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# City VOICES

A Peer Journal for Mental Health

Winter 2018



**“Laudatur ab his, culpatur ab illis”** *Painting by Artist Bryan Michael Greene*



*For more art and artists, see special Fountain House Gallery Artists' section on pages 8 and 9!*

## Is the NYPD the Best Response to New Yorkers in Crisis?

By Carla Rabinowitz, Advocacy Coordinator, Community Access, Project Coordinator, Communities for Crisis Intervention Teams in NYC (CCINYC)

### Coalition Says the City Needs More Options

Recent police shootings of people in emotional distress have catalyzed our coalition of mental health advocates and organizations to further reform efforts. We testified about needed efforts at a recent City Council hearing, focusing on the need for alternatives to police responding to New Yorkers in crisis. On the day we testified, another NYC resident, Miguel Richards, was shot and killed by the NYPD. He was only 31 years old. Video of his shooting was recently released.

To create change, we need the Mayor to revive the defunct Taskforce on Behavioral Health and Criminal Justice. We need to bring all stakeholders together to build efforts to solve issues of community policing. And, we need the coordination of the Mayor's office to find non-police alternatives to 911 calls of people in emotional distress.

We are planning a press conference for Wednesday, October 18, at the steps of City Hall in Manhattan at Noon. Everyone is invited to join us as we bring these pressing needs to the media to better inform elected officials.

### My Testimony at the City Council Hearing on the NYPD Response to Mental Health Crises

“Thank you to the members of the Council for hearing this testimony today. My name is Carla Rabinowitz. I am the Advocacy Coordinator at Community Access and the Project Coordinator of CCINYC, a coalition of 75 organizations and stakeholders whose mission is to improve relations between the NYPD and the mental health community by advocating for a fully responsive Crisis Intervention Team approach and diverting mental health recipients away from the criminal justice system.

“Community Access is a 44-year-old non-profit that helps people with mental health concerns through quality supportive housing and employment training.

“CCITNYC and Community Access request that you revive the Mayor's Task Force on Behavioral Health and Criminal Justice. This Taskforce met twice in 2014 and has since been defunct.

“We ask that you recommend the Mayor assign this Taskforce to the oversight of a Deputy Mayor.

“We need all stakeholders and all city and state agencies at the table to suggest

*(Continued on page 11)*

## Freeze Your Rent through the Disability Rent Increase Exemption Program

By Lynette Morrow, Volunteer Attorney, Mobilization for Justice (formerly MFY Legal Services)

### One Way for The City to Try to Prevent Homelessness and Institutionalization

Rents in New York are high. It is one of the problems that many people with disabilities face in trying to stay in their communities. However, there is potential relief. The Disability Rent Increase Exemption (DRIE, also known as the NYC Rent Freeze Program) program provides an exemption from future rent increases for some people with disabilities. People with disabilities who live in rent-controlled, rent-stabilized, Mitchell-Lama, or other eligible apartments are eligible for a DRIE if they meet certain eligibility requirements.

*(Continued on page 6)*

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# Ward Stories

Organized by Dan Frey, Editor in Chief

Four poets are featured in this Winter 2018 edition of Ward Stories: Eva Tortora, Mary Divine, Richard A. Martinez Jr., and Louie Morano. One poem has an expression of love, another an eloquent and painful complaint, the others offer advice with a side dish of hope. Find what you need; take what you want and hopefully enjoy.

## Love

By Eva Tortora

Love  
surrounds my heart  
from you  
accepting me  
and all my poems  
and all my years  
of battles, roses  
sweat and tears  
so on this day  
thank you  
and all my lessons  
and all my poems,  
love in my heart  
from your acceptance  
so I can write 1,000 more poems  
and songs and words  
blessing you

## Your Problems Will Disappear

By Louie Morano

You can make your life anything  
you want it to be  
simply by changing the  
way you Think.

Instead of being sad you can feel  
great.  
Go ahead and do it and give  
yourself a break.

Turn a rotten day into a terrific one.  
Good Times have just begun.

Listen to Norman Vincent Peale  
and think positive.  
It will be like crossing a bridge  
from a world of sadness  
to one of joy.

If life has you down and you feel  
annoyed  
Think different thoughts that are a bit  
happier.  
All your problems will disappear.

## A Season of Change

By Richard A. Martinez Jr.

Spending time  
With family, with those who care  
Living life  
With people who share  
I know when handling stress  
From a heavy heart and burden  
Can only tell why  
Suddenly you can be certain  
There is no way for me to tell  
One thing from another  
Just treat your sister like your sister  
And your brother like your brother  
Another day  
Under what we stand for  
Greatness can be made  
Our hearts are our cure

## Living life with P.T.S.D.

By Mary Divine

How am I supposed to feel,  
When the pain and nightmares become  
so real?

What am I supposed to say,  
When all my hope has gone away?

When do I stop and get the choice,  
To end the noise, quiet the voice?

Flashbacks, isolation and hypervigilance  
abound,  
Peace and calmness cannot be found.

I often feel like the walking dead,  
Stuck with the memories inside my head.

I sit alone quiet and don't want to talk.  
I think I would feel better if I go outside  
and walk.

This does not help, I feel as bad.  
Am I going crazy? Am I going mad?

What can I do? I know this feeling is  
wrong.  
I feel I'm always fighting, but help! I'm not  
that strong.

I wish I could go back in time,  
To a place where my life was truly mine.

And be the person I used to be:  
Normal, happy, smiling, free.

But no, this is not then, but now.  
I must devise a way somehow.

To halt bad thoughts, somehow somehow,  
To live my life from day to day.

# City VOICES

## Founder, City Voices:

Ken Steele

## Editor in Chief: Dan Frey

## Business Manager:

Dan Frey

## Layout Editor: Jenae Stone

## Columnists/Associate Editors

### Legal Column:

Mobilization for Justice

### Bruni in the City:

Christina Bruni

### Beyond the Medical Model

### with Neesa:

Neesa Sunar

### Book Ends:

Kurt Sass

### Soulful Connections:

Relda Hill

### My Mental Health Journey:

Jacquese Armstrong

### CEO , Baltic St. AEH:

Isaac Brown

### COO , Baltic St. AEH:

Sara Goodman, CPRP

### CFO , Baltic St. AEH:

Ravi Ramaswamy

### Secretary , Baltic St. AEH:

Joanne Forbes

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## To Reach Us:

City Voices

c/o Baltic Street AEH

9201 4th Avenue., 5th Floor

Brooklyn NY 11209

### Email:

cityvoices1995@gmail.com

poetry

# The NYC Peer and Community Health Workforce Consortium

By Lori Tannenbaum, PhD, Director, Peer Workforce Consortium

## Seeking to Support the Expansion of Peers in Programs Across NYC

The idea for the Peer and Community Health Workforce Consortium began May 2016 at the Mental Health Workforce Summit in New York City. A group of community health and peer workers, researchers, trainers, and representatives from managed care and the Department of Health and Mental Hygiene met for the day and came up with a new initiative to improve mental health services in New York City by expanding the use of peers and community health workers to connect New Yorkers to services and promote recovery.

The Peer and Community Health Workforce Consortium is part of Thrive NYC, the \$850 million plan to make sure New Yorkers get the mental health assistance they need. The Consortium will develop pipelines and career ladders for peer support and community health workers, including peer specialists, family- youth- and recovery-peer advocates. These workers provide support outside of a typical service hierarchy. We believe the Peer Workforce Consortium will impact

service users and providers, as well as peers and community health workers because:

### The model works

Studies show that individuals with mental health problems benefit from having a team including peer support workers. People who use peer support better manage treatment, substance use and family problems in the community, and have fewer hospitalizations. Peers and community health workers can also help navigate health care systems, develop natural supports and lead a healthier lifestyle.

### The time is right

Changes to health care provision have come to New York City. People need more information and assistance to take advantage of the opportunities for individualized care that are now available. The Health and Recovery Plan (HARP) is a new type of insurance plan for some individuals with Medicaid who have a serious mental illness. If a person is in a HARP insurance plan, they may be able to receive Home and Community Based Services (HCBS) such as individualized vocational, educational or rehabilitation services. Medicaid redesign also aims to improve outcomes at reduced costs and with improved satisfaction with care. Through these initiatives, certified peers in mental health and substance abuse services can now provide Medicaid-funded services.

The field of peer services is growing in New York City. Many organizations are hiring peers to work in programs such as Assertive Community Treatment (ACT Teams) and Crisis Respite Centers which aim to reduce the need for inpatient hospital stays. There are more than 600 certified mental health peer specialists in New York City, and that number is growing. The On-Track programs use peers to help people with a new mental health diagnosis

to get back “on-track” with tasks like work and education. Peers also staff warm-lines and crisis hotlines for people to get the support and referrals they need.

### It is sustainable

Peers and community health workers can be found in almost any kind of inpatient or outpatient program, whether it’s for family and youth, substance abuse or mental health. As someone from a service user’s neighborhood, community health workers are uniquely positioned to understand a person’s needs and concerns, while having knowledge to navigate a variety of services.

The Consortium will share resources to enhance peer services for all New York City residents. They will meet with groups throughout the city to learn about the role of peers and community health workers, certification, workforce development issues and the integration of health, mental health, and substance abuse services.

### How you can get involved?

#### 1) Use peer services.

If you use mental health, substance use, youth or family services and don’t yet work with a peer, please consider talking with a peer or other staff member to explore how working with a peer may benefit you. If there are no peer staff where you receive services, consider suggesting that program leadership add peer services to help create a stronger recovery focus and better health outcomes.

#### 2) Train to become a peer

There is currently free training available through Thrive NYC for mental health peer specialists, recovery peer advocates and family peer advocates.

More information about training to prepare to become a Certified Mental Health Peer Specialist can be accessed through Thrive at Work at:

<http://www.communityaccess.org/our-work/educationajobreadiness/thriveatwork>

Learn about upcoming training dates for Certified Recovery Peer Advocacy training by emailing Lila Boyer at [lboyer@health.nyc.gov](mailto:lboyer@health.nyc.gov) or calling her at 347-396-4992.

The Parent Empowerment Program (PEP) helps to prepare for Family Peer Advocate work and can be accessed for free in October through [www.ftnys.org](http://www.ftnys.org) or by calling Nancy Craig at Families Together NYS at 716-432-6238. The next PEP will be held 10/30/17-11/3/17 at the FRC Eastern Queens at St John’s Hospital, 148-45 Hillside Ave, Jamaica NY. Updated information and Registration can be obtained at <http://www.ftnys.org/upcoming-pep-trainings/>.

### 3) Peers and Community Health Workers--Please take our survey!

If you are currently working as a peer in health, mental health, substance use, youth or family services please take our survey by copying and pasting the following address into your Internet browser: <https://www.surveymonkey.com/r/PCHWSurvey17>

This survey will help identify where peer and community health resources can be found, and will help determine current wages, working conditions and satisfaction in these areas. Results are confidential and there is a small incentive to participate.

#### 4) Contact us

If you have anything you would like to add to the conversation around developing the peer workforce, please contact Consortium Director Lori Tannenbaum at [ltannenbaum@health.nyc.gov](mailto:ltannenbaum@health.nyc.gov) or by calling 347-396-4995.

peer to peer support

## Beyond the Medical Model with Neesa

A Column by Neesa Sunar, Peer Specialist, Transitional Services for New York, Inc.

