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City VOICES

The Newspaper for Peers & the Peer Workforce

Fall 2019

Vol.XXII No.3

City Voices is Dedicated to Peers & the Peer Workforce that Serves Us

For Peer Workforce content, see pp16-24

What's Inside...

From the Editor

By Dan Frey, Editor in Chief

The Fall 2019 edition marks a turning point for City Voices. Allied with the Peer Workforce Coalition, from this point forward, in addition to providing news, resources, stories and information for all peers, we are also going to be focusing on issues of concern faced by the peer workforce.

Their work can show how someone with "lived experience" can play a significant part in preventing relapse and promoting recovery principles. Helping others overcome their challenges is highly rewarding! But it's going to be a long time before peers are no longer discriminated against, vocally or silently. Going to work as an identified peer in a world where the president calls us all mass killers, is going to have its social challenges. But you will be representing yourself as someone who is capable, caring and more than an illness diagnosis. Your presence in the workplace will send a message that we're not hostile and that we just want to help our peers to be their best and earn a paycheck like everybody else.

City Voices seeks to provide a stage for peer workers to air their issues, learn from others, feel less isolated and like someone is paying attention to their struggles. Peer work isn't easy. Often the work can activate the worker's own traumas, especially when the peer-client is suffering and there's no easy answer on how to best support them. The safety net for both workers and clients alike, is often inadequate. Life can be overwhelming at times and very difficult to cope with, especially when it's one thing after another piling up and compounding stress. That's when peer support is needed most.

Our goal is for City Voices to continually address these issues and more, encourage peer and peer-worker alike to participate by connecting with us through Facebook and our website, contributing articles and attending workforce events. We look forward to hearing from you. And we will do our best to make sure that you gain the support and encouragement that you need because your work is so crucial!

Note: Our website is www.cityvoicesonline.org and join us on Facebook: cityvoicesforpeers

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For individual or bulk subscription rates and submission guidelines, contact Dan Frey via CityVoices1995@gmail.com

Preventing Deadly Encounters with Police

By Carla Rabinowitz, Advocacy Coordinator, Community Access

Avoiding 911 During a Crisis

Coalitions, advocates, and activists have been pushing for crucial reforms to the emergency response systems in the New York City area for years. Thanks to that work, progress has been made, and alternatives to 911 for people experiencing emotional crises exist.

Advocates are working towards a goal to prevent ordinary encounters with police. The objective is to replace the current criminal justice response with a more humane, compassionate public health response and get police out of the equation altogether.

This vision can only be realized if the current alternatives to 911 are expanded upon and adequately funded. We need more respite centers. We need peer-informed and peer-directed mental health urgent care centers. And we need them sooner rather than later.

Cities like Eugene, Oregon have developed such a system. Their program, "Crisis Assistance Helping Out" on the Streets or CAHOOTS, has been effectively responding to mental health crises for over 30 years, and currently handles 17% of the city's 911 calls. CAHOOTS teams are comprised of an EMT and a specially trained de-escalation worker with over 500 hours of field training. A successful model such as this is helpful in conceptualizing what the future of emergency response in NYC could look like.

Much more needs to be done to address the city's response to people in mental health crisis, to realize a system where police officers are no longer called to respond to health-related emergencies. As we continue to work toward that vision, there are alternatives that exist to date, that New Yorkers can access.

Note: For more details on alternatives to 911, visit our classifieds section on page 24 and look under the Resources header. These include Co-Response Teams, Mental Health Urgent Care, NYC Well *hotline* and Crisis Respite Centers.

"Life is 10% what happens to us and 90% how we react to it"-Dennis P. Kimbro

Ward Stories

Organized by Dan Frey, Editor in Chief

Autumn has arrived. And four poets grace the City Voices' stage with works that state that no one can judge us except perhaps The Almighty and that Love is the highest power. Through love there's freedom. And finally, a heartbraking song about unrequited love. Have you ever experienced that? Enjoy!

Poem for My Peers
By Anonymous

They'll shame you for having a diagnosis
For being poor
For dressing inexpensively
For being unemployed
For living simply
Even for the pain so visible on your face
But don't let them bring you down
They have secrets they're ashamed of too
Be the better person
Hold your head up high
You know something they don't:
How to empathize;
How to be humble;
How to live with little; and
How to appreciate the simple things:
Like love;
Companionship; and
Shared struggles.
Just be you; be real
And you will be rewarded
Your life is a worthy one worth living

Judge
By Glenn Slaby

Who are we
Fellow Brothers?
Your outcasts.
Centuries
Have deemed us
As damned.
Who are you?
Deciding our Guilt
Without wisdom.
You may call us fools
You may see us incompetent
You may see us not at all
Purposely ignoring
For we could have been you
And you could have been us.
God Sees Us
Everyone's Father
Judging us All

The Power Within
By MVK

If consciousness is all that's me
Then what harm could there really be
To back myself up in a cloud
Where death no longer can be proud
Oh what it means to be set free
From man's view of reality

But what if there is something more?
Some element that lies in store
Waiting for her time to rise
To heights much greater than the skies
The highest goal of who we are
Farther than the farthest star

Don't mock the power from above
Her name is Spirit, Eros, Love
The force of which lies in us all
And has since first we strived to crawl
For man is more than neurons or thought
Much more than flesh and blood we're taught

No further use the Albatross

(Continued on page 3)

Deeper in Love (a song)
By Sheryl Collins Roberson

Verse:
Where do broken hearts go
I guess mine have found a home
It's enough to suffocate a wrong
I am in too deep to turn around
You just keep holding on
It's hard to breathe
It keeps this hurt heart to beat
If it ends tonight I had the time of my life

Chorus:
It's like chasing rainbows
It's softer than a raindrop on a rose
I can't stop myself

(Continued on page 3)

City VOICES

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People with Mental Health Disabilities Who Want to Age in Place

By Evelyn M. Compton, Senior Staff Attorney, Mobilization for Justice

Challenges and Resources

I was first introduced to Ms. S in 2016 when she called our intake line advocating for a friend who was placed in a nursing home. Ms. S was a zealous advocate for her friend. She was concerned that being in a nursing home away from the community would be detrimental to his already tenuous mental health.

I later heard from Ms. S when she needed legal assistance to fight an eviction from her supportive housing apartment. We represented her and saved her apartment in part thanks to her own drive to remain in her apartment.

In the spring of 2019, I again heard from Ms. S, but she was no longer the fiery advocate I knew. Ms. S sounded defeated. She had been placed in an adult home and wanted to return to her home. "I hate it here, get me back home," she implored. I was deeply saddened to learn that the spirited Ms. S wound up in an adult home when she fought so hard to fight a similar fate for her friend.

Aging in place is defined by the U.S. Centers for Disease Control and Prevention as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

A study showed that one out of five people over the age of 55 has a mental health disability that could present challenges to remaining at home. Aging in place is a financial challenge for the middle class but even more so for low income, elderly people. This article will provide resources to help people remain in their homes and communities.

The New York City the Department of the Aging (DFTA) funds nearly 250 senior centers that provide art, music and dance classes; workshops; transportation; and lunch. DFTA even funds centers for special populations such as the Queens Center for Gay Seniors. A study of DFTA senior centers found that attending a center reduces social isolation and improves health according to *Senior Center Evaluation Final Report*, June 28, 2016.

"…250 senior centers…provide art, music and dance classes; workshops; transportation; and lunch….A study of…senior centers found that attending a center reduces social isolation and improves health... "

Interested parties can visit NYC.gov to find a center in their neighborhood. It also lists the services that help seniors age in place: caregiver, case management, home care, home delivered meals, legal services, adult day care, transportation and geriatric mental health, among others.

Help around the home is essential to aging in place. A home health aide (HHA) can assist with light

cleaning, cooking, errands, bathing and dressing, the cost of which is often covered by Medicare and/or Medicaid. If the individual is a veteran, the US Department of Veterans Affairs provides in-home medical care, home health aides and adult day care.

Mobility is fundamental to aging in place. If a person is having trouble walking, a walker, an electric chair or a scooter can help ambulation. Under the state and local fair housing laws, if someone requires a ramp to access the dwelling, the person can request a reasonable accommodation from their landlord. The landlord needs to provide the accommodation as long it does not impose an undue financial or administrative burden.

