

The Thermometer Times

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

VOL. 14 NO. 12

Out of darkness . . .

December 2002

Dates to Remember

CARE & SHARE GROUPS

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

**Saturdays, 10am–12 noon
December 7, 14, 21, & 28**

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

Christmas in the Country

Come and enjoy the day with us! Bring a dish to share if you wish, bring a musical instrument, games, whatever—we'll all have a wonderful holiday! 12 noon at JoAnn's house (see below for directions).



Meetings start promptly at 10 am. Do yourself a good turn: Be on time—for announcements and other news that may be important to you, and to have time to greet your friends, new and old.

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 the right

16280 Whispering Spur
Riverside, CA 92504 (909) 780-3366

What You Can Do to



FEEL BETTER NOW!

There are many simple, safe, inexpensive or free things you can do to help yourself feel better. Try the following:

☹️➡️😊 Tell a good friend or family member how you feel. Talking with someone else who has had similar experiences and feelings is very helpful: they can best understand how you feel. First ask them if they have some time to listen to you. Ask them not to interrupt with any advice, criticism or judgments. Tell them that after you get done talking, you would like to discuss what to do about the situation, but that first you need to talk with no interruptions, to help yourself feel better.

☹️➡️😊 If you have a mental health provider you feel comfortable with, tell her or him how you are feeling and ask for advice and support. If you don't have a provider, contact your local mental health agency for a referral to one.

☹️➡️😊 Spend time with people you enjoy—people who make you feel good about yourself. Avoid people who aren't supportive. Do not allow yourself to be hurt physically or emotionally in any way. Ask for advice and help.

Ask a family member or friend to take over some or all of the things you need to do for several days (taking care of children, household chores, etc.) so you have time to do the things you need to do to take care of yourself.

☹️➡️😊 Learn about what you are experiencing. This will allow you to make good decisions about all parts of your life, such as your treatment, how and where you are going to live, who you are going to live with, how you will get and spend money, your close relationships, and parenting issues. Read pamphlets, books, articles, explore video and audio tapes, go to the library, talk to others who have had similar experiences, search the internet, and attend support groups [such as Riverside MDDA]. If you are not up to doing this yourself, friends and family are usually happy to find information for you if they know you would like them to.

☹️➡️😊 Get some exercise. Any movement—climbing the stairs, taking a walk, sweeping the floor—will make you feel better.

☹️➡️😊 Spend at least half an hour outdoors every day, even if it is cloudy or rainy. Let as much light into your home or work place as possible—roll up the shades and turn on the lights. Make your home bright and light and cheery.

☹️➡️😊 Eat healthy food. Limit your use of sugar, caffeine (coffee, tea, chocolate, soda), alcohol, and heavily salted foods. If you don't feel like cooking, order take-out or eat healthy frozen dinners.

☹️➡️😊 Every day, do something you really enjoy, something that makes you feel good—like working in your garden, watching a funny video, playing with your pet, buying yourself a treat like a new CD or magazine, reading a good book, or watching a ball game. It may be a simple, free activity such as watching the moon rise, smelling flowers, or walking barefoot in the grass. It may be a creative activity like working on

Continued on page 4 (Feel Better NOW)

A Note From the Editor ~

Anticipating the Holidays?—Or Bracing Yourself for Them?

The last few weeks of the year and the first of the next form a long period of stressful activities, fatigue, traffic tie-ups, overspending, too-rich food, and unrealistic expectations for many people, and those of us who are prone to mania and/or depression face possible episodes of our illness as a result, contributing to the dread some of us feel at this season. And when we see others all excited, smiling and laughing as they plan surprises and arrange get-togethers with their families, we may find ourselves feeling more like wishing Thanksgiving, Hanukkah, Christmas, Kwanzaa, New Year's, and all that accompany them would get on Santa's sleigh, head for the North Pole, and never come back.

Whether you love the holidays or hate them, you need to take extra care of yourself. We also hope that you will take a moment or two or three to reflect on what is good in your life, and that you will be moved to share some of your blessings with someone not so privileged. We all hope to increase the joy of life and decrease the misery, for ourselves and for others. This issue has a number of good ideas for doing just this.

