone else's bad one.

-by Nancy Illiff. Society for Depression and Manic Depression of Manitoba, Inc. via Support, Lincoln, Nebraska DMDA 1/02

Source: Polar Star, MDDA of Los Angeles,

Spring 2002

Food Is America's Sweetest Drug

A look at binge eating with Psychiatrist Matthew Keene, MD

As many as 40 percent of Americans are addicted to the most prevalent drug of all...FOOD, according to Dr. Matthew Keene, a Phoenix-based psychiatrist who specializes in addiction. For nearly 18 million Americans, only food can give them the high that makes them feel good. Unfortunately, it also leads to a host of psychological, social and physical problems. In his book, Chocolate is my Kryptonite: Feeding Your Feelings/How to Survive the Forces of Food, Keen says "Food is a real addiction for compulsive overeaters and is similar to that of drugs and alcohol. The disease itself is biologically-based and is caused by low serotonin levels in the brain". Overeaters binge on food to self-medicate and correct their sickly systems.

Serotonin is our brain's satisfaction chemical. It promotes both an emotional sense of well being, as well as a physical sense of being full. Unfortunately recent studies suggest that serotonin levels in compulsive overeaters are four times lower than normal. We know that when serotonin levels are low, people tend to feel either depressed, anxious or irritable. In other words, they feel lousy.

Two slices of bread with jelly will increase serotonin by 450 percent. You can imagine what a half-gallon of ice cream with a box of cookies will do! In the end, the overeater suffers from even lower serotonin levels as the body, sensing that it is awash in it, shuts down its own production of the chemical.

For people born with low serotonin levels, binge eating becomes a physiological way to deal with their feelings. It's not just a habit. People use food as a chemical pacifier to help deal with uncomfortable emotions, unmet needs, and bad communication.

Source: Polar Star, MDDA of Los Angeles,

Spring 2002

Support for Support People

We held a meeting for spouses and loved ones of persons diagnosed with mood disorders on Saturday, April 27. The group is designed to address their special challenges. By separating themselves from the rest of the group, a certain kind of freedom and bonding were some of the goals. The meeting was found to be very worth while.

If you are interested, call us for the next meeting date.

Our number is 909/780-3366.

Were you awake when you asked these questions?

L.A. Times

Dear Ann Landers: I have enjoyed your column for a long time and always thought it would be nice if I could send something you might publish as sort of a “payback..” Well, at last I have found what I’ve been looking for.

The Massachusetts Bar Association Lawyers Journal printed the following questions actually asked of witnesses during a trial. The responses to some of the questions were given by insightful witnesses. This is not a put-on. It’s for real. —

Ronita in Center Line, Mich.

Dear Ronita What a thoughtful friend you are. Here’s the list of questions lawyers posed to witnesses. My thanks for sending it on:

1. Now, doctor, isn’t it true that when a person dies in his sleep, he doesn’t know about it until the next morning?
2. The youngest son, the 20-year-old, how old is he?
3. Were you present when your picture was taken?
4. Were you alone or by yourself?
5. Was it you or your younger brother who was killed in the war?
6. Did he kill you?
7. How far apart were the vehicles at the time of the collision?
8. You were there until the time you left, is that true?
9. **Question:** She had three children, right?
Answer: Yes.
Q: How many were boys?
A: None.
Q: Were there any girls?
10. **Q:** You say the stairs went down to the basement?
A: Yes.
Q: And these stairs, did they go up also?
11. **Q:** How was your first marriage terminated?
A: By death.
Q: And by whose death was it terminated?
12. **Q:** Can you describe the individual?
A: He was about medium height and had a beard.
Q: Was this a male or a female?
13. **Q:** Is your appearance here this morning pursuant to a deposition notice that I sent to your attorney
A: No, this is how I dress when I go to work.
14. **Q:** Doctor, how many autopsies have you performed on dead people?
15. **Q:** All your responses must be oral, OK? What school did you go to?

A: Oral.

16. **Q:** Do you recall the time that you examined the body?

A: The autopsy started around 8:30 p.m.

Q: And Mr. Dennington was dead at the time?

A: No, he was sitting on the table wondering why I was doing an autopsy.

17. **Q:** Mr. Slatery, you went on a rather elaborate honeymoon, didn’t you?

A: I went to Europe, sir.

Q: And you took your new wife?

18. **Q:** So the date of conception was August 8th?

A: Yes.

Q: And what were you doing at the time?

19. **Q:** Are you qualified to give a urine sample?

A: I have been since early childhood.

20. **Q:** You were not shot in the fracas?

A: No, I was shot midway between the fracas and the navel.