One of the biggest threats to aging in place is falling. Home modifications are important to prevent falls. The removal of clutter and installation of grab bars in the bathroom can make the home safer. Help is available through local agencies to pay for these changes. The New York City Housing Preservation and Development (HPD) Aging in Place Initiative finances in-unit and building-wide modifications "to assist seniors and people with disabilities in buildings receiving financing through an HPD Preservation loan to maintain independent, safe and comfortable lives."

Technology can provide a level of safety to someone who lives alone. An emergency alert system, like Life Alert contacts medical personnel in an emergency. For people who cannot afford cell phones, free phones are available to low income individuals through the Lifeline Assistance program popularly known as the Obama Phone.

Accessible transportation is also essential to help seniors age in place. In New York City, seniors and person with disabilities (who are receiving Social Security benefits) are eligible for half-fare Metrocards. Access-A-Ride provides public transportation for customers with disabilities or health conditions that prevent them from using public buses and subways.

"You get in life what you have the courage to ask for"-Oprah Winfrey

(Continued from page 2 Ward Stories: The Power Within By MVK)

A freedom won upon the Cross
Love is the power that redeems
Us from ourselves and brings us means
Of being more than earthly sod
From simple man to child of God

(Continued from page 2 Ward Stories: Deeper in Love (a song) By Sheryl Collins Roberson)

I keep falling deeper in love with you

Verse:
It's hard to make my girls understand
My psychologist keeps saying, girl, you need to let go of that man
I keep holding on
I don't care if no one can comprehend
The treatment in rehab cannot change what I feel
What we have is real
If this is pain, please don't heal

Chorus:
It's like chasing rainbows
It's softer than a raindrop on a rose
I can't stop myself
I keep falling deeper in love with you

Bridge:
Butterflies, boy I catch
I still feel like it's the first time you touch my skin

Chorus:
It's like chasing rainbows
It's softer than a raindrop on a rose
I can't stop myself
I keep falling deeper in love with you

Ending:
You're always there to catch me
Deeper falling in love with you

My Best Friend Joanne

By Joanna Murphy

She Will Be Missed

Joanne and I met in an out-patient psychiatric rehabilitation program at Payne Whitney Clinic in New York City. It wasn't an instant friendship, but one that grew slowly over time and shared experiences. Our backgrounds, interests, values and goals were totally dissimilar, except in one very important way. We both had mothers with severe mental illness that had a profound impact on our lives from a very young age. Unfortunately for Joanne, she inherited her mother's bipolar illness and was hospitalized 37 times.

The program offered a therapeutic setting, often utilizing guest speakers director of the Howie the Harp Advocacy program was one such speaker and we were both instantly interested. Howie the Harp was a consumer advocacy program that taught consumers of mental health services how to advocate and assist individuals with persistent and severe mental illness.

This is when our friendship blossomed. After graduation from the program, we both went on to jobs in human services. We began to meet every Saturday for lunch and a movie and share our mutual experiences. In time, we invited others and became a very close group.

I met Joanne's sister Anita and her family. Joanne and her sister shared a deep bond. Anita was older and always took care of Joanne, and due to her mother's illness, was often a surrogate mother to her.

My family was quite a distance away, but when they visited, Joanne became a part of my family. We went

(Continued on page 4)

"It makes a big difference in your life when you stay positive"-Ellen DeGeneres

(Continued from page 3 My Best Friend Joanne)

through many travails and heartaches together over the years, but above all we were always there for each other. She became my closest friend.

At times, it could be difficult to communicate with Joanne. I had never experienced the manic part of bipolar. I suffered from depression and panic attacks, but never knew anyone with manic cycling. She gave massive amounts of money and possessions to people, never caring or expecting them to repay her. She developed grandiose ideas about beginning non-profit foundations and helping aspiring artists. Laudable, and totally unrealistic.

The depressive phase was just as bad, if not worse. It was heart-breaking to see her in such a state, watching endless daytime TV and eating junk food and not dealing with her personal hygiene, housekeeping or health. Communication could be really hard. I often felt as though she was only there physically, with her mind and essence miles away.

Joanne was the kindest, sweetest most generous person I have ever met. She could be totally captivating and enchanting. She made me feel special and loved like a sister. She was a special and unique friend. I often didn't know which Joanne I was with, but I loved her dearly. Her spirit, her love for her family and friends and people in general will be missed. She passed away unexpectedly on August 27, 2018. She went to sleep and never woke up. It is a tremendous loss to lose this wonderful person in my life, but I am comforted knowing she is doing important work elsewhere.

To sum up, my friendship with Joanne was a wonderful one that I would not trade for anything. We grew together and failed together and through it all, we developed a bond that cannot be broken even in death. Her loyalty was beyond measure. It is easy to be friends during good times, but you know your true friends in times of need. And Joey was always there.

Getting Older and Better: The Geriatric Mental Health Alliance of New York

City Voices Interviews Director Lisa Furst, LMSW, MPH

City Voices: How did the Geriatric Mental Health Alliance of New York (GMHA) start and what are your accomplishments?

Lisa: The Geriatric Mental Health Alliance of New York (GMHA) was started by Michael Friedman and Kimberly Williams in the early 2000s to address New York State's relative lack of attention to older adults living with mental health challenges, and to help New York State address the coming "elder boom" of adults moving into older age.

One of the most significant achievements of the GMHA was the passage of the Geriatric Mental Health Act in 2005, which allocated $2 million of funding per year for statewide geriatric mental health demonstration programs and established the Interagency Geriatric Mental Health and Chemical Dependence Planning Council, a statewide body that seeks to address the current and ongoing needs of older adults living with behavioral health conditions.

The demonstration programs have gone through four cycles of multi-year funding and collectively have helped thousands of older New Yorkers in their recovery from mental health and substance use challenges.

City Voices: What's the status of geriatric mental health in New York?

Lisa: Older adults living with behavioral health conditions are a diverse group. Diagnoses vary, but some older adults are those who have lived with psychiatric disabilities for many years, while others are older adults who have developed clinically significant issues later in life.

We are expecting to see a 40% increase in the older adult population in New York City by 2040; we also expect to see a corresponding increase in the number of older adults living with clinically significant mental health challenges as the population increases.

Mental health and emotional wellbeing in older age is strongly influenced by a variety of factors. When older adults experience medical illness, social isolation, difficulty making ends meet, and other personal and environmental challenges, it is more likely that they may struggle with issues such as depression or anxiety.

City Voices: How about services?

Lisa: We need a lot of work to make the behavioral health service system more age-friendly and generationally competent; however, there are a number of bright spots to note.

Lisa Furst, LMSW, MPH

Increasingly, services are being provided in settings where older adults might naturally go for services, such as primary care or other healthcare settings, and places like senior centers. This is critical, because older adults are much less likely to seek out specialty mental health services and often prefer to receive care from within the places where they already go.

A great example of this is the mental health service program overseen by the NYC Department for the Aging; this program provides mental health services within senior centers and is part of the citywide ThriveNYC mental health initiative.

Another example is the PEARLS model for depression treatment for older adults that is being funded by the NYC Department of Health and Mental Hygiene.

Service integration that links together healthcare, behavioral health care and aging services is key for older adults.

City Voices: How important are workforce issues and where might peer counselors fit in?

Lisa: Workforce issues are critical. We simply do not have enough specialty services geared toward serving older adults. Many mainstream behavioral health providers do not focus on or understand the impact of aging on mental health; many aging services providers do not have the knowledge and training to identify and address mental health challenges among the elders they serve.

Since we don't have enough geriatric mental health specialists, it is and will continue to be important for all of us in the field to know something about older adult mental health and the resources that are available.

I think older adults themselves may be an untapped resource for peer support—many older adults want to support and give back to the community, and I think there is room to develop older adult peer specialists who focus on working with older adults living with mental health challenges.

City Voices: What training do you provide?

Lisa: The GMHA has connected with many peer-run programs in NYC. We regularly provide a training on older adult mental health for the Howie the Harp peer specialist training program run by Community Access. Anyone interested in training is welcome to contact me directly to discuss their training needs.

City Voices: How can our readers get involved?