We hope this year's holiday season will be a pleasant time for you and your loved ones, full of peace and joy, and rich with the kinds of experiences you like while they are happening and that will bring a smile to your heart when you remember them later. We also know that this is only possible if you are aware that you may have to make some hard choices and firm decisions. Please remember that we are here to support and encourage you in your determination to live well!

Yen

To him who gives without care
Gathered berries for the bear.

—James Stephens



Ian Dootson

Pendulum, Winter 2000

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

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

We are now officially on the web.

Check it out at:

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

Do you have a Medic Alert Bracelet?

Do you wear it? All the time?
In an emergency, would others know what medication you are taking and why?

Always wear your
Medic Alert bracelet.
It could save your life.
If you don't have one,
GET ONE TODAY!



FACING THE

Holidays

The holidays from Thanksgiving to New Year's Day are supposed to be happy family times. But many people have a hard time because of family problems and disappointments that happen during the holidays. They may feel overwhelmed or depressed. Here are some ways to head off some problems before they happen.

Be realistic:

Don't worry about the "should be's" but look for the "can be's" of the holidays.

Don't expect too much from the people around you.

Don't overwork yourself with getting ready for the holidays. You don't have to make it right for everyone else. If your family expects special things, ask them to help with them.

Be careful with your money. Don't use a credit card to buy things you can't afford. Decide ahead of time how much to spend and stick with your decision.

The holidays can bring back memories of friends and family who have died. They can also make feelings about separation and divorce even more difficult, especially if your children are not with you for the holidays. Admit the sad feelings are there. But then plan positive things to do like spending time at another person's home for the holidays instead of being alone, or having a special Christmas with your kids, even if it's not on the day itself.

Ask for help:

You don't have to do everything for everyone. Ask for help with things you want to do for the holidays; for example, baking, shopping, or visiting friends and relatives. If you can't get help, don't worry about doing all of these things.

If child care is a problem, ask a friend to take your children for a short time during the day, and offer to do the same for your friend at a later time.

Make sure you talk to someone you like during the holidays. Talking to a good friend is a good way to take care of yourself.

Be creative:

Sometimes you can't celebrate the holidays the way you'd like. But wherever you live, special things will be going on. Many organizations offer programs such as meals, sing-alongs, and other activities. Take advantage of these things when you hear about them.

If you have children, let them get involved with getting ready for the holidays. Kids enjoy making their own decorations using things like paper, glue, crayons, and glitter.

If you can't afford to do holiday things on your own, try to join with another family to share some activities.

You don't have to spend a lot of money to enjoy the holidays. You can make homemade gifts for others. You can even give away something you already own as a gift, if you think another person would like to have it.

From FHC Options, Inc.

*As seen in Support, the newsletter of the
Lincoln, Nebraska DMDA
November 2002*

What is the worth of anything
But for the happiness 'twill bring?

—R.O. Cambridge

More Coping Strategies—

Those of you who are sensitive to the reduced amount of daylight: Now's the time to step up your exposure to other forms of light. Increase the wattage of the light bulbs at home and work, where it's safe to do so. Invest in full-spectrum lighting. Investigate light therapy. Visit places that are naturally bright and cheerful, like greenhouses, interactive museums, and natural setting zoos.

Continue regular exercise routines. Get outside in the daylight as much as possible; even a walk around the block helps.

Install a feeder outside your window and keep track of the birds—and squirrels—who visit.

Set one small goal each day and do it—then watch them add up.

*As seen in Support, the newsletter of the
Lincoln, Nebraska DMDA
November 2002*

And Still More—

If there's a possibility that alcohol will be flowing at a party you're invited to, try learning the recipes for a few of the delicious non-alcoholic drinks available these days and offer your help to your host in providing them. Then you need not chance an unfortunate alcohol/med interaction. Remember, too, that alcohol is itself a depressant.

Adequate sleep is essential, so even when you're enjoying yourself, respect your body's need and plan for it—not too many late nights.

