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

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.

A World Apart
BY DR. KAY REDFIELD JAMISON

NEWSTRIKESPECIAL ISSUE
SPRING/SUMMER 1999

I WAS A SENIOR IN HIGH SCHOOL WHEN I FIRST BECAME ILL WITH A SEVERE FORM OF MANIC-DEPRESSION. GENETICALLY, IT IS DEFINED AS A CLASS OF BREATHLESS MOOD SWINGS AND CYCLES BETWEEN VIOLENT ECSTASIES AND SUICIDAL DEPRESSIONS. I WENT ON TO STUDY THEI SICKNESS FOR TWENTY YEARS, LATER UNRIValedILY, BECAUSE I HAD BEEN APPOINTED TO DIRECTOR AND PROFESSOR IN PSYCHIATRY DEPARTMENT--THAT HAD BEEN MOST OF THE KNOWLEDGE ABOUT MENTAL ILLNESS I HAD. I UNDERSTOOD THE FEAR AND ANXIETY EXPERIENCED BY THOSE WITH MENTAL ILLNESS, EXPERIENCE THE INSURGENT PUBLIC OUT ABOUT MENTAL ILLNESS IN MANY CRUMBS THROUGH THE WASHINGTON POST AND OTHERS ABOUT THAT TOTAL OF ATTENTION I HAD QUICKLY FOUND OUT HOW LITTLE I KNEW ABOUT WHAT OTHERS REALLY THINK.

MANY OF MY COLLEAGUES WERE STUNNED THAT A FELLOW ACADEMIC WOULD SEEM NORMAL AND YET HAVE BEEN SO DEEPLY DISTURBED. THEY HAD NOT BEEN AWARE OF MY PSYCHOTIC MANIAS AND SUICIDAL DEPRESSIONS AND THEY SEEMED TO STRUGGLE WITH THE THOUGHT THAT I COULDN’T RESOLVE MYSELF FOR THAT REASON. HOWEVER, I STOOD UP IN GOOD WILDE HOPE--MORE PRIVATE AND PUBLIC DECISIONS ABOUT RECOGNIZING AND TREATING IMPAIRED DOCTORS AND OTHER PROFESSIONALS. MY COLLEAGUES WERE A FEW DISTURBING EXCEPTIONS, NOT ONE WHOSE LIFE HAD BEEN IRREVERSIBLY CHANGED.

BUT TALKING OPENLY ABOUT MENTAL ILLNESS BROUGHT OUT A DARK SIDE OF HUMAN NATURE. WELL RECOGNIZED LETTERS FROM THOSE WHO HAD BEEN THROUGH THE MENTALLY ILL WOULD NOT UNTERMINE MY AUTHORITY, TO THE MOTHERS, THE PATIENTLY, OR THE PATIENTS. THEY WERE NOT SUSTAINED ENOUGH TO TELL ME THE TRUTH, OR TO TELL ME THE TRUTH ABOUT ME. WHAT HAD TUNED ME MOST, HOWEVER, WAS THE NUMBER OF LETTERS AND TELEPHONE CALLS FROM PEOPLE WHO HAD THE MENTAL ILLNESS YOURSELF, WHOSE INSURANCE NUMEROUS TIMES PERSONNEL AND PATIENTS, WHO TOLD ME THEY WERE PRAYING FOR ME.

WHAT HAD TUNED ME MOST, HOWEVER, WAS THE NUMBER OF LETTERS AND TELEPHONE CALLS FROM PEOPLE WHO HAD THE MENTAL ILLNESS YOURSELF, WHOSE INSURANCE NUMEROUS TIMES PERSONNEL AND PATIENTS, WHO TOLD ME THEY WERE PRAYING FOR ME.
A World Apart (CONTINUED FROM PAGE 1)

Their own experiences with depression or manic-depression and the lack of support they had received from their professors or mentors were overwhelming and over again that it was hard to be honest about mental illness when their hospital privileges, medical licenses or academic degrees were at stake. Secretaries and technical support, engineers and technicians, business owners and technicians, nurses and doctors, all said the same thing: they felt the pain of illness in ways that were invisible, that were hidden, that were untold.