Lisa: Anyone can join the GMHA—it's completely free. You can contact me directly at lfurst@vibrant.org. We'll update you on events we sponsor and provide you with information about older adult behavioral health, available services, and advocacy efforts. Together we can make our voices heard to legislators and policy-makers

Ask the Pharmacist: What Are the Long-term Side Effects from Psych Meds?

By Steve Kaufman, RPH, Senior Pharmacist

Hello everybody, my name is Steve Kaufman and I am the former supervising pharmacist for Manhattan Plaza Pharmacy (Steve was City Voices' founder, the late Ken Steele's pharmacist). I am honored to be back and once again writing for City Voices.

This month I thought we would answer the question, "What are the long-term health implications/side effects from taking psychiatric meds?"

Before we discuss the health implications, let's first look at, in my opinion, the most important part of treatment: risk verses benefit. What are the risks of treatment, whether it be medication or a surgical procedure, against what is the benefit that is expected? For example, a patient just comes out of surgery and is given a very strong pain medication. The most common risk is drowsiness and/or constipation. The benefit is massive pain relief. Most patients will take the pain relief and deal with the side effects. Also, just because a medication has side effects, it does not mean every patient will experience them. In fact, in most cases, only a small percentage of patients experience side-effects that cause a medication to be discontinued. So, before you think about the long-term effects, ask yourself, "What was my life like before I started taking medication and what is it like now?"

The most common long-term effects from anti-psychotic medications are weight gain, type II diabetes mellitus, hyperlipidemia, QTC interval prolongation, myocarditis, sexual side effects, extrapyramidal side effects and cataract. Drowsiness and dizziness are also side effects of these meds, but they are usually short-term problems.

First, let's talk about weight-gain, which I feel is the most important, partially because it can also contribute to many other long-term side effects. About 50 percent of people with schizophrenia are overweight. Part of this is due to the medications, but is also due to poor diet, lack of exercise, smoking and a general neglect of patient care. This weight gain can lead to diabetes, high cholesterol, heart and sexual problems. The best way to deal with this problem is by eating a healthy diet and get into a regular exercise program.

Diabetes is another long-term problem. Diabetes in patients taking psych medications is twice as high as the general population. The underlying cause of anti-psychotic-induced-diabetes are unknown. The fact that many of these patients are overweight and have high cholesterol is also a major contributing factor to the high incidence of diabetes.

High cholesterol levels can be caused by these medications. Certain drugs can cause an increase in lipid levels, but it will also depend on other factors like weight gain, genetics, diet and alcohol consumption. These cholesterol levels are usually controlled fairly well with medication.

Extrapyramidal side-effects, besides being uncomfortable, can also add to the stigma of mental illness. These side effects seem to be much more prevalent in patients taking the older medications or who are taking medications at high doses. It also seems more common in older patients.

So, as these drugs have helped to improve the lives of many patients, remember: this is not an exact science. Doctors and patients have to take into account the differences in these medications when deciding on a treatment for an individual patient.

Steve Kaufman, RPH

The best ways to keep these side-effects to a minimum is by taking control of the factors that you can like a good diet and exercise plan. It's all about weighing the risks verses the benefits and finding the right drug for the right patient.

Note: Email CityVoices1995@gmail.com *with questions about meds for this column and we will publish them with an answer from Steve Kaufman, RPH.*

My Journey Through the Decades: Ya Gotta Believe!

By Laura Anne Walker, Artist, Licensed Teacher

It Gets Better

"It gets better," one of my mother's surgical intensive care unit nurses told me less than a minute after I felt my mom's last pulse. How I wished the nurse's words would be true, instantly! But that was not the case. Things got a whole lot worse.

When I was 35, in psychosis, I was ambulanced to the emergency psych ward. It would be worse for at least a decade because the doctors could not find the right combination of medications for me. Also, I knew at the beginning, before the doctors did, that I had mania and depression. All they were treating for was psychosis.

I couldn't work because I could no longer function as a teacher—I couldn't function at all. I was afraid of being homeless. I was isolated. I had suicidal ideations. I couldn't cook for myself, couldn't make any decisions, not even what to wear. I wore the same things each day.

Discharge-planning from the hospital led me to community-based continuing day treatment programs (CDT), which I was reluctant to try because of my upbringing; we weren't allowed to give out our phone number let alone to trust outsiders.

I had attended Catholic school, and although I disagreed with the way the nuns and lay teachers disciplined children, I had blind faith in God, so I trusted in the mental health clinic, despite the fact that I couldn't see how any of it would help.

My therapist, Francesca, said, "Working on yourself is the hardest job you'll ever do." She was right, to say the least—I was in so much mental pain that even sunny days looked grey to me.

My 30s were a blur, but I do remember dressing up each day I attended CDT. When I first got there, one guy said to me, "You don't look like you have mental illness!" What does a person who has mental illness look like, anyway? This was stigma. A lot of it also came from myself. I kept believing that I'd snap out of it at any minute. Ha!

"….I became a Crisis Intervention Team (CIT) panelist, where I share my personal story of emotional distress, hoping it will be useful to the NYPD when they encounter a person who is experiencing emotional distress."

Francesca and I knew it was time for me to move on and recommended that I continue to work on myself in an IPRT, or Intensive Psychiatric Rehabilitation Treatment program, and not rush back to work yet, raw and unhealed. I excelled in IPRT, and through an IPRT connection, I had become an exhibiting artist. But I left IPRT to take a temporary part-time job teaching at the college level. I did well, but my supervisor suggested I not take another job there because the pay was too low. But I still felt like an open wound and ended up in another CDT.

I was overweight because of medications, unhappy and goalless until my mid-40s when I looked at an IPRT bulletin board and saw my next step: a psychosocial clubhouse called Access ETC. They had art groups and writing groups. That was 2001, just after 9/11. Access ETC eventually became East Village Access, which helped me so much, including through the death of my dearest kitty in 2014.

Laura Anne Walker

I enjoyed my 50s, went into individual therapy, and continue to go. At the very end of my 50s, I became a Crisis Intervention Team (CIT) panelist, where I share my personal story of emotional distress, hoping it will be useful to the NYPD when they encounter a person who is experiencing emotional distress.

In my 60s, I love my jobs as a CIT panelist and as an artist, being a member of an active senior citizens' center, the many other artistic things I am doing, that my medication is working, my dear relatives and friends. I'm so glad I stuck it out, because, yes, it gets better!

"The beginning is the most important part of the work"-Plato

"Do what you can, with what you have, where you are" - Theodore Roosevelt

The "Bring It Home" Housing Rally Demands More Funding

A small and vocal crowd marched in slow circles with signs that read "Better funding for better care" on one side and "Bring it home" on the other. The "Bring It Home" campaign for more mental health housing demonstrated outside of the governor of New York's Manhattan offices near 42nd Street and Third Avenue on July 25 and August 22, 2019. And many more are planned.

The rally leader chanted, "Governor Cuomo!" The crowd responded, "Hear our cries!" The leader continued, "Mental health housing!" And the crowd responded, "Saves lives!"

"Bring it Home" is a coalition of community-based mental health housing providers, mental health advocates, faith leaders, and consumers and their families, urging New York State to adequately fund community-based housing programs for individuals with psychiatric disabilities. Full recovery and community reintegration depend on stable housing opportunities. Through education and advocacy, "Bring it Home" is working to bring better funding for better care to New York.

A bill introduced by Senator David Carlucci and Assemblywoman Aileen Gunther that would create a state commission to assess ongoing, debilitating funding shortfalls in New York's mental health housing programs passed unanimously in the New York State Senate and Assembly. The bill (S.5637/A.7489) would prompt a study of current funding and staffing levels across the state and investigate ways the state can begin to remedy its years-long failure to adequately fund mental health housing programs. The commission's findings would be due to the State and Legislature six months after the bill is signed into law, and are intended to help guide the creation of the Executive Budget proposal for the 2020-2021 fiscal year. Governor Cuomo, hear are cries and sign this important bill!

Note: To find out when the next rally is, go to www.bringithomenys.org/

A. Victoria Hunter

Obituary for A. Victoria Hunter

New York City—A. Victoria Hunter, a long-time resident of the NYC area, died Saturday, June 22nd, 2019 at The New Jewish Home in Upper Manhattan.