If you suspect some event would likely be too stressful for you, you could send regrets with the brief explanation that you already have "other plans," even if you intend merely to stay home, take a relaxing bath, and turn in early with a good book and soothing music.

Do make some fun plans. You could end up feeling sorry for yourself, lonely, and bored if you make no time to enjoy the company of friends and loved ones.

—*The Thermometer Times*

How I Learned the Hard Way

My diagnosis? Bipolar. Recommendation? Take these meds for the rest of your life! Well, phooey!!

Meds. Every morning, every evening I take my meds—the tiny round white ones, the small peach ones, and the big, smelly purple one in the morning. One tiny round white one, another small peach one, and some oval brown ones every evening, and the ones to help me sleep, “when needed.”

Well, I got sick and tired of taking my meds. After all, I’d changed meds so many times, maybe *they* were responsible for my mood swings. Maybe I’m not really bipolar at all.

I got *so* frustrated at not being able to stay awake and enjoy a late evening out with my husband and friends. My meds made me sleepy. Also, I’m a runner, and how hard it is to run when my body feels so lethargic and energy-less from medication. My husband says, “Guess what! We have a 5K race in two weeks. Will you be ready?” Yeah, right. I say, You take a handful of my pills, then run 3.5 miles. Let me know how you feel!

So, one day, I decided I’d had enough. Without telling anyone, I quit. Cold turkey. No more meds. I went to bed that night—no meds. Well, I felt pretty good all day the next day. I was in good spirits but felt guilty. I wanted to experiment. Did I really *need* the meds? Would I have mood swings? Would my husband notice? Would *anyone* notice?

Well, we had dinner that night and no one said a thing. I was, however, starting to feel “tingly,” a sort of jet-lag sensation all over my body. Other than that, I still felt okay, physically and emotionally. We went to bed. I couldn’t sleep. Not at all. Then the jet-lag sensation got worse, and my stomach felt nauseated. Around 2 a.m., I finally awakened my husband. By then I was cold, clammy, sweating, nauseated, and feeling just plain sick, *sick*, SICK. I confessed. I must admit, my husband was very understanding and sympathetic. I took all my meds immediately and tried to go to sleep.

I still felt awful the next day. Unable to work, I had to stay home in bed, where I slept most of the day and still felt awful. The following day, I returned to work, but I had to teach my classes sitting down because I was still so queasy and lightheaded. It took me seven full days to recover from that one day and one night of no meds.

The thing is, I had no idea how powerful those tiny pills could be. I learned my lesson the hard way. Anyone who wishes to discontinue a particular medicine must check first with the doctor. Many meds must be tapered off very slowly, sometimes under hospital supervision. Sure, I’d heard it all before: I’d heard it from my Saturday support group; I’d heard it from my on-line support group; I’d read it in all my books. But I guess I’m just really stubborn or really dumb—I had to make myself sick and learn the hard way.

Don’t be like me—be smart! Always check with your doctor before going off any medication or otherwise going against your doctor’s directions. Your emotional *and* physical health are at stake!

—Julie Brown

Member, Riverside MDDA

organization which is also involved in influencing legislative and social decisions impacting the mentally ill. The following is a reader’s letter that appeared in the Autumn 2002 issue.

I would like to tell everyone that over the last 27 years, whenever I have attended a job interview, I have always said very early on that I suffer from Manic Depression, for which I take tablets to remain stable, and if this is likely to be a problem I will not waste any more of their or my time.

JOB INTERVIEWS—TO DECLARE OR NOT?

The Thermometer Times subscribes to the newsletters of many other mental health groups, including support groups, government agencies, and activist and advocacy groups. One paper, The Pendulum, comes to us from the United Kingdom, where dozens of groups throughout the British Isles are part of the Manic Depressive Fellowship, a very active

Feel Better NOW

(Continued from page 1)

a knitting, crocheting, or woodworking project, painting a picture, or playing a musical instrument. Keep the things you need for these activities on hand so they will be available when you need them. Make a list of things you enjoy doing so when you are feeling so bad that you can’t remember things you enjoy you can look at the list and get going.