### Advocating for Clients Can Require a Team Effort by Peer Workers

Many of us peers in New York City are incredibly passionate about what we do. We work at agencies where our consumers desperately need our services, giving voice to their concerns in the face of other less- or non-sympathetic psychiatric professionals. We act as a go-between, giving credibility and weight to our consumers’ needs and requests. We give their voices

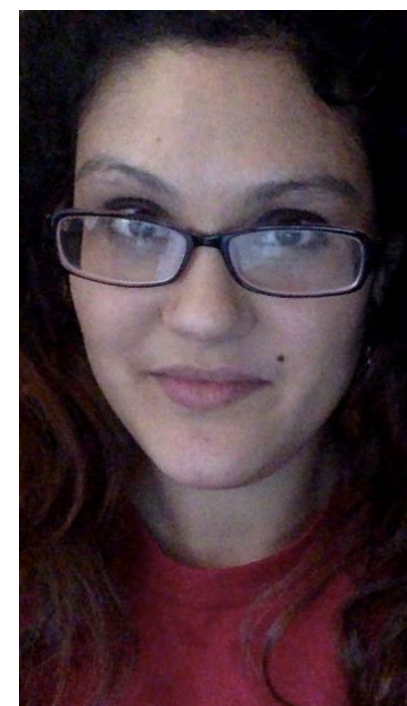
legitimacy, and we stand strong in the face of dissent.

Our sentiment for individual advocacy can take a natural turn towards systems advocacy as well. We as peers desire change in mainstream society regarding its awareness of mental illness. Understandably, opinions on how to achieve this differ from person to person. Some of us are of an anti-psychiatry and/or anti-medication sentiment, advocating for steps towards disavowing the traditional Medical Model altogether. Others among us take a pro-choice stance, where we figure that each person can self-determine their treatment plan and goals for wellness. Still others strive to strike a balance between the Medical Model and the Recovery Model, valuing the opinions of non-peer psychiatric professionals. There is of course overlap, and many of us embrace more than one perspective to varying degrees.

As advocates, we peers can come up against people who do not

understand the scope of professional services that we provide. As we work with clients, remaining true to peer principles, our supervisors and coworkers may judge our techniques as something unprofessional. Even though principles such as mutuality and person-centered treatment are evidence-based practices, professionally corroborated by modalities such as Intentional Peer Support, we are still questioned. This resistance we run into only fuels our fire, compelling us to courageously continue staying true to our cause.

It still stands that many employers do not fully understand the roles of peers. Given that peer services are only now being integrated into service delivery programs in New York City, agencies are finding themselves hiring peers for the first time. Since peers are new, job descriptions and responsibilities are uncertain, and employers do not have the expertise or resources to provide sufficient supervision for peer staff development. It may not



occur to supervisors that peers serve as agents of change, who purposely go against the grain of office culture

(Continued on page 4)

to support consumers. On the contrary, supervisors may require peers to conform to the existing culture of the office.

This expectation can prove incredibly detrimental to peers, forcing them to compromise the integrity of their work in order to keep their jobs. Peers may be forced to use their mutuality to forge a trusting relationship with a consumer, and then use that trust to make the person comply with a top-down, Medical Model treatment plan. Or, if a peer communicates a consumer's message to staff, that peer can be shut down and told that the person is not lucid, and therefore cannot determine goals for themselves. At the very worst, a peer may find that the rest of the office does not have faith in a consumer's capacity for recovery.

It is beneficial when a peer works with an employer that has hired multiple peer staff. Peers can support one another, and can band together to impart suggestions to employers on how their agencies can adopt a more recovery-oriented perspective. When peers work together, they can also assist one another in making sure that everyone remains true to the values and mission of the peer cause. Compare this to the peer who

finds himself as the only peer at their office. It can be difficult for an isolated peer to remain motivated, especially in situations where a peer's legitimate comment is the only voice against the unanimous

on upcoming initiatives. The CAB accepts board members by application, while the RPC has an open invitation for those interested to join at any time, provided that they are a Medicaid recipient of

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**“...many employers do not fully understand the roles of peers....It may not occur to supervisors that peers serve as agents of change, who purposely go against the grain of office culture to support consumers.”**

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voices of the rest of the office.

Peers can find camaraderie by venturing outside of the workplace and into the community, and New York City has current initiatives that can aid in this process. There are committees with the New York City Department of Health and Mental Hygiene, including the Office of Consumer Affairs' Consumer Advisory Board (CAB), a committee comprised of peers that reviews and offers feedback on upcoming city mental health initiatives. The DOHMH also has the Regional Planning Consortium (RPC)'s peer steering group, which also allows for peers to join and offer critique

mental health and/or substance use services.

There is also the Peer Workforce Consortium, a committee of peers who are currently making strides towards creating a professional organization that represents the priorities and welfare of peer specialists, both working and aspiring. The Leadership Committee of this group meets monthly, and large “summits” commence quarterly. Topics covered in summits will include educational seminars, presentations and opportunities for networking.

There are also annual conferences that peers regularly attend. Within

New York State, there is the NYC Peer Specialist Conference typically held in mid-July at the Kimmel Center in Manhattan, and also the NYAPRS state-wide conference, typically held in mid-September in Kerhonkson, NY. The former is free to attend, while the latter requires a registration fee in conjunction with hotel and travel, depending on where one lives.

We must recognize that the values of peers are worth fighting for. One way for us to express the effectiveness of the Recovery Model is to live it ourselves. By reaching and striving towards recovery in our own lives, we can peacefully inspire the people around us, creating within them a sense of curiosity that compels them to wonder...*how did they do it? How did they achieve the impossible?*

But more importantly, living a life of recovery aids in inspiring the people we work with. We create a spark within people who have been beaten down and discarded, giving them a chance to ignite it. With such chance comes the opportunity for blossom and growth, enabling a person to move not only forward but upward.

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## Bruni in the City: Friends Until the End...or Until Next Tuesday?

A Column by Christina Bruni

### Breaking Up with Buddies is Hard to Do Too

Caroline was a daisy in my life—like a springtime flower that brought joy. She suddenly disappeared after a few years in the early 2000s under mysterious circumstances. Yes—I let her go without trying to get her back.

Carny was the college buddy whose friendship I chronicled in my memoir, *Left of the Dial*. We drifted apart after I was shunted into “the system” and didn't get back together after that.

Margot—the mental health buddy also of *Left of the Dial* fame is still in my life though from afar. She lives in year-round sunshine and sends me postcards from her kitchen table.

Y. was the true-blue friend I bonded with for a number of years until, through my own doing, the friendship came undone. It's possible that I failed to call her back when she invited me to dinner for my birthday. How's that for a friend?

I tell you loyal readers: no matter what's going on in your life, reach out to a person who reaches out to you. Make the effort instead of thinking of yourself. Don't send them a cheery refrigerator magnet in the mail one

year later and think that suffices.

My friendship with Y. ended in January 2007 because of my own actions. As if my antics before then weren't enough, she, like all my friends from the taupe 1990s is gone.

My friend DJ is a forever-friend even though I haven't seen him in

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**“In the end, each of us has to be a good friend to ourselves even when other people aren't kind to us. It comes down to having self-compassion so that we can have compassion for other people.”**

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years. He was my Best. Friend. Ever. Still is. He moved to Atlantic City.

My “five friends theory” goes like this: you can count on one hand the number of good friends most people have. I have three friends hovering in my life now.

We should all run far away from negative people who tend to bring us down. I call them energy vampires.

DJ and I once sat in a Vietnamese restaurant in Bay Ridge. He told me: “You and I see things differently. We think differently.”

Break bread with people. I'm able to relate to people from different walks of life. I don't care about age or race or income. In this way, a person's status in society doesn't matter to me.

I've had friends of all stripes and I will continue to have friends of all stripes. You have to see beyond appearance and listen to people and understand them. We're all human beings doing the best we can with what we're given. On the inside, where it counts, a lot of us are hurting. See what you can do to lighten another person's load.

Envy serves no purpose except to make you miserable and keep you stuck. Other people have been turned off when I tell them I'm a librarian and own a co-op. As soon as I say this, they refuse to meet me.

C'mon, it's 2017. We should be honoring and embracing each other's individuality. It matters only whether a person is kind and caring, not whether they have something that you don't have. Focus on going after what you can do and be and have in your life.

Truly, I'm most happy hanging out with other creative people, whether it's hosting a dinner party in my apartment or meeting others at a poetry reading.

My artist's statement is written thus: I act as a Chief Joy Officer to create things of beauty to share with others to make them feel good.

The more you can spread good vibes, the better you'll be able to attract great friends into your life. You deserve to have a life of meaning.



In the end, each of us has to be a good friend to ourselves even when other people aren't kind to us. It comes down to having self-compassion so that we can have compassion for other people.

What matters most is that each of us has the grace of kindness to shower the people we meet with love. Love is all you need—it's so true. And it's what the world needs now more than ever.

We should love our friends and be happy they're in our lives. For as long as our friends are here we should be grateful. We should let them go when they're supposed to leave.

# Home and Community-Based Services: What Is It?

A Ted Walner

Hello my fellow peers. Get ready. A new state-of-the art program is coming to the mental health community. It is called HCBS (Home and Community-Based Services) and it has been created to actually minimize costs and improve care. This plan has been developed to lessen Emergency Room visits and hospitalizations. It also restores dignity and respect to the consumers. So, fasten your seatbelts, as you learn about a great opportunity in mental health services.

To begin, one must understand what HARP (Health and Recovery Plans) means. It is a plan that integrates

physical, mental health, and substance use needs. Individuals over 21 that are receiving Medicaid Managed Care (aka: the HMOs) will be notified that they are HARP eligible and can join a Health Home. You do not qualify if you have both Medicare and Medicaid, if you have Medicare only, live in a nursing home, or are in a Managed Long-Term Care Plan. These qualifications might change over time.

At the level of the Health Home, the client and the care manager will select the appropriate Home and Community-Based Services (HCBS). Examples

of HCBS include psychosocial rehabilitation, educational support, vocational assistance, respite help, habilitation (dressing appropriately), and psychiatric support. A referral packet will be created including a psychosocial, an assessment, and an initial plan of care. The case manager and the client will choose a provider to help receive these goals.

Baltic Street AEH, Inc. as well as other agencies, are providers in New York City. The client will meet with a representative from their provider organization to create a plan for services authorized by the Health Home. This will be done in three meetings. These discussions usually last an hour and are once per week where assessments and authorizations will be written and a service plan will be drawn up. All of this work is billable to Medicaid.

Together, the consumer and the peer specialist will work on these goals. For example, if the plan is psychosocial rehabilitation, the client will apply to a clubhouse. If transportation is an issue, the half-fare card will be obtained. If vocational rehabilitation is needed, the consumer will be placed in a job agency.

Once the service is rendered, the work has been completed. The client will get the service asked for and be in better condition as a result. This approach will improve lifestyles and keep peers well, which is a goal of HCBS. This plan has many good qualities and I hope it works for you.

*Note: If you are receiving HCBS, we want to hear from you about your experience even if it is not a positive one. Please write us at [CityVoices1995@gmail.com](mailto:CityVoices1995@gmail.com) with "HCBS" in the subject. Thanks!*

## Letter to the City Voices Editors

*Hello City Voices.*

*Thank you so much for publishing my poem and my essay on pages 2 and 3 of the summer 2017 issue of City Voices. Brooklyn is actually where I was born and lived until I was thirteen years old.*

*I've lived in Princeton Junction and Trenton, New Jersey since the summer of 1994. I am so happy to be associated with the City Voices newspaper. I got the copies I needed. Thank you again. This publication means so much to me.*  
—Ayesha  
West Windsor, NJ

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—We Thank You, The staff of CITY VOICES

*"My agency actively participates in the City Voices empowerment journal. Our advocacy events are regularly covered and, in general, Voices is a great source for advocacy news. Keep your client-base informed and subscribe to City Voices."*  
—Carla Rabinowitz, Advocacy Coordinator, Community Access, Inc.