Born on September 19, 1948, A. Victoria received a BA degree in Journalism and Mass Communications from City University of New York in 1974. She was an intellectual and loved to read and study. While in college, she became friends with renowned playwrights Joseph A. Walker and Ron Milner, who were teaching at the time.

After graduating, A. Victoria commenced her career as a contributing editor for The Black American, critiquing books, films and theater, before moving on to do public relations work for The Urban League. In the early 1980s, A. Victoria became a national circulation representative for Essence Communications, researching and analyzing market trends and developing and giving sales presentations for more than 90 magazine wholesalers in the Western Region and five southern states. All the while, she continued her freelance writing, earning by-lines in Essence, Black Enterprise, Class, The City Sun and Inside Black Westchester. She was also published in the poetry anthology, Womanrise.

In 1994, A. Victoria joined the staff of United Methodist Women as senior writer of its monthly magazine, Response. She traveled across the country covering the organization's work and conducting communications and public relations training for its regional officers. She also traveled to Russia, Zimbabwe, and South Africa to cover the organization's women's symposiums with partners in those countries.

She was deeply moved by her travel experiences and wrote many wonderful stories.

During the 1990s, A. Victoria was a member of the National Association of Black Journalists, Black Women in Publishing and Black Media Women. She was also a dedicated volunteer at WBAI-AM, a New York City radio station in the grassroots broadcasting Pacifica Network.

Up to about 15 years ago, A. Victoria had been enjoying performing stand-up comedy and performed at Caroline's and Gotham Comedy Club. Her routine included jokes about her mental health, politics and community issues. One joke went something like, "Bi this, bi that, I guess we all gotta bi something," referring to her bipolar diagnosis.

When A. Victoria laughed, you remembered the sound, and her smile could light up a room. She often greeted friends and family with the kind of excitement that was filled with genuine love and care.

A. Victoria was learned in Astrology and she could read the Tarot too. She could tell you what was in store for your life based on your sign and the alignment of the planets. She kept up-to-date with the field by reading books and surfing the Internet for the latest information. She was a soulful poet whose published poems reflected her experiences as a woman and as an African American.

A. Victoria died peacefully in her sleep at the age of 70. She is survived by her sister Brenda Gittens, her nephew Jacob Gunther, many cousins, nieces, nephews and many close and dear friends.

Memorial gifts may be made to Sage, an organization that A. Victoria supported, which helps LGBTQ seniors: https://giveto.sageusa.org/donate

Obituary for Paul Chipkin

Brooklyn—Paul Joseph Chipkin, a long-time resident of the NYC area, at 74-years-old, died from his injuries on June 26, 2019 at Brookdale Hospital after having been tragically struck by an SUV outside his home a week prior.

Paul earned a Bachelor of Arts degree in Theater from Antioch College in 1967. Baltic Street AEH, Inc hired him in 2001 and he was soon promoted to be their director of housing. He worked for Baltic Street a total of five years.

Paul founded an ambitious project, "Psyche in the Light," (PIL) which utilized the arts to fight stigma focused on people who have experienced psychiatric illness. Participants dealt with topics related to mental illness and recovery based on personal experience. Included in PIL's accomplishments were: live stage productions, cable TV programming, CDs, DVDs, cassettes, printed literature, a website with a multimedia e-book and an extensive blog featuring Paul's and friends' writings. The PIL cable show was simulcast worldwide by Manhattan Neighborhood Network (a Time/Warner company). The live staged show featured highly skilled and inspired peer creators/performance artists who conveyed the message that recovery from behavioral health issues is possible and doable by those who choose it and build it "with their two hands."

Paul, after years of smoking, quit, and, Paul being Paul, started his own nicotine anonymous group in his home, inviting strangers in to help them quit as well. His motto was, "It can be done!" That everyone can "grow up" and overcome even crippling problems.

Paul was a deeply spiritual man who attributed anything good in his life to an "ever-deepening, stabilizing, encouraging and inspiring relationship with the Almighty." Paul felt that he lived with the "Beloved's Will" and worked and played within

(Continued on page 7)

(Continued from Obituary for Paul Chipkin on page 6)

the context of divine service.

Paul, though an active participant, was also critical of the peer support movement in behavioral health: "Cowardice, laziness and lack of imagination haunt the mental health recovery movement…giving us, year after year, more of the same, with a dismal prognosis….We need to learn to think freely, in refreshing ways that truly address the mediocrity and complacency that keep us stuck. We need to admit when we are not functioning as alive beings in our minds and hearts and find ways to address this 'living death'... within our personal lives; within our movement and in the world…. Business as usual doesn't address any of it."

It's ok to shed tears for the loss of Paul Chipkin, for, as he said in an article he cowrote titled "Is Crying Okay?" (City Voices spring 2007 edition): "…in its righteous forms, [crying] is the holy response of a soul in pain or joy (or a mixture). If you truly believe in your tears, then you are likely in touch with yourself in a way many wish they were."

Paul is survived by his wife Yvonne and brother David and many close and dear friends.

Paul Chipkin

Christina Bruni

Bruni in the City: Run Like You Stole Something

A Column by Christina Bruni

Lifting Weights to Lift My Spirits

Years ago, a Nike t-shirt proclaimed: Run Like You Stole Something. I've added running on the treadmill to my repertoire of fitness activities.

There's a Jack Rabbit store on Seventh Avenue in Park Slope, Brooklyn. There, a guy had me run on a treadmill for 20 seconds to test my feet. He showed me the video and told me I have a neutral foot stance.

For $120 I bought a pair of blue Brooks running shoes with light blue trim. They feel like a dream when I'm pounding the treadmill.

In the late fall, not wanting to take an anti-depressant, I was willing to try any healthy non-chemical intervention to spark joy. Should you need to take a pill that's okay too.

The happiest times of my life are when I'm performing on stage at poetry readings and exercising in the gym or at home.

In 2011, when I turned 46, I started lifting weights at Harbor Fitness. Before then, I hadn't lifted one 5-pound weight. Three years later I could dead lift 205 pounds!

I've been lifting weights for over eight years. Now I've added doing a walk/run session on the treadmill. I've also created a home gym with 5-pound, 8-pound, and 10-pound dumbbells; 15-pound and 20-pound kettlebells; a foam roller for warm-up and cool-down stretching; and a resistance band.

Two summers ago, I had to act as my mother's caregiver because she had a stroke. This torpedoed my strength to go to the gym.

By that fall, things had picked up. It was time to consider new things I could do to spark joy. Taking up running on the treadmill was one goal.

There's a reference in my memoir Left of the Dial to having lost myself somewhere after my breakdown. As a disc jockey on FM radio in college, I was chatty on the air. Upbeat and witty, I had a loyal following of listeners. The day that music died was the saddest day of my life. My Italian therapist told me the medication calms your brain. So, in effect, I'm not the same person.

Yet decades ago, I was one of the first peers to be critical of others for calling themselves "schizophrenics." The illness is something I have; it doesn't define who I am.

The fact is that I'm a person inside. The illness didn't rob me of who I am at the core: a risk-taker; a humanitarian; an intelligent person; and a free bird.

Engaging in consistent weekly exercise helps me feel good about myself. Working out has given me what I call an "emotional spine"—the ability to respond to challenges with grace and grit instead of getting easily upset.

As I go along in menopause, I'm excited to meet each new Self I become on the road to the future. My reinvention in mid-life as a fitness buff should give you hope that you can do the same.

It's possible that we are a composite of selves that show up and appear at different times. T.S. Eliot is quoted: "It's never too late to be what you might have been."

Today I run like I stole something—I take back the gregarious Chris. I'm pleased to meet me, after all these years.

To set up a home gym I recommend getting this equipment:

A 36-inch foam roller.

A set of 5-pound, 8-pound, and 10-pound dumbbells. (Use a set of 5-pounders to start. Or 2-pound dumbbells first if you're out of shape.

As your routine gets easier add the 8- and 10-pound sets.)

A 10- or 15-pound kettlebell. (I have 15- and 20-pound kettlebells.)

A 10-pound body bar. (Start with a lower weight if you have to.)

A resistance band.

Medicine ball. (I have a 12-pound.

Disc sliders can be bought on Amazon. I bought the dumbbells and medicine ball at Modell's as well as training t-shirts and pants.

Get fitted for the right sneakers while you're at it.

First: you might have to buy an exercise mat to cover a rug or carpet. I have a hardwood floor in my living room where I exercise regularly.