Discrimination exists. It is less rampant than it was in the past—thanks to extensive media coverage about the biological basis for severe psychiatric illnesses and the availability of highly effective treatments. But discrimination still exists in workplace employment opportunities, in health care, in the mental health care system. Mental illnesses are not only stigmatized; they are also very common. Nearly one woman in an American woman will experience depression during her lifetime and all women will suffer from mental illness, these illnesses are devastating. The overall death rate from suicide is almost everywhere in the country, where millions of people every year, where suicide is in fact, the second leading cause of death worldwide in women between the ages of fifteen and forty. Almost all of these suicides are connected to mental illness. Mental illnesses are treatable, yet suicide continues to claim lives in the United States, unfortunately. The surgeon general is making the issue of suicide prevention a priority, recognizing the opportunities the government has to help people live longer, better, healthier lives.

What we as women do not know about diseases of the brain will harm us, even illness, mental illness. And symptoms of mental illness, aggressively seeking care and expecting that our doctors will be in-

continued on page 8 (A World Apart)

* * * * * * * * * * * * * * *

Note: The Vincent Van Gogh quote and Life Story are from Bits and Pieces, Vol. 8, No. 48.

You can call us at (909) 780-3366
Since we have no full-time staff, leave a message and one of our volunteers will call you back. Due to budget constraints, we are unable to return long distance calls unless you give us permission to call you collect.

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

Staff Writer
Yen Cress

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

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

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

Due to a serious illness in Jo Ann Martin’s family, the 10th Annual CDMDA Conference planned for October 27 & 28, 2000, in San Francisco, has been cancelled. See you in our next conference in Visalia in 2001!

Thank you for renewing your memberships and newsletter subscriptions.

If you find errors on your mailing label, including the renewal date, please contact us at: 909/780-3366
84 percent of diabetics also reported depression within six months be fore their diabetes diagnosis. About one in ten people have an episode of major depression in their lifetime. It appears that having diabetes is ten times more likely to have been treated for depression when compared to those without diabetes. A Kaiser Permanente study found that almost none of the heart attack or require bypass surgery. According to Patrick Lustman, one of the authors of the study, depression is ten times more likely to have been treated for depression in diabetes patients than in the general population. Heart patients should be closely monitored for depression. According to the study, depression is found in 18 percent of heart attack patients, 20 percent of diabetes patients treated with antidepressants, and 25 percent of heart attack patients with diabetes. It is estimated that 40 percent of patients with diabetes are treated for depression. Meanwhile, a Washington University study found that 40 percent of heart attack patients and 45 percent of diabetes patients were treated for depression. It is estimated that 40 percent of patients with diabetes are treated for depression. A recent Johns Hopkins study involving 1,551 people has found that depressed patients with heart attacks were twice as likely to have been treated for depression as their non-depressed counterparts. A Washington University study involving 222 subjects found that 40 percent of heart attack patients were treated for depression.

According to a Montreal Heart Institute study involving 222 subjects, depressed patients with heart attacks were twice as likely to have been treated for depression as their non-depressed counterparts. A Washington University study found that depressed patients with heart attacks were twice as likely to have been treated for depression as their non-depressed counterparts.

Heart patients should be closely monitored for depression. A recent Johns Hopkins study involving 1,551 people has found that depressed patients with heart attacks were twice as likely to have been treated for depression as their non-depressed counterparts. According to Patrick Lustman, one of the authors of the study, depression is ten times more likely to have been treated for depression in diabetes patients than in the general population. Heart patients should be closely monitored for depression. According to the study, depression is found in 18 percent of heart attack patients, 20 percent of diabetes patients treated with antidepressants, and 25 percent of heart attack patients with diabetes. It is estimated that 40 percent of patients with diabetes are treated for depression. Meanwhile, a Washington University study found that 40 percent of heart attack patients and 45 percent of diabetes patients were treated for depression. A recent Johns Hopkins study involving 1,551 people has found that depressed patients with heart attacks were twice as likely to have been treated for depression as their non-depressed counterparts. A Washington University study involving 222 subjects found that 40 percent of heart attack patients were treated for depression.
Dr. Robert N. Golden: There are several ways in which people with mood disorders can improve their quality of life in addition to taking medication. First, psychotherapy can play an important role in these regards. Individual and family therapy can be helpful in maintaining remission of symptoms and gaining a perspective on the stresses and interpersonal tensions which may have developed as a consequence of a depressive or manic episode. Maintaining stable mood is important. For example, if you have experienced a depression or a manic episode, it is important to understand that these setbacks are not permanent or inevitable. It is possible to learn from others who have suffered and recovered from similar symptoms, to encourage friends and family to understand that symptoms secondary to treatments with antidepressants or mood stabilizers can be minimized with the right kind of therapy. Sleep deprivation can aggravate mood swings. Maintaining a regular sleep schedule is quite important. Family members can also help by understanding that depression is a medical illness and not a personality trait. People who are depressed need to be treated and not simply tolerated. There are reports describing the positive impact of improving sleep patterns. It is important to understand that there is a relationship between depression and cardiovascular disease. Some antidepressants and mood stabilizers may offer protection from these cardiac risks.