*"City Voices has been empowering mental health consumers for almost twenty years. I encourage your organization to subscribe and empower the consumers that you serve."*—Isaac Brown, CEO, Baltic Street AEH, Inc

*"City Voices is unique. It's my favorite creative grassroots peer newsletter. All organizations who provide services to people within the behavioral health system should make sure their constituents have the opportunity to participate in the City Voices world."*—Jody Silver, Executive Director, Collaborative Support Programs of New Jersey (CSPNJ)

*"We awarded City Voices for being an outstanding peer journal that empowers people with psychiatric histories with information and resources. I strongly encourage your agency to subscribe."*—Glenn Liebman, CEO, Mental Health Association of New York State (MHANYS)

In 1970, New York City (NYC) began the Senior Citizen Rent Increase Exemption (SCRIE) program. The SCRIE program offers qualifying senior citizens an exemption from future rent increases. In 2005, NYC created the DRIE program to offer the same benefit for qualifying tenants with disabilities. NYC did this to help senior citizens and people with disabilities living on fixed incomes maintain their current apartments at an affordable rate and remain in the community.

#### Who is Eligible for a DRIE?

To qualify for a DRIE, you have to be at least 18 years of old and meet four eligibility requirements. First, you must be named on the lease or the rent order or have been granted succession rights in a rent controlled, rent stabilized, or rent regulated hotel apartment, or in a Mitchell-Lama development. If you live in a New York City Housing Authority (NYCHA) apartment, an apartment that is partially or fully paid by a Section 8 voucher, or in a non-rent regulated apartment (such as apartments in private homes and private cooperative buildings that are not subject to rent regulation), you are not eligible. Additionally, if you live in a sublet apartment (even if the apartment is rent-regulated), you are not eligible.

Second, you must receive either Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), or a disability pension or compensation from the U.S. Department of Veterans Affairs. You can also qualify if you receive disability-related Medicaid.

Third, you must have a combined household income that is \$50,000 or less. The DRIE program uses taxable and non-taxable income to determine eligibility. Gifts and inheritances are not included as income. Federal, State and

local taxes as well as Social Security taxes are allowed as deductions in calculating income for the program. Medical expenses, Medicare premiums and capital or business losses are not allowed as deductions in calculating income. If you don't file taxes, you can submit any documentation you have showing how you and your household members receive income such as Social Security statements, pension statements, IRA/Annuity statements (including

earning statements), IRS forms 1099 and/or W2.

Fourth, you must spend more than one-third of your monthly household income on rent.

#### How does the DRIE Program Work?

DRIE is a tax credit program. NYC provides landlords with a dollar-for-dollar property tax abatement credit (TAC) that makes up the difference between the amount of rent paid by the DRIE participant and the actual legal rental amount. The Department of Finance (DOF) authorizes the TAC and transfers the credit to the building owner's property tax account.

#### How do You Apply for a DRIE?

You can download the initial application packet from the NYC website at <http://www1.nyc.gov/site/rentfreeze/tools/drie-forms.page>. You can also obtain the packet at the NYC DOF SCRIE/DRIE Walk-In Center at 66 John Street, 3rd Floor, New York,

NY 10038. The packet is also available at the NYC DOF business centers (see here for locations: <http://www1.nyc.gov/site/finance/about/contact-us-by-visit.page>).

For rent stabilized tenants, you will need to provide a copy of your prior and current leases signed by you and your landlord. If you live in rent controlled housing, you must provide a Notice of Maximum Collectible Rent and the owner's report and Certification of

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**“The DRIE program allows New Yorkers who have disabilities to avoid homelessness or institutionalization in the stability and dignity of their own homes.”**

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Fuel Cost Adjustments for the prior and current year. If you are a Mitchell-Lama resident, you must provide a copy of the Housing Preservation and Development or Division of Housing and Community Renewal Commissioner's Orders, Capital Assessment documents and Affidavit of Household Income for the prior year. Additionally, Mitchell-Lama residents must provide a rent printout or letter from the management office specifying the start date and the amount of the most recent rent increase.

Once you apply for a DRIE, you will receive a letter within 45 days indicating the status of your application. If your application is approved, you will receive a letter from the DOF detailing the rate of your frozen rent and the monthly amount that the DOF will credit the landlord, as well as the beginning and end date of your benefits. The DOF may request more documentation to make a decision. If your application is denied, you will be notified as to why and you

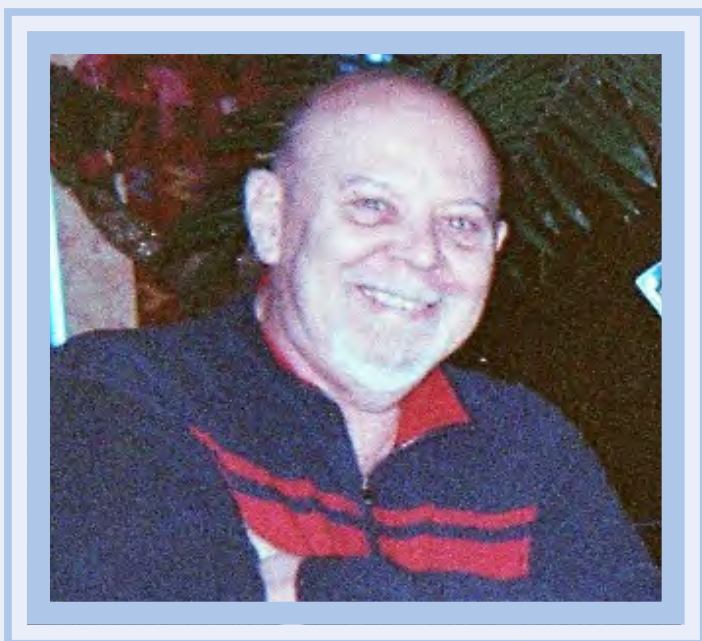
have the right to appeal. If it takes a few months to approve your application, you will receive retroactive benefits from the 1st of the month in the month after your application was received.

You should automatically receive a renewal application from the DOF approximately 60 days before your benefits end. However, you are responsible for ensuring you renew your application. In order to renew, you must submit income documents for all household members for the prior year, as well as a copy of your renewal lease signed by you and the landlord. If you do not renew timely, your landlord will continue to receive credits through the grace period (six months). If your application is not renewed, you will be responsible for paying your landlord back for the difference between the frozen rent amount and the legal rent.

DRIE is transferable to another apartment. If you are still eligible to receive a DRIE at your new apartment, the amount of your tax abatement credit amount will transfer with you.

DRIE is a great benefit to those who qualify. Helping people stay in their homes is one of the most cost effective and humane ways to prevent homelessness. The DRIE program allows New Yorkers who have disabilities to avoid homelessness or institutionalization in the stability and dignity of their own homes.

*Note: If you have any questions or problems with your DRIE benefits, please contact Mobilization for Justice's Mental Health Law Project. The intake line is open Monday, Tuesday and Thursday from 10 a.m.—5 p.m. The number is 212-417-3830. You can also email the Mental Health Law Project at [mhlpinfo@mjllegal.org](mailto:mhlpinfo@mjllegal.org).*



## Robert William Teller

November 5, 1943—August 15, 2016

“We lost one of our soldiers.”

Friends, Family, Advocates, Providers gathered together this past July to remember with food, singing and kind words, the passing of one dear man: Robert William Teller.

Here is what we said of Robert:

“To Robert: I love you and I miss you.”—P.S.

“Robert always seemed to be an extremely compassionate soul...a long-time advocate.”—S.M.

“To Robert, may you rest in peace...You will be sorely missed.”—S.B.

“Love you, Robert, from my heart.”—M.P.

“Robert was an outstanding advocate, a role model for many of us. I have a photo of us at Brooklyn Borough Hall which I will always treasure. He was a good friend and I will never forget him.”—A.C.

“Robert was outgoing and friendly. He was an effective advocate. He will be missed.”—D.H.

“Robert was a hoot. He loved our Christmas parties. Robert always danced. Robert was very astute. He volunteered and always grasped very difficult concepts and explained them well. We'll miss Robert.”—C.R.

“Robert was always a pleasant and engaging mental health advocate. After just a few years of knowing him, when he knew it was time to leave his position with NYAPRS, he thought well enough of me to

nominate me to replace him.”—C.S.

“Robert was generous with his caring and his courage. Speaking up for people was natural for him and his caring was authentic. I appreciate the time we were able to spend together.”—M.G.

“It was a feeling I had to sing... See you again.”—W.K.

“So proud to have known Robert. He will be missed.”—T.B.

“Although we never got to be close to Robert, we are so proud to hear about all his success and help in the mental health advocacy community. It means so much to us that he was able to find family within this community. Much love and prayers will continue to be sent to Robert. We love you, Robert.”—C.T. and A.T.

“Robert was always full of life and always on a new adventure. He never gave up living.”—L.M.

“Never knew Robert until his memorial. The love of his peers and colleagues. Warms my heart to hear how his life touched so many people. Robert, thank you for giving yourself in such a generous way.”—W.F.

*Note: Obituary to Robert William Teller composed by Leon Marquis*

# The Benefits of Having an Emotional Support Dog

By MVK

## When You Are Sick They Are There for You

I was diagnosed with schizophrenia over 12 years ago, when I turned 40. I had persecution paranoia, severe anxiety and was hearing and following voices. I also had delusions that were very beautiful and although brief in duration, they gave me great insight into what seemed to be a very spiritual world. It took a few months, but the right medications were found for me which turned down the volume on the voices I was hearing. I was relieved that the evil voices were gone, but saddened that those that seemed good were also gone. The one thing I learned early on in my illness, however, was that all the voices lied, regardless of my interpretations. This was hard to believe for one as trusting as I.

During this period, I had two miniature pinscher dogs that were my constant companions. Although they could not help with the voices I heard, they did comfort me and give me a reason to get up in the morning and deal with the day. I would jog with them in the morning and that helped with the anxiety, and when I was hearing frightening scenarios at night, they knew I was distressed and in fear and would curl up beside me as I laid in bed with fast beating heart and rapid breathing.

Both dogs have since passed away, but last year I was blessed to get another dog—a miniature pinscher/chihuahua mix puppy that I named Elsa. She is a constant source of joy for me as she gives me an outlet to release some of the love I have inside. And she feels the same towards me and follows me around wherever I go. There is something about having a dog that benefits me.

It has been found that Oxytocin, a powerful hormone that acts as a neurotransmitter in the brain, increases when we stare into the eyes of our dog. Oxytocin, also called the love hormone,

creates a bonding loop between dog and human; its release into defined regions of the brain affects emotional, cognitive, and social behaviors. That is why so many people say they feel better after spending time with their dog. This bonding loop also holds true for cats, but to a lesser degree.

“It’s an incredible finding that suggests that dogs have hijacked the human bonding system,” says Brian Hare, an expert on canine cognition at Duke University in Durham, North Carolina. Hare says the discovery might lead to a better understanding of why service dogs are so helpful for people with autism and post-traumatic stress disorder.