Watch Youtube to see the correct form for exercising.

Foam roller stretching and other stretches.

Dumbbell exercises:
Pec flyes, bicep curl, chest press, lunges and squats, walking lunges, lateral raises, triceps kickback, chest press with squat, renegade row, one-arm row.

Kettlebell exercises:
Swings, goblet squats, curtsy pulse squats, side squats, one-leg deadlifts.

Body bar exercises:
Frontal raises, hip bridging from floor.

Core exercises:
Bicycle crunches, figure 4s, leg raises, alternating V-ups.

Other exercises:
Planks, disc slides knee-to-elbow, plank jacks with disc sliders, side plank with hip drop, wall sits, jumping jacks, medicine ball slams (on hardwood floor or mat), triceps dips off chair, butt kicks in place, high knees in place. (Disc slider exercises can only be done on hardwood floors or an exercise mat. Cloth-side should face the floor)

"Learn from yesterday, live for today, hope for tomorrow"-Albert Einstein

"A journey of a thousand miles begins with a single step"-Lao Tzu

Healthy Eating on a Tight Budget

By Robert Karmazyn, Program Director, Community Access

The Importance of Self-Education and Planning

Making smart, healthy choices in the context of food shopping, cooking and, in general, nutrition sounds like a great idea but believe it or not it requires certain amount of knowledge and planning.

It sounds easy, reasonable and smart, but for many of us never gets materialized. Unfortunately, not many of us follow up in practice on what we support in theory. Why is that? Well, we can blame everything and everyone around, starting with globalization, lack of time, lack of money and ending with a very well planned, visually appealing and otherwise convincing processed food marketing and advertisement campaign.

It's not a secret that we have a tendency to blame everything and everyone around for "helping us" develop bad eating habits, for our overspending, weight gain, nutrition-related health problems and more. However, we tend to forget that we are making our own choices and nobody can "force" us to buy or eat something that potentially will ruin our health and/or drain our financial resources.

At this point, I may have some doubts or even negative comments from anyone with a very limited budget, someone relying on soup kitchens and food pantries. I agree, it is much more difficult to shop smart and eat healthy if our financial resources are limited. That being said, unfortunately, there is no easy way, no simple template for one who would like to eat well, healthy and on a tight budget.

Good news to follow up the bad—it is possible with some knowledge to plan and make educated choices. Failing to plan is planning to fail. This common truth cannot describe better what's most important in the context of healthy eating with limited financial resources and access to healthy food options. If you will invest some time and effort, you will stay focused on your goal. It PAYS BACK like no other investments!

"Your health and quality of life will increase, and your energy level as well….your self-esteem may increase significantly, which may impact your social life, and sexual health. Even things not related to food and nutrition such as employment opportunities may multiply."

Your health and quality of life will increase, and your energy level as well. Some small yet annoying conditions like skin rashes caused by additives in processed food, muscle and joint pain may decrease and you may lose some weight. Additionally, your self-esteem may increase significantly, which may impact your social life, and sexual health. Even things not related to food and nutrition such as employment opportunities may multiply.

Yes, it's all connected! One factor of your life, one life area affects all other areas. And, trust me here; what we eat affects other life areas tremendously!

I realize it was a long "motivational speech" instead of providing you with simple solutions, resources and information on where to shop for affordable and healthy food products.

Disappointed? Well, I will not "sugarcoat" it. If you are used to other people telling you what to do, where to go, blindly listen to and follow up on other people's recommendations instead of learning things on your own and deciding works best for you, that's an expected reaction.

If you would decide to learn more about healthy food shopping, better eating options, healthy lifestyle while on a limited budget, here are some links for more information about:

- *Affordable and fresh local produce options at local farmers markets (more than 130 locations throughout the five boroughs) and free education workshops and cooking demonstrations (The Stellar Farmers Markets program): https://www1.nyc.gov/site/doh/health/health-topics/cdp-farmersmarkets.page ;
- Low cost Fresh Food Boxes: https://www.grownyc.org/greenmarketco/foodbox ;
- Community Supported Agriculture were NYC residents can have direct access to fresh, local produce by purchasing a "share" of vegetables from a regional farmer: https://www.brickunderground.com/live/nows-the-time-to-join-csa-in-nyc ; and
- Health Bucks—For every $5 spent at farmers markets using SNAP on an EBT card, you can get $2 in Health Bucks! All Farmers Markets accept those coupons and most accept Supplemental Nutrition Assistance Program (SNAP, or foods stamps) benefits on an Electronic Benefit Transfer (EBT) card: https://www1.nyc.gov/site/doh/health/health-topics/health-bucks.page

Robert Karmazyn

Interested in learning more? Stay tuned for the next article about the highly processed, engineered "food imitations" that make you crave it more and more and how to resist it when you have only a few bucks in your pocket. In this article you will also learn how food marketing can influence your choices and how you can become "immune" to aggressive processed "food" marketing.

Stay safe, self-aware and healthy!

Rise and Shine Eggs and Avocado

Ingredients

1 tablespoon olive oil
2 eggs
2 slices bread (I prefer sourdough, but you can use anything)
2 lettuce leaves (I like butter lettuce, but Romaine will do)
2 slices tomato (I like heirloom, but any will do)
2 ripened avocados
1 teaspoon fresh lemon juice, or to taste
Salt and pepper, to taste

Directions

Toast bread.

To make avocado spread: Mix and mash avocados with lemon juice and salt and pepper.

Fry eggs in olive oil. Apply avocado spread to bread, top with lettuce, tomatoes, and eggs. Serves 1 person. As a rule, I don't like eating sandwiches with lettuce. Yet for this recipe I tried it with the butter leaves and it was delicious.

City Voices

Our Mission:
To empower peers to live full and active lives by providing information, resources and a means to participate in the community

Our Vision:
An organized community of peers in behavioral health that can partner with like-minded groups to fight to improve our lives

Recovery is a Family Affair

By Judith Carrington

Peers, Providers and Families Getting Together: It's Time

Editor's Note: City voices does not endorse any product or workbook. We leave that up to you the reader. We'd like to hear your opinion of the pamphlet by emailing CityVoices1995@gmail.com. Families work toward their own recovery and struggle to get the best for the entire family as well as themselves, so we felt their voices should be heard.

Since I became a "family member" twenty years ago it seemed to me that families, peers and mental health providers should partner. It was clear that since we all share goals: recovery, fighting stigma and building an independent life, we should support each other for the best results.

Well it didn't quite turn out that way.

When my son was first hospitalized, at discharge, I enthusiastically researched programs and resources for my first meeting with his case manager.

That's when I felt the HIPAA door slam into my face.

As my son hadn't signed a "consent" form, the case manager, to prevent my possibly becoming a confidentiality "leak," greeted me dismissively and offered no interest in my point of view or need for guidance, support, education and information. I accepted that this was the way things were done and I shouldn't aspire to anything better.

Fast forward: my teeth sharpened, thanks to NAMI meetings and courses and the burgeoning peer recovery movement with its White Paper definition of who peers are and how they want to be treated. Advocacy became an important activity in my life.

But, provider brush-offs still gnawed at me until one day, manna rained down from heaven in the form of three pages written by the lawyer for the Dept. of Health and Mental Hygiene. It delineated professional standards for family privileges, according to American Psychiatric Association, New York State Office of Mental Health Official Policy Manual, Department of Health and Mental Hygiene and the Joint Commission. I felt I'd hit pay dirt.

Since converting this into a pamphlet wasn't greeted with the same enthusiasm I felt, I drafted a first version on my own.

Planting myself in the front row of a lecture by the commissioner of the Office of Mental Health, I literally attacked the commissioner, as he came down from the podium. He was polite but it wasn't until I gave him a second version and, believe or not, in the same fashion finally a third version, that he said, "OK, we'll put it through legal and print it over our and NAMI NYS's name and distribute it over our website."

So now it's all yours. The NYS Office of Mental Health and NAMI NYS invite you to download the pamphlet on the following link: https://apps.omh.ny.gov/omhweb/planning/hub/consumer/family_flyer.html

Download the Adobe Acrobat version for easy viewing. Or Google: "New York State Office of Mental Health *When Families Join the Mental Health Care Team Everyone Benefits.*" Seize the privileges it offers and use their citations to advocate for your loved ones!