☺☞☺ Relax! Sit in a comfortable chair, loosen any tight clothing and take several deep breaths. Starting with your toes, focus your attention on each part of your body and let it relax. When you have released your whole body, focus your attention for a few minutes on a favorite scene, like a warm day in spring or a walk at the ocean, before returning to your other activities.

☺☞☺ Keep your life as simple as possible. If it doesn’t really need to be done, don’t do it. Learn that it is all right to say “no” if you can’t or don’t want to do something. But don’t avoid responsibilities like taking good care of yourself and your children. Get help with these responsibilities if you need it.

—*Researching Your Mental Health, from the US Dept. of Health and Human Services www.samhsa.gov, as reprinted in DMDA Fox Valley (Illinois) Newsletter, Sept.-Oct. 2002*

every cloud
has its silver
lining but it is
sometimes a little
difficult to get it to
the mint

—Don Marquis

The interview always continues and I always get the job.

The burden of keeping your MD a secret and the risk of dismissal for non-disclosure of medical history are removed.

It takes courage, but gets easier with practice, and does wonders for your self-confidence because you’ve been assertive. . . . I would like to point out that I take my lithium religiously and regard myself as very well stabilised.

—Lesley Austin

Taking Drugs at Least Nine Months Prevents Relapse

It's a big problem: Too many people don't take antidepressants long enough to get the full benefit. A few weeks into it, people think, "OK, I feel better; I don't need to keep taking it anymore," says study researcher Scott A. Bull, Pharm.D., a pharmacy research analyst at Kaiser Permanente in Oakland, Calif. However, depression has a high rate of relapse—which very often occurs in the first year, Bull tells WebMD. "The goal of treatment is to prevent these relapses." It can take nine months of treatment—maybe up to a year—to help prevent a relapse.

But why do patients quit taking antidepressants? Bull sheds some light on the problem in the Sept. 18 issue of *The Journal of the American Medical Association*. In their study, Bull and colleagues interviewed 99 doctors and 137 people with depression. People who had seen their doctors less than three times after starting their antidepressant were more likely to stop treatment because of side effects and because they did not clearly understand their treatment. More patient-doctor visits are the answer, says Bull. "They provide an opportunity for these discussions to occur."

It's all very true, says Harold Koenig, MD, associate professor of psychiatry at Duke University School of Medicine. "People who are depressed are not very motivated anyway," he says. "They need to be encouraged, to get past the negative thinking—that this drug won't work, that it costs too much. Side effects can be upsetting. Plus there's still a stigma about having to rely on a pill to feel normal."

"These medications are very effective for treating depression. However, the body takes time to get used to them. They're changing your brain's biochemistry," Koenig tells WebMD. Patients need to know that if one medication doesn't work, another one might.

Getting past initial side effects requires "toughing it out," Koenig says. "A lot of times people have to get over a hill—side effects—before they get to the valley. It can take a month to six weeks to get past that period. But that doesn't happen until you take the pills religiously—every day—because they have to build up in your system."

If this is the first depression—and it's clearly linked with an event like divorce or job loss—antidepressants may be necessary for no more than a year or so, Koenig says. For people who have been depressed before, the drugs may be about the only way to get past depression. "Every episode actually creates permanent changes in the brain," he says. "Antidepressants are very effective in treating severe depression."

—Jeanie Davis, *WebMD Medical News*, Sept. 17, 2002
As seen in *Support*, the newsletter of the Lincoln, Nebraska DMDA
November 2002

LOW THYROID FUNCTION CAUSES NUMEROUS HEALTH PROBLEMS

Low levels of thyroid hormones can affect nearly all parts of the body, including regulation of fat, menstrual periods, and body temperature. Such symptoms as fatigue, forgetfulness, dry skin and hair, water retention, weight gain, constipation, and hoarseness in otherwise healthy adults can signal the presence of hypothyroidism. Other symptoms include lethargy, mood swings, depression, decreased appetite, slow wound healing, cold intolerance, menstrual irregularities, and joint pain. Even mild hypothyroidism can cause higher cholesterol and low-density lipoproteins, putting patients at risk for developing heart disease.