But Elsa is not a service dog; she is an emotional support dog. Emotional support dogs assist people who suffer from a wide range of mental illnesses. They perform no specific tasks but rather provide comfort, support and emotional stability in the forms of affection and companionship.

All this information aside, what does this mean for me in terms of my dog? Well, when I am in distress, she runs to my side and gives me kisses, and when I am feeling depressed or anxious, she simply stays near me and reminds me that there is a life form who cares. She gives me a reason to go out for long walks which helps keep me healthy, both in body and mind. She is my mood stabilizer as I can hug her when needed and I always get back a loving response.

Having a dog gets me out of the house and enables me to socialize with people in my neighborhood. Even when I feel like isolating, people will approach and ask about her; or, if they have a dog too, our dogs will socialize while we humans chat a bit. People walking dogs just seem more approachable.

At home, I am never alone. So, when I clean and cook or am reading a book or playing piano, she is near to me, watching my every move and keeping me company. She helps ground me in reality as she does not let my thoughts wander too far off track. If they do, she nudges me with her nose and lets me know that it is time to do something else.

There is great responsibility in caring for a dog, however. Illness or injury can affect her life in which case I must be prepared to obtain veterinary care. Recently, she had a growth appear on her leg and I was very worried, but



had to make a decision to forego the vet and treat with a topical agent that was recommended to me as the growth was thought to be bacterial in nature. Fortunately, this did the trick and her leg got better. But not all things can be treated this way and one must be prepared to pay for vet care.

One should write down the pros and cons of having a dog before getting one.

Dogs are not cuddle toys to make one feel better. They have needs and feelings just like any living being and should be respected. It is a privilege to have a dog, which is not something to take for granted.

I care for, love and respect my dog and in turn I am given an abundance of love and support from her. She is there for me 24/7 and is in tune to my many

**“...when I am in distress, she runs to my side and gives me kisses, and when I am feeling depressed or anxious, she simply stays near me and reminds me that there is a life form who cares....Dogs are not cuddle toys to make one feel better....It is a privilege to have a dog, which is not something to take for granted.”**

And then, once a decision is reached, if a dog is desired, find one with the right energy level to match your lifestyle. Elsa has a good deal of energy in her so I must exercise her well during the day. This entails long walks and play time and training time. She is a perfect match for me because I wanted a dog to exercise with as well as having a companion.

states. My dog is central to my emotional well-being as a person who lives with a severe form of mental illness. While Elsa cannot eliminate symptoms when they arise, she can help alleviate the power they have over me. This small loving dog gives me the support I need to face my daily challenges and move forward with my life.

*Love your pet*



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**Be Sure to Comment on the Stories that Matter to you!**

# Fountain House Gallery and Studio Arts Project

An environment for artists living and working with mental illness to pursue their creative visions and to challenge the stigma that surrounds mental illness.

Founded by Fountain House in 2000 as a not-for-profit exhibition space for its member-artists, the Gallery sells original artworks and collaborates with a wide network of artists, curators, and cultural institutions. Embracing artists who are emerging or established, trained or self-taught, Fountain House Gallery cultivates artistic growth and makes a vital contribution to the New York arts community.

Gallery artists have full-time access to the space where they can

work to advance their careers while collaborating with others in a supportive setting. The Studio is open to the larger Fountain House community during designated drop-in hours.

Fountain House Gallery has attracted distinguished guest curators such as Agnes Gund, President Emerita of The Museum of Modern Art (MoMA), who commended the Gallery as “a place where you can view fine works of art made by a group of excellent artists.”

Fountain House Gallery functions as

a cooperative business run by and for its artists. Operations are supported by a small professional staff led by Ariel Willmott, Director, with the assistance of numerous community volunteers.

Works by Fountain House Gallery artists are included in the collections of Citi, Eli Lilly and Company, and The Estée Lauder Companies Inc.

Fountain House Gallery has participated in exhibitions in public spaces, including: the Kennedy Center in Washington, D.C.; the Citi DeFord Gallery and lobby in Long Island City; and the World Financial Center Courtyard Gallery in Manhattan. Works by Gallery artists are presented at the annual Outsider Art Fair.

In this section, City Voices’ field reporter and artist in her own right, Jenny Chan, interviewed five member-artists of Fountain House Gallery with the following questions:



Jenny Chan

1. How long have you been an artist?
2. What is your medium?
3. What are your favorite subjects?
4. Who is your favorite artist and why?
5. Where was your first exhibit?

This section contains photos of the artists, their bios, a selection of their artwork and their responses to Jenny’s questions.



New York City-born Alyson is a fiber artist who taught herself to sew and quilt at a young age. She received a BA in Japanese Folklore and Mythology from Harvard University. After the effects of surgery for a benign brain tumor ended her 22-year teaching career, Alyson experienced a burst of creativity that brought her artistic ability to the fore. As a self-taught artist, she creates instinctively, incorporating in her work themes of decay and loss, transience, childhood and dreams. Alyson employs various techniques in her pieces and utilizes all types of fiber and found objects to express the beauty and order she perceives in a chaotic world. A number of her fiber works were acquired by collectors at a 2014 exhibition at the Eileen Fisher store at Columbus Circle. Alyson’s 2016 solo exhibition at the prestigious venue White Columns was a great success with critics and collectors. Her work was awarded First Prize in the mixed media category of the 2016 Art Ability show in Bryn Mawr, PA.

### Alyson’s Answers

1. It’s hard to say how long I’ve been an artist. I have always made things, but after I had brain surgery in 2007, I started making things that had no real purpose. I wasn’t sure it was art until I started coming to Fountain House Gallery in 2013.

(Continued on page 15)



FROM TOP TO BOTTOM: Beach Quilt; Hands Up! Don't Shoot!; You Are Not the Only One; Out of My Head



A signature of Anthony’s work is bold color, and oil is the primary medium he employs in creating his powerful and distinctive portraits. He studied at the Hussian School of Art in Philadelphia and also studied illustration at Fashion Institute of Technology (FIT). He has had one-man shows at Jadite Gallery, Cuchifritos of the Lower East Side, and Chashama, and he has exhibited at the Deshong Museum of Art in Chester, PA, the Art Culture Center in Brooklyn, and in NYU’s 2008 Small Works show. He was a featured artist in a private exhibition at the LandAir Gallery in New York City, and Fountain Gallery presented his work in the two-person show Urban Faces and in the three-person show Body Language. Anthony’s work was included in an exhibition at the Education and Research Center of the Museum of Modern Art (MoMA).

### Anthony’s Answers

1. Since I was a little boy; not sure of the age.

2. Oils preferred.

3. Inner City poverty themes.

4. Jean Michel Basquiat because he was an artistic rebel.

5. My first exhibit was at Day O

(Continued on page 15)



FROM TOP TO BOTTOM: What Do You See; Voodoo; Old Man; Style...An Autobiography





**BRYAN MICHAEL GREENE**

Bryan works primarily in drawing and painting. As a youngster growing up in Yonkers, Bryan's early artistic influences were cartoons and comics. He was a "doodler" and kept a sketchbook. While in grade school, he learned computer programming and began making images with the school's Apple IIe system. Bryan studied figure drawing at the Art Students League, and he was awarded a BFA in Fine Art and an MFA in Computer Art from the School of Visual Arts.

**Bryan Michael's Answers**

- 1) My earliest memory of Art-making goes back to first grade. I was in school and I took the chalk and went to the board and started to draw circles, one on top of the other, circle after circle, trying to make the perfect shape.
- 2) Gouache, which is an opaque watercolor, and [plain] watercolor. They are very unforgiving mediums. You can't make any mistakes. So you have to focus on

what you're doing at the moment. If you do mess up, there are few things you can do to correct the mistake. If you're painting with Gouache you can paint over the issue, but if you paint too many layers on top of each other, the paint will crack and peel. Watercolor is even more unforgiving. If you paint with watercolor, you have to think about the next two to three marks you will

*(Continued on page 15)*



FROM LEFT TO RIGHT: *Anima in Amicis Una (One Mind Among Friends)*; *De Profundis (Out of the depths)*; *My, My Parents, and I*.

Born in Lares, Puerto Rico and raised in New York, Jasmine is a multimedia artist who works in watercolor marker and colored pencil. She is a graduate of Fashion Institute of Technology (FIT) in Fashion Design with a specialization in Sportswear, and she also studied at The New School. Jasmine has worked in the garment industry and was honored with the Juan Eugene Ramos Hispanic Designers Award. She is inspired by the great master of fashion illustration Antonio

Lopez. Jasmine has collaborated with fellow Fountain House Gallery artist Deborah Standard in creating wearable art.

**Jasmine's Answers**

1. I have been a participating artist at Fountain House Gallery since 2008. I have been in 17 exhibits.
2. Fashion illustration, digital photography, collage, and some acrylic.
3. Fashion-oriented or fashion-related, color and form.

4. Picasso because of his cubism (an early 20th-century style and movement in art, especially painting, in which perspective with a single viewpoint was abandoned and use was made of simple geometric shapes, interlocking planes, and, later, collage). I was amazed by his small works.

5. My first exhibit was at Fountain House Gallery in 2008. I sold a piece called *iGrey Matters* (like your brain matters).



**JASMINE SOTO**



FROM LEFT TO RIGHT: *Style*; *Angels Within Us*; *Klee Quarry Couture*; *Rose Water*



**SUSAN SPANGENBERG**

A self-taught artist, Susan is also an actor, writer and filmmaker. She performs under the stage name Shyla Idris. Her work is autobiographical, commenting on her experience in the mental health system as well as touching upon racial issues and other areas of social injustice. Susan works in acrylic and mixed media from small to large unframed work, including body prints, collage, and painting on found objects. Her work was recently shown in the City Arts exhibit in Nottingham, marking

the first time that pieces by an artist working outside the UK were selected for inclusion.

**Susan's Answers**

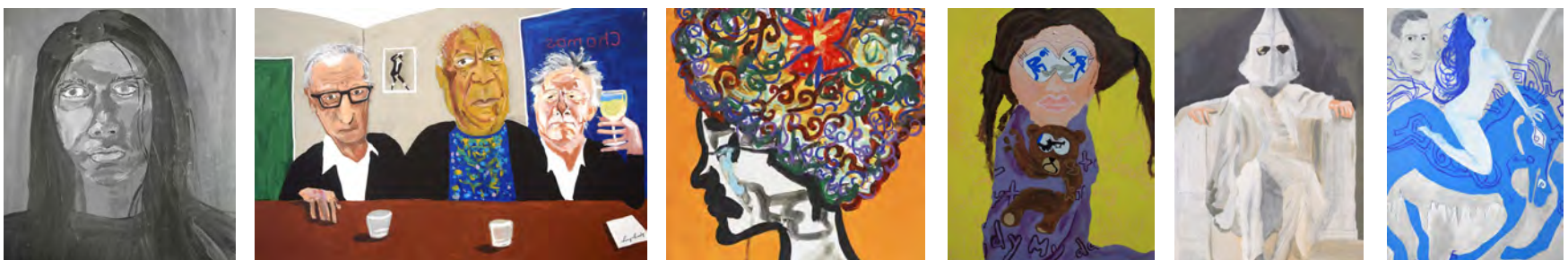
1. I first started painting at the age of three.
2. I work in mixed media, primarily acrylic. My medium includes, but is not limited to: found objects, body painting, film, fabric and I also like to incorporate writing and objects such as my psychiatric

meds & other pills in my art.