"When Families Join the Mental Health Care Team Everyone Benefits!" substantiates that even without consent, providers can talk freely to family members to help them with programs, privileges, and plans for discharge. "When done in such a manner as to not compromise or reveal information that should be kept between therapist and patient."

In addition, the pamphlet encourages professionals to include families in mental health care, treatment and discharge planning. The pamphlet also motivates families to firmly assert their right for involvement in treatment and discharge planning.

Providers are encouraged to provide information, education about mental illness, treatment, coping skills, and ongoing support, and refer families to NAMI to help them find additional educational and supportive services.

Lastly, providers must form a working alliance with family members to empower them as important members of their loved one's treatment team.

It's all "on the record." The New York Office of Mental Health reports that for a decade they have had regular requests for copies.

We've realized a major victory to get off on the right foot, at earliest entry into the mental health system with this substantiation of family privileges.

However, I also believe that we'd be closer to the partnership I envisioned at the beginning of this article, if all concerned knew about, stood up for and upheld these privileges. Can you become a partner?

Judith Carrington, a Peer Family Coach, provides information, education and the recovery message to families who are often ill-prepared and overwhelmed when they find themselves in the mental health system. She chairs NAMI-Metro's The Advocacy Group, providing a platform where peers, family and providers respond to monthly speakers, air their issues and exchange ideas. She is a valued member of the Editorial Board of City Voices.

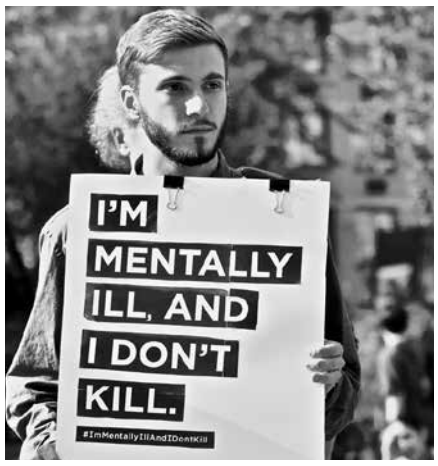
Judith Carrington

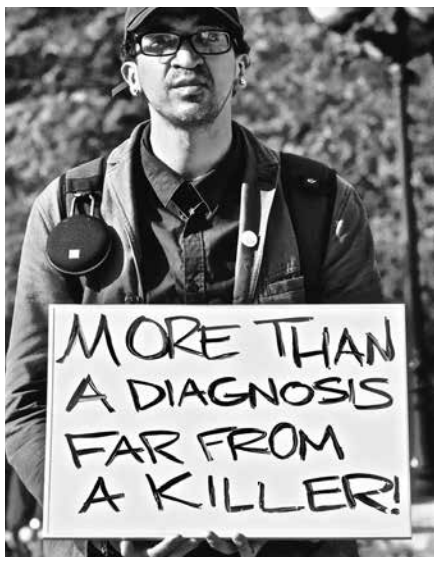
"The truly rich are those who enjoy what they have"-Yiddish

"I Am Mentally Ill and I Don't Kill" Protest

By Michelle Hammer,
Artist and Activist

On August 16th the "I am Mentally ill and I Don't Kill" peaceful protest was held. Protesters addressed why it is of vital importance to not associate gun violence with mental illness. The American Psychiatric Association and other medical associations have recently publicized research that demonstrates that people with mental illness are more likely to be victims of violence than to enact violence. People with mental illness are no more likely to kill than those without a mental illness. To associate gun violence to mental illness is a disservice and it only helps to further stigmatize us. Several major newspapers such as The New York Times and The Washington Post have written on the dangers of linking gun violence to mental illness. Protesters broke down stigmas, especially those associated to gun violence. Our community and allies are standing together to break down stigma on mental illness and educate the world at large in a positive and factual light.





"Deal with the faults of others as gently as your own"-Chinese Proverb

Michael Nugent

Can I Keep My Benefits and Still Go Back to Work?

By Michael Nugent, Director, Ticket-to-Work American Dream Employment Network, Baltic Street AEH

It's Not an All or Nothing Proposition

Are you thinking about going back to work? Are you worried about how working will affect your benefits? "If I start working and I lose my job, I will no longer have any income."

This is a common notion among peers that I have spoken to who are considering employment. It is a serious misconception that has an ominous effect on the standard of living of mental health peers.

The good news is that there are a number of ways that you can go back to work and hold onto your cash benefits. Additionally, if you earn enough money to go off of cash benefits, there are still ways to hold onto your Medicare and Medicaid benefits.

Because Social Security wants you to go back to work, they have created what they call Work Incentives. These are special rules that make it possible to go back to work and still maintain cash and healthcare benefits.

Are you on Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)?

Whether you are on SSI or SSDI will determine the type of incentive you qualify for. It is important to know, for instance, that SSI is a "needs-based program" for those with little history of work and limited income and resources. SSDI on the other hand is an insurance that you have paid into when you pay your taxes.

1619(a) and 1619(b)

If you are on SSI then you are eligible for 1619(a) and 1619(b). Remember that SSI is needs-based. This means that if you begin to earn a wage you will lose some of your cash benefit. The 1619(a) rule, however, allows you to keep a portion of your cash benefit while you work.

Social Security does not count the first $65 of the earnings you receive in a month, plus one-half of the remaining earnings. This means that they count less than one-half of your earnings when they figure your SSI payment amount. Social security also applies a $20 general income exclusion. The $20 general income exclusion is applied first to any unearned income that you might receive.

Even if your earnings become too high for a cash benefit you are still eligible for the 1619(b) rule. This rule allows you to hold onto your Medicaid as long as you need it to work and you meet the income restrictions for eligibility which are $46,316 per year in New York State.

Trial Work Period

If you are on SSDI then you are given a trial work period, which allows you to test your ability to work for at least nine months. During your trial work period, you will receive your full disability benefit regardless of how much you earn as long as your work activity has been reported and you continue to have a disabling impairment. In 2019, if you make at least $850/month you have used a trial work month. The nine months does not need to be consecutive and your trial work period will last until you accumulate nine months within a rolling 60-month period. Certain other rules apply.

Yes, that's right! For nine months you can earn a limitless amount, while you "test the waters" to see if you are ready to go to work.

Extended Period of Eligibility

If you were on SSDI you are eligible for the Extended Period of Eligibility. Say that you have successfully completed the trial work period. Social Security can still automatically reinstate your benefits without a new application for any months in which your earnings drop below a certain level ($1,220 in 2019). This reinstatement period lasts for 36 consecutive months after the end of the trial work period is completed. As long as you continue to have a disabling impairment.

If you were on SSI and have not been eligible for an SSI benefit for 12 months or less, you do not have to file a new application to reinstate your SSI cash payments or Medicaid coverage.

Much more to learn

I focused on these specific work incentives because they are the ones that allow you time to maintain both cash and health benefits while you feel out whether going back to work makes sense for you. The stakes are not all or nothing. Learn about all of the work incentives and use them to your advantage. The thought that you will lose all of your benefits if you attempt to go back to work is a myth.

Look here for more info: https://www.ssa.gov/disabilityresearch/wi/generalinfo.htm

Or see about the Work Incentives Planning and Assistance (WIPA) https://www.ssa.gov/work/WIPA.

"The good news is that there are a number of ways that you can go back to work and hold onto your cash benefits. Additionally, if you earn enough money to go off of cash benefits, there are still ways to hold onto your Medicare and Medicaid benefits."

Pookie Therapy

By Kurt Sass

Our Pet Enhances Our Lives

In 2013, my wife's mother passed away. Although she was in her eighties, the death was unexpected and was devastating for my wife as she was extremely close to her mom. They talked every day on the phone and, since they lived only 250 steps away, (yes, I counted) saw each other almost daily.

My wife, as you might imagine, had an extremely difficult time after that. For many weeks, she did not have the incentive to do anything at all. She barely left the bedroom and it was as if all the pleasure had gone out of her life.

One day, about three months after my mother in-laws' passing, I just happened to remember that my wife had spoken on many occasions about getting a cat. We had never gotten one in the past because the children who lived immediately next door were very allergic to them, but we had recently moved, so this barrier no longer existed.