Robert N. Golden, M.D., is professor and chair of the Department of Psychiatry at the University of North Carolina School of Medicine in Chapel Hill.

If you hear a voice within you saying, "You are not a painter," then by all means paint—and that voice will be silenced.

—Vincent Van Gogh

What Do These Famous People Have In Common?

| Charlie Pride | Country Singer |
| Sergey Rachmaninoff | Composer |
| Bonnie Raitt | Singer |
| Lou Reed | Singer |
| Jeannie C. Riley | Singer |
| Rainer Maria Rilke | Poet |
| Joan Rivers | Comedian |
| Theodore Roethke | Poet |
| George Romney | Artist |
| Theodore Roosevelt | President |
| Axel Rose | Rock Star |
| Dante Rossetti | Poet/Painter |

All of them are believed to have suffered from depressive disorders. Yet they are known not for their illnesses, but for their achievements!
GUNSHOTS TO REAL LIFE
PAINTING EASES TRANSITION

By Mark Muckenfuss
The Press Enterprise
June 21, 2000

There is a painting on the wall of the administration building at Patton State Hospital, just down the main hall from the reception desk—a whitewashed against a black background.

The image is stark, simple, bold. The artist could have been anyone. But this piece, simply signed Garth, was painted by a patient here. Glimpses of the series of individual rooms along the hallway may seem a natural thing to decorate the walls of the facility, but they are impressive when you consider they were created by someone many might consider unremarkable. Whether students get to pursue their artistic endeavors outside of the hospital, Segura and Carmean are making sure the work gets seen beyond the classroom, beside the murals mentioned by Owen and the painting in the administration building, evidence of student art proliferating throughout the hospital grounds.

Onewall of series of illustrations on ceramic tile depict each of the stages in the 2-year program for alcoholism. Owen and Carmean are making sure the work gets seen beyond the classroom, beside the murals mentioned by Owen and the painting in the administration building. Evidence of student art proliferating throughout the hospital grounds.

The painting is dominated by the three characters from the movie “Three Kings,” which revolves around the Gulf War. In the background is a map of Europe and the Middle East with helicopters and airplanes. There are some Inland-area artists. The image is stark, simple, bold. The artist could have been anyone. But this piece, simply signed Garth, was painted by a patient here. Glimpses of the series of individual rooms along the hallway may seem a natural thing to decorate the walls of the facility, but they are impressive when you consider they were created by someone many might consider unremarkable. Whether students get to pursue their artistic endeavors outside of the hospital, Segura and Carmean are making sure the work gets seen beyond the classroom, beside the murals mentioned by Owen and the painting in the administration building. Evidence of student art proliferating throughout the hospital grounds.

Owen says, “We have murals on two of our units. Owen says, “It’s a real source of pride for the artists and the therapists.” Whether students get to pursue their artistic endeavors outside of the hospital, Segura and Carmean are making sure the work gets seen beyond the classroom, beside the murals mentioned by Owen and the painting in the administration building. Evidence of student art proliferating throughout the hospital grounds.

Owen and Segura have been with the art program since its inception in 1993. Owen says, “I have two female patients that are admitted there really fairly young but there are really wonderful projects that are really involving to the art therapy. It gives them something to go outside of the therapy.” Whether students get to pursue their artistic endeavors outside of the hospital, Segura and Carmean are making sure the work gets seen beyond the classroom, beside the murals mentioned by Owen and the painting in the administration building. Evidence of student art proliferating throughout the hospital grounds.