3. I like to do social, political work. Also iconic figures, personalities and animals.

4. I do not have a favorite artist. Growing up, I wanted to be an actor. My favorite artists were actors, and I still consider acting to be a high art form. However, If I were to choose a visual artist that moves me, it would be Yoko Ono. I love Ono's work

*(Continued on page 15)*



FROM LEFT TO RIGHT: *Depression*; *Chomos*; *Emotions in Bloom*; *Childhood Memory*; *God Save America*; *Spangenberg Dreaming of Salinger*

# Let's Take a Look at Friendship

By MVK

The What, Why and How

## What is Friendship?

I believe friendship is a loving bond that enriches the lives of all who partake. It is a special connection between people that has at its core both affection and respect.

When we say to someone that we want to be their friend, we are, in effect, saying that we want to learn more about that person, to share personal knowledge and insights with them, and to be there in times of sorrow and in times of joy.

## Why Have a Friend?

Having a friend enriches your life and helps you become a better person. You learn things about the world, others and yourself. You see your friend's world view and witness how he/she achieves goals and handles life; and, in turn, you gain insight into your own world view, what you do in various situations, and how you respond.

I believe the ultimate gift of friendship is having the ability to give and receive love. By love I mean the caring, compassionate kind—not the romantic kind—which has as its purpose the joining of two hearts.

This is where friendship becomes tricky. Do we love our self enough to accept the love of a friend? If we do not love our self, we will not allow our friend to love us and will keep them and their affection at a distance from us. How can we give back to them what we do not possess in the first place?

## How to Make a Friend

To make a real friend, a person must

show their inner self, the self he/she is when alone and not putting on a disguise for the world. In this way, the other person can see your humanity and can, if they are being authentic too, relate to you and find that special connection.

It is a beautiful thing to reveal oneself to another and have that person say they like you and want to be your friend. When this happens, we feel validated and accepted for who we are. This acceptance makes us feel like we belong in the world and are a part of a greater human family.

## How to Keep a Friend

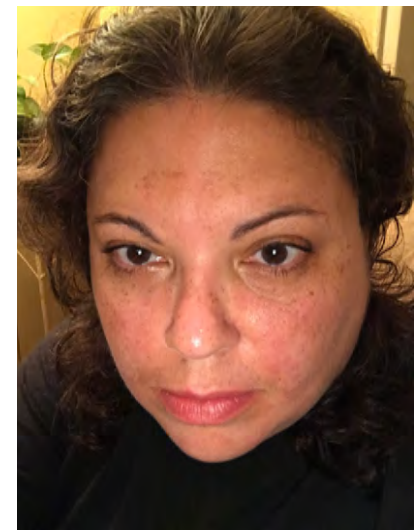
Friendships, like all human relationships, require a great deal of work. It is not simply a matter of finding someone you like and spending time together. For a friendship to succeed, there must be a caring, respectful balance between both people.

I've had many friends over the years,

themselves do not understand.

I had one friend who became irate with me because she felt that I was not there to help her at all times. I have a personal life with issues and problems of my own. She did not seek an explanation from me because, in truth, she did not care. That, I sensed all along, but never wanted to admit. She never delved into the why and wherefore of my life and my sorrows, or my hopes and my dreams.

For the friends that I let go, there were three major reasons: 1) I felt insecure and doubted that the other person truly liked me (I often do not like myself); 2) I was not being seen and accepted for my true self and found it tiring to conform into the kind of person my friend was seeking; or 3) I felt an imbalance in the relationship and resented the fact that I was always on the giving side of emotional support. Unfortunately, when



a better, more balanced, real and healthy relationship with you. In this case, you may find yourself remaining their friend.

Friends should not be in our lives to fill an emptiness, but rather to comfort and share some part of our life with us. Friendship should be a sharing relationship in which we benefit by experiencing the affection of another and feeling less alone on this planet.

## Summing Up

At this point in my life, I am more philosophical about making and keeping friends. Length of time is not a good way to measure the value of a friendship. I've enjoyed having friends for just a few hours when I travel and meet new people. Other friends have been in my life for many years. Some people will be there with you on your life's journey while others will take a turn in the road and go in a different direction. There is nothing wrong with this. What is of importance is that both people are mutually caring, respectful and honest with each other, and that both want the best for the other person.

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**“Do we love our self enough to accept the love of a friend? If we do not love our self, we will not allow our friend to love us and will keep them and their affection at a distance from us. How can we give back to them what we do not possess in the first place?”**

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but few who have remained active in my life. Some have departed from me while others I chose to depart from.

For those who have left me, I have had to look at myself candidly in the mirror and see where I might have gone wrong. Rarely will a person tell you why they no longer wish to remain close. Some will, in which case you can learn and improve from the knowledge, or if the reason is unjustifiable, you can at least know that the other person is not able to maintain the friendship for reasons they

I perceive these developments, I tend to keep it inside and eventually remove myself from the friendship.

Not communicating is something I want to change. I feel it is important to talk to your friend and tell them what you are feeling and why you do not want to spend time with them. Not only will your friend benefit from this disclosure, but you will feel better and lighter of heart for having shared your feelings. Their response may even surprise you. They may offer to work on establishing



## Book Ends: *First Mover. First Maker* by Mark A. Rivera

Reviewed by Kurt Sass

Lots of Plot, Confusing Ending

As a change of pace, I have been asked to review a short novel. This book has nothing to do with the topic of mental health, but was written by a mental health consumer.

I must preface this by stating that I do admire anyone who has the fortitude, grit and determination to put pen to paper and write an entire novel, as although I have written for many years, a 20-page

short story has been my personal limit.

The story starts out innocently enough, where the main character Samantha, who believes she has by chance run into her former and long admired (as well as pined for) mentor, Saul. She answers his invitation to his apartment hopeful for a romantic rendezvous, only to be given a mystery in an envelope and a promise that all will be answered the next day.

But this is not to be, as what follows is a series of flashbacks, cross country trips and even more mysteries. Mr. Rivera does a very good job of keeping the reader interested while adding layer upon layer to the intrigue. Whether it be a sudden death, remarkable medical test results, crop circles, or time travel, we are continually kept on edge awaiting the outcome.

Unfortunately, as much as we are kept on edge, I was disappointed at the confusing ending. There was

so much going on in such a short period of time, it was extremely difficult to follow. Samantha attempts to explain what has just transpired, but to quote the character of Jack on the last page: “I’m gonna pretend I understand you.” If the ending was laid out in more detail it would have lived up to the promise of the remainder of the book.

I myself can easily see how difficult novel-writing can be.

*Editor's Note: Mr. Rivera's book is available on Amazon.com in paperback or digital for Kindle as well as BarnesandNoble.com, and Google Books. Any retailer can order a copy for the customer. If you are a mental health consumer, a family member or a mental health professional and have a book that you would like reviewed, please write to CityVoices1995@gmail.com with "Book Ends" in the subject.*

alternatives to police responding to these EDP calls. Expanding co-response teams throughout the city, more mobile crisis teams, and pairing mental health peers with police to calm down these encounters are a few ideas to explore.

“Some of the contributions of the Taskforce have already been taken up by the city, including the implementation of CIT training for some members of the NYPD.

“The NYPD training is going well, though there is still a significant need for adequate training.

We ask that at least 15,000 officers be trained, especially since Rikers is closing and there will be more of these encounters. Countless people have been saved by CIT officers. CIT officers saved a child threatening his mom with a knife, and stopped many potential suicides.

“But CIT training alone is not going

to prevent these recurring deaths.

“Since the NYPD started CIT training, at least 6 mental health recipients have died in police encounters:

“Mario Ocasio, age 51, in June

2015; Rashan Lloyd, age 25, in June 2016; Deborah Danner, age 66, in October 2016; Ariel Galarza, age 49, in November 2016; Dwayne Jeune, age 32, in July 2017; and Andy Sookdeo, age 29, in August 2017.

“We need to solve issues before

mental health recipients get into crisis, and for that we need funding of community services.

“We need alternatives to hospitals, which recipients fear, like Respite care, where people in crisis can learn

connections to community resources.

“We need community forums with police and mental health recipients to reduce the fear in the mental health community when the police arrive.

“And most importantly, we need the Mayor to revive his 2014 Taskforce on Behavioral Health and Criminal Justice. And place this Taskforce under a Deputy Mayor, with the resources to get things done.

“We need all stakeholders and all city and state agencies at the table to suggest alternatives to police responding to these EDP calls. Expanding co-response teams throughout the city, more mobile crisis teams, and pairing mental health peers with police to calm down these encounters are a few ideas to explore.

“Therefore, we ask that you recommend the Mayor revive his 2014 Taskforce on Criminal Justice and Behavioral Health.”

**“We need to bring all stakeholders together to build efforts to solve issues of community policing. And, we need the coordination of the Mayor’s office to find non-police alternatives to 911 calls of people in emotional distress.”**

to recover and get connected to long-term support.

“We need to support the police by building diversion centers to provide a rapid handoff of New Yorkers in acute crisis from police custody to get immediate care and long-term

## Soulful Connections: The Process of Change

A Column by Relda Hill

Change is Frightening but It Also Renews Our Lives

I don’t like change because it is disruptive; it means that I have to learn to let go of the past and do something differently or do something new. Currently, I am learning Microsoft Word. In the past, I developed a phobia about computers. However, I realized that I needed to change in order to be more marketable. I surprised my Self that I had the courage to do something that I thought was impossible years before. Even though I find that learning the language of the computer is arduous, I continue to plug on because I know that it will bring me a brighter future. I assert that despite discomfort, change is inevitable and always brings new life. It is never too late to learn something new. I am willing to adjust my attitude. In this article, I would like to discuss how confronting fear has transformed me into a stronger person.

First of all, one of my biggest fears dealt with leaving my parents and facing my life on my own. My ability to do this constitutes maturity for me. The idea of leaving my parent’s

Now that I have embraced the life of the “wounded healer,” I have come to see my parents as fallible human beings. They are no longer the gods that I must obey; I am no longer a child but a mature adult. I now comprehend that they lived their lives according to their own understanding. When I find my Self harping about their wrongdoings, I ask my Self, “Who am I to criticize them?” “Have I walked in their shoes?” This line of questioning led me to no longer want to hold on to negative feelings about them. I came to the awareness that if I continued down that road, I would be punishing my Self and not them. The reality is that my desire to punish them is diminishing as I use my creativity to express wounded parts of me and I find more joy and fulfillment in my life. As a mature adult, I am accountable to my Self and for my Self.

In addition, I’d like to talk a little more about the term “wounded healer,” which was coined by the Swiss psychiatrist Carl Jung. When I use this term, I am stating that despite my psychological



exercise compassion

because of my scars that my life was over, but now I feel differently. I know that I have something special to offer another peer who is still suffering and it is called hope!

Concomitantly, as I continue to accept change, I have been able to embrace my mortality without cringing. As I watch my parents in the last stage of their lives, I am able to be kinder to my Self and kinder to them. I am reminded that each day is a precious gift. As I see fine lines appear on my face, I become mindful that my time on this earth is limited. Therefore, I don’t spend that much time holding grudges. I am able to attract positive experiences from the external world, which make me willing to cultivate my interior life. As I continue to meditate, I’m less dependent and needy on others.

Finally, I see myself as someone who is morphing into something more beautiful each day. Just as the butterfly leaves its cocoon in order to explore the world, I am free to be flexible, transformative, and adaptable. Just as the snake sheds its old skin for new skin, I am more willing to let go of unhealthy patterns of communicating and relating to others.