I mentioned the idea of adopting a cat and a spark seemed to light in her, something I hadn't seen in months. We adopted Doris, whose name changed within a week to Girly Girl to Dora then ultimately to Pookie (Note: I, of course, had no say in the matter of any of the name choices).

Pookie gave my wife a boost and a purpose at a time when she desperately needed it most. But this is not where the story ends, nor the end of Pookie's therapy.

When I originally thought of the idea of adopting a cat, it was solely in the interest of my wife. I honestly did not think for one minute of any impact that having a cat would have on me. I honestly was only grateful that my wife had only spoken about getting a cat and not a dog, so I would never have to take it on walks at six in the morning or out in the snow.

I have major depressive disorder and anxiety. It is genetic in nature (at least four generations in my family on my father's side). My first episode of major depression occurred in 1979 and I have had many episodes since then, including hospitalizations. I've been fortunate that my last hospitalization was almost 20 years ago, but the disorder still lingers to some extent. One way it manifests itself is that every single morning I wake up with depressive thoughts, and it usually takes me up to a half-hour to get out of bed. I compensate for this by setting my alarm early (5:30am), and am very fortunate that almost every day once these initial thoughts go away (about 6am) they are gone for the remainder of the day.

The hardest part of having these thoughts every morning is that I am just lying there, thinking about them. My wife has tried to help me get through this period, but when the other person knows you are suffering, it becomes difficult as I start to feel I am a burden.

Kurt Sass with his cat Pookie

But then along comes Pookie. Pookie doesn't know how I'm feeling. Pookie just wants to rub up against me. To be honest, I think she is just rubbing up against me to get some food, but who cares! The beautiful thing about it is that Pookie helps ease my mind off of the depressive thoughts for the half hour—she diverts my attention for that half hour—and I love her for it!

So you see, Pookie therapy has helped two people. Pets can be great therapy in many ways.

Sharon Spieler

How the Mental Health System Failed My "Big Sister" Carole

By Sharon Spieler

Difficult to See Her Fall Through the Cracks

I just lost my "big sister" Carole. She was not a blood relation but I felt so close to her that I called her my "big sister." She was born in November 1949; the same year my brother was born. I lost my brother when I was 10-years-old and the fact that she was born the same year as my brother seemed to resonate with me in a positive way; almost as if she was filling the empty void I felt when losing my brother at such a young age. I was born in May 1952 so I was 2 ½ years younger than her.

Carole was not easy to know. She suffered with Mania and Depression. Today, they call it Bipolar Disorder.

We met shortly after I was released from a state psychiatric facility after a bout with Major Depression and really needed a friend. My psychiatrist thought it would be a good idea to meet someone who had experienced a hospitalization as I had. So, I was introduced to Carole. Because we both had a mental illness, took medication and had been hospitalized, we both understood just how important our friendship was to one another and what a unique bond we had. For the first time, I had someone I could discuss my illness with and know that she understood what I was saying because we had both been there.

I knew Carole for 27 years; one of the most sustained friendships of my life. I learned a lot from her. She loved music and introduced me to singers and groups I was not familiar with such as Joan Baez, Judy Collins, Crosby Stills and Nash, America, The Eagles, and The Police. She liked to go to garage sales and pick up second-hand t-shirts and sweaters. She liked to speak French. I had taken French in high school and college but did not speak it well. I told her she could have worked for the UN and been a translator, but she said that what she really wanted to do was psychological testing. She had majored in psychology in college.

Carole was hospitalized many times. She was very mean when she was gripped by mania. It wasn't fun to be around her when she was in this state.

Carole lost her battle with manic depression. The last three years of her life were not good. She was prescribed very strong antipsychotics from the old list of medicines for her psychosis, which caused her to shake terribly. She had a fear of police and thought they were coming into her apartment. She told me that she was committing suicide by smoking. She had a very strong addiction to nicotine. It had a calming, therapeutic effect. She was in and out of hospitals during this period. The doctors could not find a medicine that could help her. She would call me up and say, "I am smoking cigarette butts from the garbage can because I have no more cigarettes." I would respond, "You really have to find a new hobby."

I took her to a craft store to see what would interest her. She picked out an adult coloring book and colored pencils. But she could not concentrate so she gave them to me. I would tell her to listen to music or watch television and she would say, "I can't concentrate and do not understand most of the news on TV." She was chain smoking 24 hours a day, 7 days a week without let up. I told her that I would get her a monument in the shape of a cigarette, and engrave it with the words, "Here lies Carole. She smoked herself to death." She also told me that her heart hurt, and I would say, "Of course your heart hurts. All you are doing is smoking cigarette after cigarette all day and night long. You are not going to be happy when a doctor tells you that you have lung cancer or heart disease.

Not only could the doctors not find a "magic pill" that would help her, but I believe that they grew tired of trying. She was difficult. Many times, when she was on the ward, she would fight with the other patients and staff and say very mean things to them. Also, she was not showing improvement in her mental state, so she must have made the doctors feel as if they were failures. The meaner and the sicker she became, the less the medical establishment wanted to help her, for if she did not get better, they failed.

"I told her that I would get her a monument in the shape of a cigarette, and engrave it with the words, 'Here lies Carole. She smoked herself to death.'"

She died because she developed a weak heart valve requiring surgery to fix it, but she was in such a weakened state that the chances of surviving surgery were very small. So instead of doing anything, they sent her home to die. She wanted to die and be put out of her misery. I wish things had turned out differently for her. The medical establishment failed Carole. At least she is no longer suffering and maybe she has found peace in heaven for she certainly did not find peace on Earth.

"What you are will show in what you do" - Thomas Edison

"You were born to be real not to be perfect"-Unknown

Accessing the Muse

Fountain House Gallery and Studio provides an environment for artists, including those 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 artists of Fountain House Gallery with the following questions:

1. **What inspires you?**
2. **Is there a specific artwork you've made that you are most proud of? Why?**
3. **How do you know when a piece of yours is finished?**
4. **What does your art aim to say?**
5. **If you could meet any famous artist that inspires you, dead or alive, who would it be and why?**

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

Jenny Chan; Photo by Gary Peabody

Laurie is a visual artist and member of Fountain House Gallery. Laurie's work has exhibited and screened at The Museum of the Moving Image, Museum of Modern Art Education & Research Department, and Leeds International Film Festival. Laurie's professional career has spanned across the entertainment, fashion and tech startup industry exploring technology's impact on design and production. Her work has been covered by the Creators Project, Adafruit, and 3D World Magazine. A graduate of the University of the Arts (BFA, Sculpture 2010), Laurie is passionate about projects that allow her to be pushed on an emotional and technical level. She lives in Astoria, NY with her husband, cat, and many puppets.

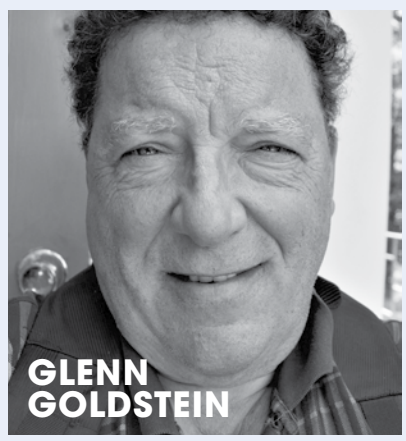
Laurie's Answers

Texture and movement inspire me; the way sunlight flickers between a tree's leaves, creating a dance of moving shapes on the sidewalk. Or how the fibers of paper feel to the touch, when I test options for materials to sculpt with. I am a tactile, kinetic person. I am also lucky to be living in New York City with such phenomenal museums. My favorite is The Museum of the Moving Image, with their newly added Jim Henson exhibition.

Professionally, I am especially proud of having had puppet designs from my

(Continued on page 15)

FROM TOP TO BOTTOM: Serene; Shame; Breaking Down Panel



Glenn was born to a talented family; his grandfather was a famous cinemaphotographer. Glenn studied with Marshall Glasier and Palumbo at the Arts Students League for two years, took up anatomy and life drawing and received honors in photography, printing and won a few contests. He attended Parson School of Design and obtained a 2-year degree. Glenn had a darkroom in his apartment for 30 years until it was replaced with a digital darkroom with printers, scanners and a computer. He has a huge archive of black and white prints in all sizes and c-prints in color as well as the current Giclee Prints from inkjet printers. Through the support of HAI, an artist's organization, and Fountain House, Glenn was able to do sustained artwork from his photo archive.