National Conference Opens Window to Wellness

National DMDA’s 15th Annual Conference will be held in Orlando, Florida on August 9-11. This year’s conference will explore many aspects of wellness. Increasingly, people with mood disorders and other mental illnesses speak of becoming well, rather than being cured. Whatever wellness means to you, defining your level of wellness and setting wellness goals are important parts of your treatment plan.

The conference program includes: clinical updates on depression and bipolar disorder, men’s and women’s health issues, employment and legal issues, nutrition, stress management, other lifestyle topics and several sessions exploring creativity, including journaling and art therapy. The program will again include the popular “Ask the Doctors” panel discussion as well as many opportunities to socialize with others.

You may register on National DMDA’s website, www.ndmda.org, for further information or call 800/826-3632.

You may call National DMDA at 800/826-3632 to join this fine organization, receive their monthly newsletter, Outreach, and much more plus discounts for the conference in Orlando.

Bipolar disorder: the famous & infamous

The following appeared in the Winter 2001 issue of the Colorado Springs DMDA newsletter *The Initiative*.

By John McManamy

Word to the wise: Be mindful of embracing Beethoven, Lincoln and Churchill as kindred spirits lest you unwittingly include Napoleon, Hitler and Stalin in the same group hug.

In 1994, D. Jablow Hershman and Julian Lieb wrote an extremely controversial work, "*A Brotherhood of Tyrants: Manic depression and absolute power*" that examined this terrible trioka in the context of their illness. The book is a companion to an earlier work on the lives of Newton, Beethoven, Dickens and Van Gogh republished in 1999 as "*Manic Depression and Creativity*."

The "case files" on Napoleon, Hitler and Stalin read like a clinician's worst nightmare: raging tempers, manic highs, grandiose and psychotic delusions, paranoia, extravagantly reckless behavior, gloomy depression and contemptuous disregard for others — and this was when they were just kids.

"Life has become a burden to me," Napoleon wrote as a young man, "for I no longer enjoy any pleasure and everything causes me pain" According to the authors, Napoleon's depression immobilized him during his disastrous Russian campaign and later at Waterloo. But, it was the grandiose delusions of his mania that were responsible for even thinking he could take on the Russians in the dead of winter and win. Earlier in his career, he had lost an entire army in Egypt dreaming he could be an oriental potentate.

Hitler's own personal physician diagnosed him as manic-depressive. As a young man, he attempted suicide. In a manic moment, he made a premature bid for power, but depression incapacitated him at the crucial hour. His illness fed the delusion that he was Napoleon's worthy heir.

And like his idol, he committed the fatal error of waging a winter campaign in Russia.

Hitler's adversary, Joseph Stalin, was equally incompetent and delusional. Both preferred to lose hundreds of thousands of troops in single battles instead of listening to their generals. continued on page 6 (FAMOUS)

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 Altschuler, 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-HEP
[(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!

FAMOUS (continued from page 5)

The two dictators shared a psychotic paranoia that resulted in the liquidation of tens of millions of innocents. When war broke out, Stalin went into prolonged depression that left the country leaderless as Hitler's Nazi troops advanced almost unopposed to Moscow.

Our current understanding of mental illness has allowed us to probe the minds of the famous and notorious in ways that eluded earlier biographers and historians. But, the authors here tell only half the story by overlooking the obvious fact that each member of this Terrible Troika was a classic sociopath as well.

Human lives meant nothing to them as they lied and cheated and murdered their way to power. When tens of millions are

continued on page 7 (FAMOUS)

**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

Arnold

(909) 685-1663

Georgia Ann

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

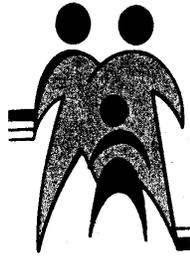
Marlene and George

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

Lithium (continued from page 2)

neuronal atrophy and loss. First, he and his associates have given low doses to healthy rats (they have already demonstrated an increase in bcl-2 with low-dose lithium). They will then investigate lithium's effects on brain cell sizes and the number of connections the brain cells make.

He doesn't expect that lithium will have major effects on brain cell size in "normal" rats (that is, it won't make them better than normal). However, his research group will then "stress" the animals in a number of ways (akin to what may be happening in mood disorders), and he is optimistic that they will see the benefits of "fortifying" the brain and increasing its resilience to handle the damaging effects of many insults (decreased blood supply, free radicals, high doses of cortisol).

He should have the results of that experiment in a year. He also hopes to try low-dose lithium on humans, looking at a longer time frame of three to five years. By then he may have uncovered something better. This is, after all, the decade of the brain, which, as people like Dr. Manji are proving, has a shelflife well past 10 years.