I feel more comfortable embracing the unknown now. I would like to invite my fellow peers to embrace change. Do not fear it and settle for a stagnant life! I am not suggesting that we break all of our current roles and rules to embrace anarchy. I am advocating that we break the chains that bind us and leave our gilded cages for a life that holds richness. Changes that we fear are merely there to encourage us to move beyond our past, worn-out lives and slip into a more authentic lifestyle. We alone supply the meaning to our lives and create the lives that we truly desire. The ability to face our fears and release our true voices are some of the gifts that change brings. Please don’t miss out on your own transformation! Have the strength to become the person you were always meant to be.

*Note: Relda would like her peers to know that the term “monkey mind” from the article “Cultivating the Inner Voice” comes from the Zen Buddhist tradition. The article appeared in the Summer 2017 issue of City Voices.*

**I am advocating that we break the chains that bind us and leave our gilded cages for a life that holds richness. Changes that we fear are merely there to encourage us to move beyond our past, worn-out lives and slip into a more authentic lifestyle.**

home psychologically and taking responsibility for my own life filled me with dread. In the past, I could always blame my parents for my problems and sought to punish them for their mistakes.

scars, I can still be of service to others. This ability and willingness to help others despite my own pain was one of the core reasons that I took the Peer Specialist training. I used to feel that

## The Challenge of Mornings

By Rebecca Sande

### And They Say It Could Be Worse

People always say that things could be worse. I am quite sure that indeed they could be. To some people who see me, I seem to have it all together. To the few who know the real me, even though I have a home and small support system, I sometimes feel like this is the worst.

My name is Rebecca. I have two wonderful sons, and I suffer from severe mental health issues. My illnesses range from MDD (major depressive disorder) and OCD (obsessive compulsive disorder) to DID (dissociative identity disorder) and schizoaffective disorder. Some days are great and I love being the quirky person that I am, while other days are lower than low, and I just do not want to exist at all. It's easy for someone on the outside looking

in to think that things aren't as bad as I might say, but for me it's not like that at all.

It starts out with just getting up in the morning. For some people, this is something you just do without much thought. For me, there are days when I have to fight myself to get out of bed and start my day. There are days when I compromise with myself and go back to bed after I do what I have to. Some days I wake up and begin

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**“I hope one day we all get to the point when we stop telling each other it could be worse and we start making it better.”**

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the day with little effort at all.

Once the early morning struggle is over and I am semi-exhausted with myself, I have another struggle ahead of me, which is eating. First, I must have my black coffee. Once that first cup is in me, I may try to eat (a battle I sometimes lose). The mental struggle of what should be a simple no-brainer has now turned into a

duty. Soon after follows a bout of OCD and the accompanying anxiety: checking locks, lights, doors, appointments, phone, computer and anything else my obsessive little thoughts can find. It is only 10 A.M. and I am already dreading my day.

And now, a little bit about my attempts to go out in public. Let's talk about the voices in my head that yammer before I've even left home, the worry of the social mocking that

even notice me (it would be nice if I could believe that).

This is why I have to start leaving an hour or two before I have to be somewhere. I do not drive myself anymore because I have a horrible fear that I will be the cause of some major accident, so I take the bus. Some days the bus is the safest place to blend in with my surroundings, but typically, not so much.

Despite all of the daily challenges I face, I let a smile be my armor. It's not especially easy for me to do so on days when I just want to give up. Despite the people who see me and say things could be worse, I face every day with a new hope that the next day has to be a little better.

I take my medicine and go to therapy like I am supposed to and it truly helps. No one would look at an elderly person and tell them to get over being old. So, I hope one day we all get to the point when we stop telling each other it could be worse and we start making it better.

## Lauren Slater Investigates Psychology's Most Famous Experiments

By Carl Blumenthal

Like all of us, Lauren Slater is a bundle of contradictions: patient and psychologist. Multiply diagnosed but responsive to medication. Once anorexic, now obese. Straight, married with kids and a lesbian lover. Fiction and non-fiction writer. Philosopher and funny girl.

In *Welcome to My Country: A Therapist's Memoir of Madness* (1996), *Prozac Diary* (1998), *Lying: A Metaphorical Memoir* (2000) and *Opening Skinner's Box: Great Psychological Experiments of the Twentieth Century* (2004), she upsets our expectations of how peers and professionals are supposed to behave.

The first two books won acclaim for a psychologist who confessed her psychiatric history in vivid prose. As if such honesty were too good to be true, the next two volumes were criticized for playing loose with the truth. Since then Slater's star has faded as she's written about her pregnancy, children, fairy tales, and animals.

I find *Opening Skinner's Box* her most fascinating work. She believes psychology is more kindness than diagnoses and treatments. More art (intuition) than science (reason). This insight isn't new, but as a creative writer before, during, and after her stint as a clinical psychologist, Slater's imagination is her best tool.

Of the ten researchers on Slater's best-hits list, consumers of mental health care will probably dislike eight. Behaviorist B.F. Skinner and his compliant rats are the

worst example. Of lesser ill repute are Stanley Milgram who tricked human subjects into obeying his commands and Harry Harlow who abused monkeys to prove maternal attachment.

Other investigators found bystanders don't help people in danger, we rationalize our behavior to fit our beliefs, addiction in rats is a matter of choice not genes, people's memories of abuse can be invented, learning in sea slugs is neurological, and brain surgery on the mentally ill relieves distress.

The main exception to these anti-humanistic rules: volunteers faked hearing voices and were hospitalized against their wills, undermining the validity of psychiatric diagnosis.

Dr. Slater admires these scientists' ingenuity and how their experiments changed the course of psychology, although some practices are now considered outdated or harmful. Her subjects are an obsessive-compulsive bunch. How else could they have dedicated their careers to proving controversial ideas? If they over-promoted themselves and their theories, this makes them intriguing characters in what reads like a detective novel.

Slater adds to the excitement by questioning our "prejudices." For examples, she decides Skinner wasn't really authoritarian and psychosurgery is now sophisticated enough to be beneficial. In the dire situations concocted for many of the experiments, she imagines herself failing such tests of moral courage.

Stating "I'm partial to jokesters,

adventure, to people in pain," she buys gas masks for her family after 9/11, goes to psych hospitals with fake symptoms, and takes opioids to see whether she'll become addicted. Her husband's objections to what he thinks are ridiculous, even dangerous ideas, spurs her on.

Whether trying to be an honest reporter or just expressing her natural doubts, Slater generally analyzes the pros and cons of each hypothesis without choosing sides. Rather than pulling the proverbial rabbit out of the hat of uncertainty, she invites readers to examine the tricks of the experimental trade—mainly overgeneralizing from small human samples and animal models.

As in *Welcome to My Country*, she can be profound. What she says about a patient with schizophrenia represents her philosophy of life:

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**“Not being is built into us as certainly as is being. Every heartbeat has its opposite, a snatching away of sound, an evaporation of blood. Behind every presence lurks an absence. Loss, loss, the animals cry.”**

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“Not being is built into us as certainly as is being. Every heartbeat has its opposite, a snatching away of sound, an evaporation of blood. Behind every presence lurks an absence. Loss, loss, the animals cry.”

Who can prove or disprove in 256 pages research that consumed lifetimes? An intellectual explorer,



Slater has a knack for filling in missing evidence with descriptions of the landscape, outside and in her mind. She orients us to the possibility we're going in circles because "all of us are artists where images have only the vaguest relationship to reality."

Slater says of Elizabeth Loftus, who challenged the recall of child abuse witnesses, "In the end [she] is just like the rest of us, only amplified, a blend of intelligence and blindness, with many soft spots."

Readers will have to decide whether these soft spots are weakness or the milk of kindness. Though her book was published 12 years ago, Lauren Slater's misgivings and love offerings are still relevant today.

# How I Conquered My Fear of Cancer and Improved My Mental Health

By Tiberius Bauer

Positive Thinking, Nutrition and Exercise Very Important

My father said, "Never forget. When you pray, pray like it would be your last day, and when you finish, live like you would live forever."

I was born in Romania in 1951 and came with my family to the United States in 1965.

I was sexually molested when 11-½ years-old. My nickname was "Fatso."

My brother committed suicide in 1976. Both my parents died in the 1980s. My father from diabetes and colon cancer. My mother had a stroke.

My wife got diabetes. We went to the Mayo Clinic and a doctor in Texas. Insurance didn't pay. I almost went broke. She had an operation on her

legs. One was amputated. She died in 2002. I felt partially responsible for my wife's situation. I focused on her physical health, but never gave her emotional support.

I didn't take care of my mental health. I thought about what happened to me when I was 11-½. I wanted to kill myself and tried twice. A psychiatrist said I was bipolar. He gave me medication. I stayed in a hospital and

ever happened to me.

Now I could search the Internet for answers to my fear of cancer, how to prevent and treat it. I found good advice from Burton Goldberg, doctors Bernardo Majalca, Stanley Bass, Ian Jacklin, and many others.

This is my conclusion: Cancer is not a death sentence. It's a major inconvenience.

#1 Cancer thrives on anger,

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**"My fear of cancer isn't gone. Heredity is the X-factor. I am not going to worry about it. I decided I do not want to have fear anymore....If I save one life with my story I will be happy."**

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went to a clinic.

Other family members got cancer. Six of my friends died from it. Nine friends committed suicide. I had high blood pressure and kidney stones, poor eyesight and hearing, bad leg, arm, and shoulder, obesity and diabetes.

I was ready to die. I had the pills and I locked the door. My roommate called my cousin in New Jersey. I was just about to take the pills when my cousin called. He invited me out for the weekend and said he had a surprise.

The surprise was a Samsung 10-inch tablet. It was the best thing that

depression, anxiety, and bad thinking. Think positively. Try cognitive behavior therapy and/or peer support groups.

#2 Sequential eating means eating the right foods in the right order. Mostly fruits, vegetables, beans, nuts, and grains. Eat all kinds of food in sequential order. Dr. Stanley Bass says, "Start with the food that has the highest water content, and work up to the food that has the highest fat content. Consume water or juices first, then fruits, vegetables, grains, beans, nuts and seeds and meats. This means you shouldn't drink liquids during or

## Avoid the Crushing Consequences of Studying Too Hard

By William Jiang, MLS

Might There Be a Link Between Learning and Depression?

As September and the fall semester begins, I remember the rush I had as a university student caught up in the swirl of energy of my fellow students and myself, more than twenty years ago now. A smile lights up my face as I recall, and then I think of a dark joke that my brother taught me his freshman year at MIT. A professor stands in front of a window after leading a tour around the campus, and he asks the students, "Do you know why MIT's colors are gray and red?" All the freshmen students shake their heads. Just then, outside of the window, everybody sees a body falling to the cement below. "That's why," says the professor.

MIT has a higher suicide rate than the national average, but the joke reflects an underlying truth about campus life all over the United States. According to Collegedegreesearch.net, there are about 1,100 suicides on campuses around the USA each year, and, shockingly, six percent of all undergraduates have seriously considered suicide. Why is contemplating suicide so common among university students these days? A lot of stress, abuse of drugs and alcohol,

as well as underlying clinical depression and anxiety are risk factors. Even if you are a learning machine, my advice is to take time to smell those roses because too much stress will take down even an ubermensch gifted student.