Owen says, “I have two female patients that are admitted there really fairly young but there are really wonderful projects that are really involving to the art therapy. It gives them something to go outside of the therapy.” Whether students get to pursue their artistic endeavors outside of the hospital, Segura and Carmean are making sure the work gets seen beyond the classroom, beside the murals mentioned by Owen and the painting in the administration building. Evidence of student art proliferating throughout the hospital grounds.

Owen and Segura have been with the art program since its inception in 1993. Owen says, “I have two female patients that are admitted there really fairly young but there are really wonderful projects that are really involving to the art therapy. It gives them something to go outside of the therapy.” Whether students get to pursue their artistic endeavors outside of the hospital, Segura and Carmean are making sure the work gets seen beyond the classroom, beside the murals mentioned by Owen and the painting in the administration building. Evidence of student art proliferating throughout the hospital grounds.
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

**Josie**  
10 a.m. to 9 p.m.  
(909) 822-1928

**Donna**  
10 a.m. to 9 p.m.  
(909) 736-9665

**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

---

**Transition**  
**Continued from page 5**

Again along with other work from the art program, will be shipped to Sacramento where it will be shown in the Bateson building, headquarters for the state department of mental health from July to September. Segura also would like to see some avenues for the students art open up locally. "I think we'll probably start having some collaborative projects with the community," she says. "I see that happening."

Carmean is expecting it, too. "I'd like to do more public art," he says. "We'd like to even consider an installation in the community."

"Whether or not such projects come about, the work being done by Segura and Carmean gets beyond the fences when their students are released from the hospital," he says. "We've seen a lot of people released back into the community setting. They say, 'And a lot of those people have thanked me for helping.'"

"If they continue their art work, that's great," he says. "But it's not the goal."

"The ultimate goal," he says, "is for people to get out of here."

---

**New Law Makes Working Easier**  
**The Initiative, July-Sept. 2000**

At the end of last year, President Clinton signed the Ticket to Work and Work Incentives Improvement Act of 1999 into law. This new federal legislation was designed to make it easier for persons receiving Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) to work without fear of losing their medical coverage and access to cash benefits.

Although many persons with brain disorders have reached a point in their recovery where working is a viable option, they were discouraged from doing so for fear of earning too much money and losing their access to medical coverage through Medicare or Medicaid. Without that coverage, they wouldn't be able to get the psychiatric care or medications that their recovery requires. Consequently, they didn't work.

Under the new law, SSDI recipients are entitled to a trial work period of nine months during which cash benefits and Medicare continue. If the trial work period is successful, they remain eligible for Medicare premium-free for 36 months if the job doesn't work out and can receive Medicare premium-free for 39 months if the job does continue to work and can receive Medicare premium-free for 36 months.

Starting October of this year, the new law permits Medicare Part A (hospitalization) coverage to continue premium-free for an additional 54 months. Effective January 1, 2001, the new law also allows former recipients to seek an expedited reinstatement of benefits during the five years following the expiration of the eligibility period and to receive provisional benefits for six months while the request for reinstatement is being processed.

In short, the new law provides a continuation of benefits during the initial nine-month trial work period and also provides free medical benefits for 39 months if the trial work period is successful. If things should not work out after nearly five years of working, then the law provides for another way to apply for benefits.

Note: As of March 1, 2000, the Social Security Administration (SSA) launched its electronic bulletin continues on page 7 (working..."
**Family/Friends Support Group**

Riverside Co. Dept of Mental Health

**JOURNEY OF HOPE**

Second Wednesday of Each Month
2–4 p.m.
Hemet Mental Health Clinic
1005 N. State Street, Hemet

and

Third Wednesday of Each Month
6:30–8:30 p.m.
Meadowview Clubhouse
41050 Avenida Verde,
Temecula

These support groups are for families and friends of people with severe and persistent mental illness. The County is also offering a 12-week series of educational meetings. There is NO COST TO YOU.

Please contact:
Camille Dirienzo-Callahan
(909) 791-3369
or
Mekkia deSanchez
(909) 600-5055

---

**Renae’s Thoughts**

Ways to plant positive thoughts
and dig up weeds of Depression

On the race track of life
Grab your meds and run!