A recent study (*Archives of Internal Medicine*) discovered that almost 10% of healthy people tested at health fairs in Colorado were low in thyroid levels. "The symptoms of mild hypothyroidism are non-specific, change gradually, and are easy for a person to write off as the effects of stress or overwork," says study author Gay J. Canaris, MD, MSPH, assistant professor of internal medicine at the University of Nebraska Medical Center in Omaha.

Thomas C. Rosenthal, MD, chair of the department of family medicine at State University of New York at Buffalo, found that when using TSH as part of his routine screening panel, "many patients had unsuspected hypothyroidism." Typically, these patients presented with depression, aches and pains, or memory problems.

Researchers recommend more frequent screenings for hypothyroidism and better education about its symptoms. The screening test for thyroid dysfunction measures the thyroid-stimulating hormone (TSH) in the blood. A high TSH level indicates dysfunction. Dr. Canaris recommends that older patients (especially women), those with a family history of hypothyroidism, those with high cholesterol levels and high blood pressure, and those who have experienced recent changes in symptoms (such as constipation or intolerance to cold) get regular TSH screening tests. Also, the American Thyroid Assn., the American College of Pathology, and the American College of Physicians all recommend regular TSH tests for women over 50.

—Janis Kelly
—Adapted from *WebMD Medical News*
As seen in Tampa Bay DMDA Newsletter, Dec 2000/Jan. 2001

The greater your opportunity for service,
the greater your responsibility. And in
fulfilling such a duty, you know great joy
and a profound sense that you are not
merely taking up space.

—Leo Creney

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.

If someone tells you, "Have a nice day," just say, "Sorry, I have other plans."

—Paul Fussell

Riverside

Crisis Helpline

24

(909) 686-HELP

[(909) 686-4357]

24 hr. 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!

Errata

In September we had a guest speaker, Katharine Albert, M.S.W., who lectured on Rapid Cycling and Mixed Mood States. We apologize for having misspelled her name in the article that was based on her lecture, published in the October issue. In addition, Ms. Albert called our attention to several corrections she would like our readers to be advised of.

- Twenty percent of all individuals with Bipolar Disorder commit suicide. It is undetermined whether these individuals received treatment or not.
- "Rapid Cycling" is not a mood disorder; it is a specifier, whereas it details a specific presentation of Bipolar Disorder.
- Rapid cycling occurs a minimum of four times per year to several times per day.
- Even with treatment rapid cycling can continue to be very difficult to stabilize.
- Mixed mood episodes are often misdiagnosed as agitated depression. However, the potential for lethality of a depressive episode alone should not be underestimated.

We regret any confusion our errors may have caused our readers.

—*The Thermometer Times*

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.



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

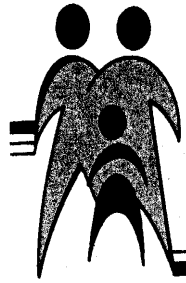
Before 9:30 a.m.
and from 8 p.m.
to 12 midnight
(909) 685-6241

Dawn

12 noon to 9 p.m.
(909) 688-1803

Yen

(909) 338-4434



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

Happiness is having a large, loving,
caring, close-knit family in another
city. —George Burns

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

SUNSHINE AND MADNESS

I have eaten the forbidden fruit,
But I am alive, and crying for joy.
My salvation is water falling over stones
Of granite in the sunlight.
I was once blinded by an affliction of tangled neurons.
I flew like an avian myth, struck the cement,
and gave birth to red.
I am ravished by light and dark.
I swim through oblivion and reap happiness.
Please lick my agony and caress my peace.
Life is iridescent and ephemeral.
Lay over me and consume me with the rhythm of your limbs.
I am a wasp antenna flickering with demonic resolve.
My feelings shout until tears fill the windows to my soul.
I pray for as long as it takes the Blue
to reach around the Yellow
(I shall spin through the night and await your morning kiss).
Time is a well of opportunity; God is a river of hope.
Carpe diem: It is NOW—forever.
Just to exist: above all.