### The Statistics

One in four Americans suffer from a serious mental illness during their lifetimes, most often depression or anxiety. Serious mental health issues can be triggered by the stress of university or years of workaholicism. It is no coincidence that depression is soon to become the number one cause of long-term death and disability worldwide by 2020, according to the World Health Organization.

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**"Before the 19th century, doctors thought that the mere act of reading books could cause mental instability....'Since Aristotle, melancholia had been associated with men of learning and intellectual brilliance, a hazard of contemplation and creativity.'"**

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### Reading and Mental Illness

University students read a lot. Problem? Maybe. Even high-achieving readers are predisposed to bouts of

melancholia, according to medical history. Before the 19th century, doctors thought that the mere act of reading books could cause mental instability. See "A Text-book on mental diseases" by Theodore H. Kellogg. Also, see Wikipedia's article on the history of depression: "Since Aristotle, melancholia had been associated with men of learning and intellectual brilliance, a hazard of contemplation and creativity."

According to the Census of 1890 about one percent of one percent of the population or one in ten thousand people in all of the United States had a hospitalization for depression. Today approximately one in seven people in the US suffers from clinical depression and the rate keeps going up. In 1890 few people had the opportunity to educate themselves beyond a basic level of reading, writing, and arithmetic. Today, one in four people in the U.S. is a college graduate. As rates of college graduation go up year to year, so do the figures of people becoming clinically depressed. The question becomes, "What can be done to stay healthy?"

### Protection: Omega-3 Fish Oil and the Prevention of Clinical Depression

I worked as a medical library chief at the leading psychiatric hospital in the United States, New York State Psychiatric Institute/Columbia Psychiatry, so I have a bad habit of quoting Medline to prove points. From the electronic publication Oxidative Medicine and Cellular Longevity, March 18, 2014, there is a journal article titled "Omega-3 fatty acids and depression: scientific evidence and biological mechanisms" wherein the abstract states that "...several epidemiological studies reported a significant inverse correlation between intake of oily fish

right after a meal, and fruit shouldn't be used as a dessert."

#3 Combine foods rich in amino acids to increase nutritional value. I repeat, combine foods. Examples of foods that are rich in amino acids include eggs, animal protein, legumes, grains, nuts and seeds. Quinoa is one of the few plant sources that contains a full balance of amino acids, according to About.com (from reference.com).

#4 Exercise. Aerobic exercise and/or weight lifting are good for mental as well as physical health.

Now you have information I wish I had when my wife was sick. Maybe it could have saved her life. Consult a physician and make your choice.

My fear of cancer isn't gone. Heredity is the X-factor. I am not going to worry about it. I decided I do not want to have fear anymore.

If I don't take care of my diabetes, this is what's going to happen: bad circulation, blindness, amputated legs. First, cane. Second, walker. Third, wheelchair. Then nursing home. Finally, death. I want to live a normal life.

If I save one life with my story I will be happy.

*Note: To buy the complete version of his story, contact author at HowIConqueredMyFearofCancer@gmail.com. It costs \$19.99, plus tax and shipping.*



and depression or bipolar disorders." Free full text of the article is available to anyone who wishes to explore the article in more depth at pubmed.gov.

Back when I was an undergraduate, we did not know as much as we do today about the science behind a healthy brain and body, so we can do much more today than before to keep our minds and bodies healthy. Paradoxically, college students are less fit and more prone to suicide than ever before. According to Collegedegreesearch.net suicide rates for our youth are three times what they were back in the 1950's, and diabetes rates are going through the roof among the Internet Generation.

I gave only one tip in this article about how to keep your brain healthy. For more great tips and techniques on how to keep your brain healthy and running in top form, as well as improving your university performance, I invite you to check out my book on Amazon: "Guide to Natural Mental Health: Anxiety, Bipolar, Depression, Schizophrenia, and Digital Addiction: Nutrition, and Complementary Therapies."

If you feel suicidal please call the National Suicide Prevention Lifeline at 1-800-273-8255.

sage advice

# Op-Ed: The Public's Misunderstanding of Our Disorders

By John

## Comparing the Perception of Mental Illness to Cancer

I wish I had cancer. That's not what I mean exactly. I wouldn't wish that horrible disease on anyone. What I wish, is that my disorder had the same respect as cancer. In 2010 I was diagnosed as being bipolar and introduced to the world of mental illness. I was also made painfully aware that I shouldn't tell anyone and that what I had was to be kept in the shadows and not shouted from the rooftops.

Quick—right now—what month is Breast Cancer Awareness Month? What color is the ribbon? I bet 9 out of 10 people know that it's October and the color is pink. You know what? That is great. However, did you know May is Mental Health awareness? Only if you or someone you love has a mental illness. If there is a ribbon for mental health awareness, I have no idea what the color is. Just in case that didn't sink in, it's more acceptable for men to talk about women's breast for a month than it is for anyone talk about mental illness.

All of the hospitals I have visited have cancer "centers." While

the mental health or "Behavioral Services" area is just that, an area. These cancer centers are usually adorned with someone's name proudly emblazoned across the building. They are proud to have donated money to such a worthy cause. You would probably have to go back 100 years to find a dead artist that would be willing to have their name associated with the mentally ill. The behavioral services are also sometimes lumped in with the same people that are detoxing. That's right, if you are schizophrenic or bipolar you are housed with the same people that are addicted to drugs whether they have a mental illness or not. They need help too and I'm glad they are getting it, but when you go and get heart surgery are you sitting next to someone drying out? No, they would never dream of combining cardiology with the "crazy people".

When researching cancer, one of the big statistics that National Cancer Institute keeps track of is mortality and understandable so. Dying sucks. But, you know what else sucks? Suicide. That's how we track the mortality rate of mental illnesses. By the way, suicide is the 3rd leading cause of the death in the US among people aged 10-24. If

someone dies of cancer we mourn openly. If someone commits suicide we don't talk about it.

Have you ever noticed a sign in your neighborhood advertising a BBQ chicken sale to support Dave in his battle with (insert horrible disease here)? Communities rally together to support someone they might not even know. I think it's wonderful and shows great compassion. However, I've never seen a banner in my neighborhood that said, "Hey, support Jeff. He suffers from severe depression and is unable to maintain a job." "Stop being lazy and suck it up like everyone else," would be most people's response as they drove past my fictitious sign.

Lately, I've heard the mantra "Stop the Stigma," which I fully support. However, it's a gross misrepresentation of the problem.

understand the basic facts. It's like trying to explain what salt taste like without using the word "salty."

Mental illness is a stigma, don't get me wrong. I just wish there was a more accurate and severe phrase like, "Mark of shame that you can never speak of, but screams more about who you are than anything you will ever do." You know something catchy like that.

My point is that cancer is horrible, but it gets the attention and funding it deserves. Mental illness is also horrible, but it is hidden, misunderstood and left only the dregs of support and usually only after someone has killed himself or herself. I have been struggling for over seven years with my own disorder, often alone. Even my wife, who spends every day with me doesn't comprehend my struggles.

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**"I wish I had cancer. That's not what I mean exactly. I wouldn't wish that horrible disease on anyone. What I wish, is that my disorder had the same respect as cancer."**

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Pitbulls have a stigma. Used car salesmen have a stigma. What people with a mental illness have is a debilitating disease that is misunderstood to the rest of society in the same way that Greeks thought the Earth was the center of the universe. That's not a stigma, that's a fundamental misunderstanding of the basic facts. People, society, media and even my family don't

Mental illness is such a sad state that I fantasize about being absurdly successful just so I can talk and advocate about my illness. That's the level of disdain mental illness carries. One has to have celebrity status to be able to withstand the social prejudice that these disorders have. Until then, I will continue to fake a smile and pray in silence for those worse off than even myself.

## How a Car Accident Saved My Life

By LAF

### Do You Have An X-Ray To Prove It?

I'm 47 years old, was diagnosed with bipolar around age 25 and ADHD at age 44. Last week I learned that I have the triad: bipolar, ADHD and OCD. For twenty-four years after college I held nine jobs before I became disabled at the age of 44.

Receiving a diagnosis didn't change who I was, but it explained a lot. I was overwhelmed yet empowered by the information. I was always told that my behavior, thoughts and words were wrong, and I agreed. I was taken to the doctor twice in my teens for being depressed. Both doctors just said to relax. Now I want to scream from the highest peak, "I have the answer! Maybe now I can change!" But, that's not how everyone else saw it. Some of the first responses I got were, "Do you have an x-ray to prove it?" and, "The doctor is just trying to get money out of you. Stop taking the medication."

One of the first aggressive episodes that I can remember was at age 13. I punched a boy and he fell to the floor. I remember an incredible feeling of uneasiness beginning that school year. Sophomore year in high school I punched the kid sitting in front of me. My moods were very erratic. I

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**"At the age of 23, I had a car accident that indirectly led me to mental health treatment. I never should have been behind the wheel of a car. I had no intention of being reckless, but I wasn't being safe either."**

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was a quiet student one moment, a raging tornado the next. Words were my most powerful weapons. I spoke before thoughts had a chance to be processed. My insides spun like a hamster wheel. If I wasn't scared, I had the confidence of Super Girl.

In college I felt progressively

worse as I matured and held more responsibilities. I didn't understand my anger, confusion and almost constant anxiety. I had explosive arguments wherever I went.

By the age of 20, I was a college graduate and in the workforce. I was very independent and successful at work, but my anxiety and confusion hit a new peak. Everything was thrilling and overbearing at the same time. The obsessiveness was in control. My stomach spun just as fast as the thoughts in my head. People were calling me crazy to my face and behind my back. I agreed with them.

At the age of 23, I had a car accident that indirectly led me to mental health treatment. I never should have been behind the wheel of a car. I had no intention of being reckless, but I wasn't being safe either. The car spun around a few times, flipped over and landed on its side. I simply crawled out of the car and waited for the police. The orthopedic doctor I saw asked why I was on valium, and handed me the business card of a psychiatrist.

I was originally treated for depression before the diagnosis of bipolar. Once the right combinations of meds were found, I felt for the first time like I had support. I've been in treatment with medications ever since. My illness is always with

me, but I am better at maintaining my life. If not for that car accident I don't know where I would be.

There are people who don't believe that I have a mental illness. A few weeks ago when I was confiding how I felt, someone said to me, "No. That didn't happen, you never said that before, that's not ADHD." If I had thought to give a report of my daily life for all these years would they still question me?

If I was to "report" the events of an average day it might go like this: "I had an argument with you today in my office. Luckily I realized that you weren't there before someone walked in and caught me. I think the fire alarm above my desk might be a camera. When I left, I thought the toaster might be on so I went back. After I was in my car I thought the light was on, so I went back. On the way home I ended up in New Bedford. I thought I didn't lock the gate, so I went back. Home now. Did I spell-check the last document that I emailed? I have to go drive around the block because I may have I hit something."

Even without complete acceptance (or an x-ray), I'm thankful for my doctor, medications, support group, volunteering, hobbies and the love of my family that allows me to maintain my life with mental illness.

### Alyson's Answers (Cont'd)

2. I wouldn't say I have a specific medium. I will use anything and everything, but I love making things out of fabric.

3. I enjoy making nature scenes and also cityscapes. I think most of my work is abstract.

4. I have always loved Paul Klee and Joan Miro. I also like Kandinsky and Mondrian. Recently, I discovered an artist named Hundertwasser. He's my new favorite. What I love about all of

them is their use of lines.

5. My first official exhibit was in Fountain House's "Mad About Art" show in 2013.

### Anthony's Answers (Cont'd)

Restaurant now defunct in The Village (New York City), 1994.