*Source: Life in Balance, MDDA of Greater
Detroit, May 2002*

CDMDA Conference for 2002

Bridges to Health, CDMDA's 11th Annual State-wide Conference will be held at The Cathedral Hill Hotel in downtown San Francisco on October 18 & 19, 2002.

Rooms will be reasonable for the bay area (\$99 a night for up to four persons to a room.) Great speakers and workshops are being planned and there will be plenty of touristy places and inexpensive establishments to eat nearby.

The talent show and art and literary displays are always wonderful. If you have something to bring to the conference for display, you may call CDMDA at: 909/780-3366. More information will be available soon with brochures as well.

Start saving for this important event. People from all over the state will attend and much sharing, caring, and learning.

FAMOUS (continued from page 6)

later lost in pursuit of their individual glory, they felt no more remorse than most people feel about squashing a cockroach. The authors constantly refer to this trait, but nowhere in the book do they mention the term sociopath or its DSM-IV designation as "antisocial personality disorder."

So, add three more names to your famous bipolar people list with great reluctance if you must, but also bear in mind that an illness alone cannot account for all of our actions and achievements whether painting the Sistine Chapel or invading Poland. **Moman's Depression and Bipolar Weekly. Nov. 28, 2001. Vol. 3, No. 46.**

Source: ADAMhs ADVANTAGE, Archbold, Ohio

DMDA newsletter, April/May 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

Impact of generics on the marketplace

The introduction last year of the generic equivalent of Prozac had an immediate financial impact on Eli Lilly, maker of Prozac. One pharmaceutical benefit manager reported that in a matter of months it had saved health plan members \$40 million by facilitating the substitution of generic fluoxetine for Prozac.

A study by Decision Resources, Inc. and reported in *Mental Health Weekly* suggests that the eventual arrival of more generics will complicate prescribing patterns.

High prescribing physicians said they would prescribe the generic about 70 percent of the time for newly diagnosed patients, and if the patient's insurer had a policy recommending the generic version as the first line treatment, then they would prescribe it about 90 percent of the time.

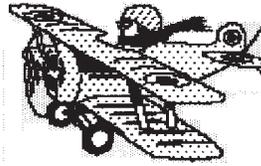
Physicians, however, said they would be less likely to switch existing patients who have been successful on other antidepressants to the generic simply to reduce their medication costs.

The report states that "given that generic fluoxetine will certainly lower co-payments and will have a side effect and efficacy profile similar to that of the branded drug, we expect that generic fluoxetine will quickly replace branded Prozac for those patients for whom fluoxetine is appropriate treatment."

That trend will step up quickly now that Barr Laboratories' (the first maker of the generic fluoxetine) 180-day market exclusivity period is about to expire and seven other drug companies have generics ready for FDA approval. Competition will drive down the cost of the generics.

However, the generic versions of Prozac aren't necessarily expected to reduce physicians' likelihood of prescribing other SSRIs such as Zoloft, Paxil, Celexa and Luvox. The report said that few of the pharmacy directors who were interviewed for the report said they would support mandated substitution of generic fluoxetine for patients on SSRIs. Many said they consider the newer SSRIs to be superior to Prozac and its generic equivalent.

Source: ADAMhs ADVANTAGE, Archbold, Ohio
DMDA newsletter, April/May 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: lpartaker@excite.com

A collaborative effort brought to you by:

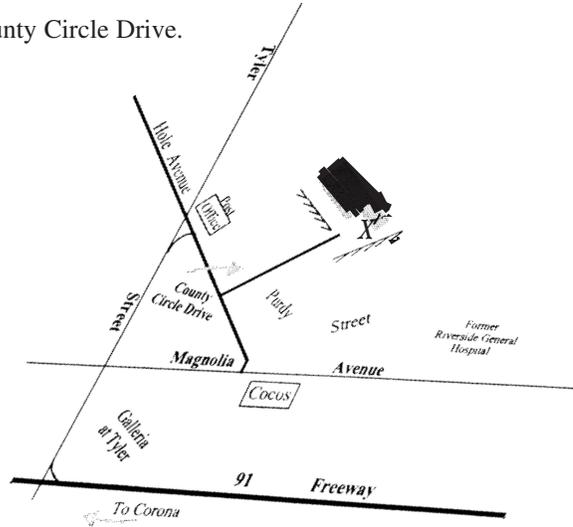
Riv. County MH Dept. — NAMI, Western Riverside County —
Jefferson Transitional Programs



MDDA of Riverside
Map Legend

-  = Meeting Location
-  = Parking

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.