—Larry Pomeroy

(Ed. Note: We at Riverside MDDA appreciate Larry, and we are
glad to have his talent grace this issue.)



Holiday Food Baskets

Every year we collect various non-perishable food items
and place them in colorful baskets to distribute to people
who could use some extra food close to the holiday. If you
would like to help, here is a list of a few ideas. Keep in mind
that we want them to fit in the baskets, so smaller items are
preferred. **Bring items to group or to JoAnn's by
December 21.**

1. Shelf-life jello, pudding, and fruitpacks
2. Canned fruit, vegetables, soup, meat, spaghetti,
cranberry sauce
3. Small juice cans
4. Packages and mixes of cake, macaroni, rice, noodle
meals,
scalloped and mashed potatoes, stuffing mix
5. Peanut butter, small boxes of cereal, crackers,
cookies, and cakes
6. Holiday napkins, small decorations, small child's
toy, holiday candles.

If you would like to receive a basket
(there will be a limited number),
contact us at (909) 780-3366.

Make someone's Holidays a little happier.

GOING with the FLOW

**Today I know
I cannot control the ocean tides.
I can only go with the flow.
Today I can learn
how to float to the top
and let myself be carried away
buoyantly, joyously
through life.
When I struggle
and try to organize the Atlantic
to my specifications,
I sink.
If I flail and thrash
and growl and grumble,
I go under.
But if I let go and float,
I am borne aloft.**

—Marie Skilkind
Goldcoast DMDA Newsletter
As seen in Tampa Bay DMDA Newsletter,
Dec. 2000/Jan. 2001

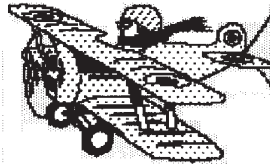
Depression Puts Seniors at Risk of Other Diseases

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 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 depression in older people.

—Roberta Yared
AARP Bulletin, April 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)

7 B * *Calling all* r _ +
interested consumers!

NAMI—Living With Schizophrenia and Other Mental Illnesses

We are looking for consumers who are interested in sharing their personal recovery stories. Living With Schizophrenia and Other Mental Illnesses (*LWSOMI*) is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have “been there.”
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as the cornerstone for recovery
- ▶ They periodically present at 1½ – 2 hour workshops, often during working hrs.

Stipends will be paid for presentations.





For more information, please call:
Lisa Partaker, Program Coordinator
(909) 686-5484 or e-mail: llpartaker@excite.com



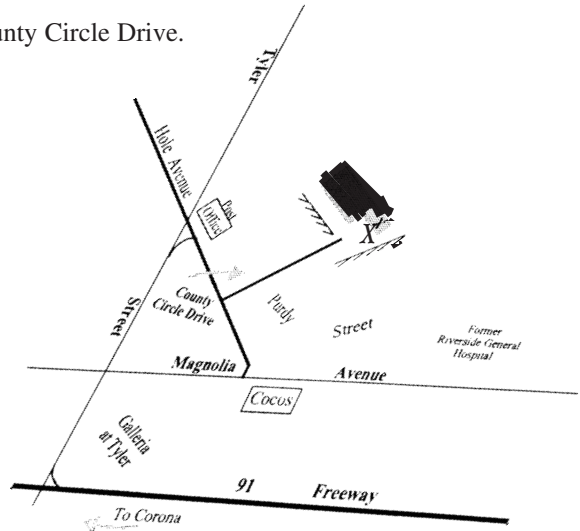
A collaborative effort brought to you by:
—The Riverside County Mental Health Department—
—NAMI, Western Riverside County—
—Jefferson Transitional Programs—

MDDA of Riverside
Map Legend

-  = Meeting Location
-  = Parking

About MDDA

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



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 \$20.00 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 \$10.00 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 (Bipolar) Depression

I am a Family Member Professional

None of the above Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for MDDA Membership _____ \$20.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. \$10.00 (12 issues per year).

I would like to volunteer my time and talent to help.