### B. Michael's Answers (Cont'd)

make because of layering, color combinations, and wetness.

3. The self portrait. Even though I make more income from a still-life,

abstraction, or landscape, I like to express myself with a self portrait because I can make an image and not worry about how I look or whether the model will feel comfortable in the pose, or having enough money to hire a model in the first place.

4. I like all art. I have no favorites, heroes, or nemeses. The more I see, the more inspired I become. Visual art is about the visual and if you can grab the viewer in the first 15 seconds, I believe you have made a successful image.

5. My first showing was at the White

Plains Women's Club. I entered four drawings and won third place.

### Susan's Answers (Cont'd)

because she is a conceptual artist with a brilliant mind.

5. My first art show was at 'The Living Museum Open House' in Queens Village, New York in January of 1998. The Living Museum was an art program I used to attend, but was thrown out after I changed my mind about being the main subject of an HBO documentary.

## My Mental Health Journey: Stand Up Against Stigma!

By Jacquese Armstrong

I Educate the Next Generation by Disclosing My "Mental Illness"

I've lived most of my life literally walking through the valley of the shadow of death. And yet, hope and resilience follow me as if I know the way out. But the one thing I have no hope of changing or getting over is being considered a throw-away person in this society.

These are the words I choose to start the introductory essay in a memoir of essays I call *Informed Naivete*. One could think that my assertion is a bit skewed or harsh, but these are my thoughts associated with the aftermath of the dreaded "s" word.

Often, I've thought that if everyone who has, or cared about someone with, a mental illness stood up against stigma, we would outnumber the rest. Where would the stigma be then? And stigma is real. It can not only make your social life uncomfortable, but it can greatly affect your ability to earn a decent living.

So, why do I choose to disclose my mental health challenges? Why would I publish articles under my birth name, publish a poetry chapbook on my mental health challenges and welcome the chance to speak on mental health challenges

Now, I have many projects that would be all but impossible to do without disclosing. Of course, it was a journey.

Before 2006, my "mental illness" was my most well-guarded secret. I lost a lot of friends in those first couple of years in the 80s and there were whispers and stares, but then I moved more than once. Because I was still in and out of the hospital, I developed lies and kept them going.

The lies were used to patch the holes in my resume, explain the eight years it took me to finish college, the many colleges I attended, the disappearances, and the work absences. The world definitely doesn't make it easy for you to resume the race and the charade becomes a job within itself. It also led to undue stress and anxiety. It fueled my paranoid symptoms, which at the time, were not under control at all. I was always in a state of flux, wondering who knew.

I came to realize that I was stigmatizing myself by living in fear and shame, playing into the stigma game. I asked myself, "How can I call for an end to stigma and discrimination if I am ashamed myself."



fighting stigma

**"...I just want to be able to make some sense of my pain and helping people is the best way I know to do that. So, I educate, motivate and inspire on a grassroots level because I know it's needed. It is a purpose-filled life, driven by the desire to help eradicate stigma for the next generation of survivors."**

and stigma and why am I so adamant about it, knowing what I know?

Although I am a psychiatric survivor of 35 years, I have only disclosed since 2006 when I agreed to be interviewed for a documentary on mental illness and minorities.

It's almost like making the decision to go natural with your hair. When I did, it wasn't popular and it's still not aesthetically pleasing to some employers. I looked at myself in the mirror one day as I blow-dried my hair and curled it with a curling

iron and asked, "What's wrong with my hair?" This was the day of a huge self-embrace. The 2006 documentary I participated in was another. Looking back, that decision was the beginning of my making sense of this mess.

Self-disclosure provided me with the freedom to come out of the shadows into the sun and be the person my Maker intended me to be; who I am. It was a tremendous boost to my self-esteem.

Years ago, at the age of 34, my grandparents had a discussion with me about my illness. They said, "Jacquese, this is God's Will for you...you have to accept it." Then, I thought they were "crazier" than I was, but now I see the wisdom in what they told me.

First of all, you can't heal from something you don't accept and you must try to heal. You can fight against it, but in the end, you're fighting against yourself.

Second, most people want to find purpose and meaning in life. Why am I here? Why am I suffering? For me, if I have to suffer (and I have), then let me help someone else to rejoin society without missing too many steps. Let me enable them to embrace the opportunities I lost

because of my challenges.

I started Project Onset, still in its infancy, which is a part of the African-American Outreach program of NAMI-NJ (National Alliance on Mental Illness-New Jersey). Through testimonies from a person with mental illness whose onset happened in college (me), a parent of a college-age student and a mental health professional, young adults and their families receive an education on how mental illness can occur in those crucial years.

In the end, I just want to be able to make some sense of my pain and helping people is the best way I know to do that. So, I educate, motivate and inspire on a grassroots level because I know it's needed. It is a purpose-filled life, driven by the desire to help eradicate stigma for the next generation of survivors. That is why I make the decision to disclose my psychiatric illness. It helps me to take control of my destiny. I know that only I can control whether I feel ashamed or not. Stigma feeds on shame.

So, imagine if everyone with, or who cared about someone with, a "mental illness" stood. Then, we could all just get back to the business of living.

## IMPORTANT INFORMATION FOR WRITERS

My name is Dan Frey, editor-in-chief of City Voices: A Peer Journal for Mental Health. I am looking for people who want to write about their personal experiences with substance use disorders, and/or mental illness. Poetry too. We will use your first name or a pen-name as author unless you specifically request that your full name be used. Writers must be over the age of 18, and understand that they are/may be disclosing private health information about themselves. Because articles will be posted on the Internet, writers understand that the information contained in published articles will be permanently available to the public.

Writers will not be compensated for their submissions, but can get a free copy of the paper that their article appears in. If interested, email [CityVoices1995@gmail.com](mailto:CityVoices1995@gmail.com) and I'll send to you the PDF of our last issue to help you decide if you want to submit your article.

## Working and Living Well

Job Opportunities/Special Notices/Roommates/Personals

### Employment Agencies

NETWORK PLUS  
(718) 797-2509  
NETWORK PLUS WEST  
(718) 377-8567

### Legal Help

MFY LEGAL SERVICES (212) 417-3700  
URBAN JUSTICE CENTER (646) 602-5658  
NYC BAR ASSOCIATION (212) 626-7373  
LEGAL AID SOCIETY (212) 426-3000

### Housing

CUCS (212) 801-3300  
COMMON GROUND  
(212) 389-9300  
OHHEL (718) 851-6300  
COMMUNITY ACCESS (212) 780-1400  
SUS (212) 633-6900

### Clubs and Clubhouses

**Manhattan**  
FOUNTAIN HOUSE, 425 W 47 St. (212) 582-0340  
CHELTON LOFT, 119 W 19 St. (212) 727-4360  
HARLEM BAY NETWORK PROS, 4 W 125 St (212) 876-6083  
EAST VILLAGE ACCESS PROS,  
264 East Second Street  
(212) 780-9008

**Brooklyn**  
EAST NY CLUBHOUSE, 2697  
Atlantic Ave (718) 235-5780

RESOURCE AND WELLNESS CENTER,  
882 3rd Ave, 10th Fl. (718) 788-6100  
RAINBOW HEIGHTS CLUB, 25 Flatbush  
Ave (718) 852-2584  
SEAMARK CENTER, 2559-65 West 13 St.  
(718) 372-0450  
KADIMAH CLUBHOUSE, 4510 16th Ave  
(718) 686-3180  
METRO CLUB PROS, 25 Chapel St (718)  
596-8960

**The Bronx**  
LANTERN HOUSE, 512 Southern Blvd  
(718) 993-1078  
FOUNTAIN HOUSE BRONX, 564 Walton  
Ave (718) 742-9884

**Queens**  
CITIVIEW CONNECTIONS, 42-15 Crescent  
St. (718) 361-7030  
VENTURE HOUSE, 150-10 Hillside Ave  
(718) 658-7201

**Staten Island**  
SKYLIGHT CENTER, 307 St. Mark's Pl.  
(718) 720-2585

### Volunteer/Work Positions Available

BALTIC STREET AEH seeks FT/PT peer advocates. Computer/Office skills, peer advocacy or related experience a plus. Call Marianna (718)-833-5929. Advocacy through empowerment is our mission.

NAMI NYC METRO: assist with office help, including mailings, answering phones, organizing files, making phone calls, and many other office tasks. This position is open to those without prior experience. Call (212) 684-3264 or email [volunteer@naminyc.org](mailto:volunteer@naminyc.org)

### Telephone Resources

NYC WELL 888-692-9355  
NAMI HELPLINE: Mental health phone resource and database (212) 684-3264  
THE TREVOR HOTLINE: If you or a young person you care about needs support call our lifeline at 866-488-7386. It's free, confidential and available 24/7. Learn more at [TheTrevorProject.org](http://TheTrevorProject.org).

QUEENS COUNTY MENTAL HEALTH SOCIETY: For information and referrals (718) 454-0705

### Advocacy

NYAPRS: statewide mental health advocacy group that sponsors events and organizes the annual Legislative Day. To join call Carla (212) 780-1400x7726

MHASC: coalition committed to providing advocacy to consumers in special housing units in jails and prisons. Call Jennifer (646) 602-5644.

THE ICARUS PROJECT: join to help redefine mental illness as a "dangerous gift." Visit [www.theicarusproject.net](http://www.theicarusproject.net)

### The Arts

ARTWORK BY CONSUMER ARTISTS: Fountain Gallery, 702 Ninth Ave at 48th Street in Manhattan (212) 262-2756. Tues-Sat 11-8, Sun 1-5.

RITA PROJECT: Survivors of suicide produce artwork at Greenwich House Pottery near West 4th Street [www.ritaproject.org](http://www.ritaproject.org)  
MOVIE CLUB/POETRY CLUB: NAMI NYC Metro, 505 Eighth Ave, (212) 684-3264 also [library@naminyc.org](http://library@naminyc.org)

WRITING WORKSHOP: For Fun, Healing, and Publishing! Led by children's book author Morella Bynoe, LMSW and published poet/editor Rev. Lisa Roma. Twice monthly meetings, convenient locations, online instruction. Option to publish work and do public readings. Contact [morellabynoe@aol.com](mailto:morellabynoe@aol.com) or [CreativWomenNtwk@aol.com](mailto:CreativWomenNtwk@aol.com) for more info/registration. Visit [www.creativewomensnetwork.com](http://www.creativewomensnetwork.com).

### Support Groups

ZAPPALORTI SOCIETY support group for gays/lesbians/bisexuals/transgendered peers with mental illness. Saturdays 2-4, LGBT Center 208 W 13 St. Call Bert (917) 286-0616.

HEARING VOICES SUPPORT GROUP. A group for people who hear voices. Call (212) 684-3264 for info.

CO-OCCURRING ILLNESS SUPPORT GROUP: monthly group for MICA consumers. Call (212) 684-3264 for info.

MOOD DISORDERS SUPPORT GROUP: for people with bipolar disorder and depression, as well as the friends and family of those with these disorders. Suggested \$5.00 donation for non-members. We also offer a group designed for people under 30, (212) 533-6374, [info@mdsg.org](mailto:info@mdsg.org), [www.mdsg.org](http://www.mdsg.org)

### Social

THE FRIENDSHIP NETWORK: If you want a friend or need a friend, then meet a friend through the Friendship Network. Call Alice, Nancy or Barbara at 516-326-6111 or [www.friendshipnetwork.org](http://www.friendshipnetwork.org)