---

**GET WELL FAST YEN!**

WE SORELY MISSED YOU THIS MONTH. YEN WAS ILL AND COULDN'T HELP WITH THE NEWSLETTER. BEST WISHES AND A SPEEDY RECOVERY.

--F rom A d a m s A d v a nt a g e . J UNE/ J ULY 2000

---

**Who Are You?**

S A N D W I C H ; U L T R A S O N I C ;
M E B E R S ; F O R E I G N F O R M E N ;
A L T E R N AT I V E ; T H E R A P Y ;
P U B L I S H IN T H E T H E R M O M E T E R
T I M E S ; Y E N W O U L D W I L L N O T;
D O M A I N T H I S P L E S E.
C A L L H E R AT 6 8 8 6 5 8 .

*Ohhh, sure, I cure their depression, but what about mine?!*
AWORLDAPART
(CONTINUED FROM PAGE 1)

FORTIFIED AND OTHER CONDITIONS SERIOUSLY, THE BRAIN IS IMMENSELY COMPLICATED AND WHEN IT IS SICK, THE SUFFERING CAN BE DEVASTATING. BUT MEDICAL RESEARCH IS MIGHTY AND ILLUSTROUSLY AND LEGALLY. IN RECENT YEARS, AND NOT HIGHNOTCH WITH EXCELLENCE: EFFECT, TREATMENT AND HOPE.

JAMISON IS PROFESSOR OF PSYCHIATRY AT THE JOHN HOPKINS SCHOOL OF MEDICINE AND AUTHOR OF "AN UNQUIET MIND." HER NEXT BOOK, "TIGHT FALLS: AN UNDERSTANDING OF SUICIDE" WILL BE PUBLISHED BY KNOPF IN SEPTEMBER.

AVOID THE SUN
IF YOU TAKE THESE...

LIFE IN BALANCE
MADISON, WISCONSIN, OCTOBER 2000
VOL. 17, NO.7

SEVERAL DRUGS CAN SENSITIZE THE SKIN TO THE ACTION OF ULTRAVIOLET LIGHT. EXCESSIVE EXPOSURE TO THE SUN AS A RESULT OF DRUG THERAPY OR MEDICAL CONDITIONS SUCH AS ARTHRITIS OR SKIN PROBLEMS CAN LEAD TO INCREASED SKIN REACTIVITY. THIS EFFECT, CALLED photosensitivity, can be heightened by exposure to drugs and possibly interactions.

BRAND NAME GENERIC
ADAPIN DOXEPIN
ANAFRANIL CLONIPRAMINE
ASENDIN AMOXAPINE
AVENTUL NORTRIPTYLINE
LUDINOL MAPROTLINE
MODECATE FLUPHENAZINE
NORPRAMINE DESIPRAMINE
SERZONE NEFZODONE

SEEN IN POLAR EXPRESS BOSTON, SUMMER 1999

MEMORABILIA TO SUCCEED NOT FAILURE
- HENRY DAVID THOREAU
WIRESTLUM BY FAMILY/COMPLH. 3BD.5RAGE262

THE UPLIFTERS
(Christian emphasis) meets at Victoria Community Church
Contact Arlie (909) 780-0379

HEMET SUPPORT GROUP
"Foundations" meets every Monday and Tuesday 7–9 pm.
Trinity Lutheran Church
Please call (909) 929-1223

UPLAND DMDA
FONTANA DMDA
Meet Thursday evenings
Call David or Samantha Johns
(909) 947-1307 OR e-Mail dmjbf@aol.com

UPS & DOWNS - Riverside
Call Family Services at (909) 686-3706

TEMECULA DMDA
Meets every Tuesday 11 am–1 pm.
41002 County Center Dr.
Contact Mark at (909) 696-7496 or (909) 507-1365

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)

CONTRIBUTED 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
**WHAT MDDA IS ALL ABOUT**

**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. Please call for directions. You may reach Jo Ann or Leroy at (909) 780-3366. Our Rap Group Meetings are on the 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 Dr. (off Hole Ave, near Magnolia), Room A.

Buses 1 and 13 stop on Hole near County Circle Drive.

**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 _______________________________________________ ZIP ________________

Please check one of the following:

I am □ Manic-Depressive □ Depressive □ Family Member □ Professional

□ Other 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. □