Glenn's Answers

A beautiful landscape [inspires me], the symmetry of flowers and plants including cacti, misty atmospheric photos including rain, snow, fog etc. sunsets, sunrises and cloud formations when I'm fishing.

[Is there a piece that I am most proud of?] Yes, I love the leaves of grass I did two years ago. It took me at least 30 hours, maybe 50, to place the grass blades properly without overlapping them. And the one of Hurricane Charley (2004)—I think I captured the clouds

(Continued on page 15)

FROM TOP TO BOTTOM: Nadiya and I's Bond; BX Botanical Fall; Subway Scene

With no formal training other than high school art classes, Rich began drawing in 1999. He favors drawing in pen and ink and painting in watercolor and also works in photography. When not pursuing art, Rich is an actor who made regular appearances on the NBC-TV series "Law & Order." Richard's films have been presented at Fountain House's annual Mind's Eye Film Festival since its inception in 2009.

Rich's Answers

Folks, Friends. Strangers. Life. [All of this inspires me]

[I am most proud of] a 4 foot-long by one-foot-high collage made of colored papers titled "October Dreams." It really represented October in New York. And there was a bidding war at the auction for it.

[A piece of mine is finished] when it is done.

[My art aims to say] Take me home!!

[If I could meet any famous artist that inspires me, dead or alive, it would be] Van Gough. I'd lend him an ear.

FROM LEFT TO RIGHT: October Dreams; Dude! Where's My Brain

Ari's preferred mediums are acrylic and paint marker, and she also works in ceramics. She holds an Associate degree in Fine and Studio Arts from Kingsborough Community College and is an accomplished writer. Ari is inspired by the artists Jean-Michel Basquiat, Keith Haring, and Georgia O'Keeffe. In addition to exhibiting her work at Fountain Gallery, she has shown at Kerrigan Campbell art + projects and at Art Gotham's Square Foot Show.

Ari's Answers

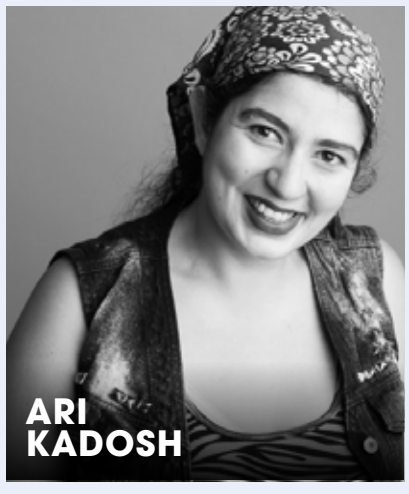
Always the most difficult question to answer [is what inspires you], but for me, inspiration is derived mostly from the materials I use. I'm consistently fascinated by how paints, glitters, markers and other materials play nice (or not!). Right now, I'm really into Metal as inspiration for my work.

The [art pieces] I'm the most proud of are the hand-lined guitars. I usually do not undertake large projects, yet these are the ones that have people in awe. It's nice to prove to myself that I can do the art that scares me.

I never actually know [that the piece is finished] till the piece itself tells me. Always listen to what you are working on. Your canvas is telling the truth.

In most cases, there is no message [that my art aims to say] so much that I want the viewer to smile while looking at it. I'm a stickler for the decorative. My work is less about an intentional message or what's painted on a surface and more about the materials I'm using.

If I could meet any famous artist that inspires me, dead or alive, who would it be and why? Wow!!! Keith Haring. He has influenced my style the most. Let's invite his buddy Jean Michel Basqiat too!!!



FROM LEFT TO RIGHT: Guitar Pick Necklace;Quilt Square Meditation I; Earthfall.

Issa is an artist, musician, writer, activist and 20-year artist-in-residence at Creedmoor Psychiatric Center's Living Museum. Author of the memoir The Hospital Always Wins, published by Chicago Review Press in 2016, Issa is also an award-winning filmmaker for his autobiographical musical documentary "Patient's Rites," and has been featured on German Public Television, an HBO documentary, an Edward R. Murrow and Third Coast Award-winning NPR audio story as well as participating in numerous art and mental health exhibitions the world over. Issa hopes to continue the dialogue about preconceived and prejudicial ideas in society, stigma, the realities of the mental health system and how openness can aid in respecting psychiatric sufferers and survivors who are our fathers, mothers, daughters, sons, friends, neighbors and ourselves.

Issa's Answers

I tend to be inspired by the unusual, the uncanny, the unbelievable. These things tickle my imagination, whether it's an odd story in the news, or even snatches of overheard conversation. Everyday life amplified, stretched beyond convention, that's what excites me.

I look at all my work as my children, and I love and am proud of all of them in different ways. Some shine brighter, some are more emotional, some are just dark

(Continued on page 15)

FROM LEFT TO RIGHT: Superman On The Rocks; Supermarket Heroes; Olde English

"It is never too late to be who you might have been"-George Eliot

Find us on

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- *To view the newspapers, past and present*
- *To read about the publication's history*
- *To see our team of compassionate persons*
- *To Subscribe or Advertise*
- *Or to simply get in touch with us*

(Continued from Artist Section: Accessing the Muse on page 12 & 13)

Laurie's Answers Continued

BYOPuppet project published in two books, "3D Printing for Entertainment Design" by Anne E. McMills and "Making Simple Marionettes" by John Roberts. Knowing those books will live in libraries that future artists may be influenced by is incredibly rewarding.

I typically start with a quick sketch of what I'm trying to make. The actual building of the piece is what takes the bulk of my time and energy, but it all stems from that early sketch. If I stray away from that sketch by accident, I know I've either overworked something and need to pull back or just start over. Having that early sketch will usually tell me when I'm finished with a sculpture. It helps to see the big picture.

My art reflects where I am at [during] the time [that] I make it. Art is very personal. Not just for me, the artist, but even more importantly, it is personal for the viewer. Everyone carries their own history and opinions with them, and may interpret my art completely differently, as a result. They'll see something I may not, and I don't want to take away from a viewer's unique experience by declaring my art says such and such. My art is more a celebration of the human experience, as opposed to my creating identity or political art, which there is a lot of right now, as there should be. I'm just not much of a political artist.

Right now, I'd be interested in traveling to the Stone Age. Art was naturally integrated within communities. A hundred years ago, archeologists found all these stone-carved figurines of women with exaggerated features, the "Venus of Willendorf" being one of them. Being 30,000 years old, the figurines were all sculpted before mirrors existed. There are varied interpretations on who created them and their purpose. Is it a fertility symbol? Are they self-portraits? It would be great to visit Paleolithic Europe and see how they were created.

Glenn's Answers Continued

delicately enough to resemble the fine gradations of greys in the photo.

[A piece of mine is finished] when it does justice to the photo by having enough realism, and beauty in it. Then it tells me enough is enough.

[My art] says Wow! That's beautiful. He really captured a likeness to the beauty of the photo or model. "A thing of beauty is a joy forever."

If I could meet any famous artists that inspires me, dead or alive, who would it be and why? Corot, Degas, Durer. They are all great draftsmen and can render things beautifully.

Issa's Answers Continued

and a bit disturbed, but they are all reflections of me so I embrace them as well as let them be.

I believe the piece you work on tells you when it's done. They're all alive with passion and inspiration and imagination so by the time you as the artist gives birth to it, it takes on a life of its own, letting you know when it's ready to walk, run or fly. Each piece speaks to me in an intuitive way, that's how I know when a piece is finished.

I hope to provoke thought in my work. That and a sense of common conscience. I search for the general consensus of, 'Yeah things are screwed up, right? Are you feeling it too? Now, what are we going to do about it?'

I know he was a bit of a mad man, but I so enjoy the surrealist work of Salvador Dali. I would have loved to have a few conversations about his process and inspirations but without the art star posturing. And I really abhor his fame/money/greed ethos. Salvador Dali had a sense of the absurd. He did fine art cartoons. He seemed like a funny guy. I would've liked to spend a little time to see if there were any substance or subtext behind the artifice. Because I am so influenced by his artistic output it would be a drag if he turned out to be the art whore he portrayed himself to be in public. So I wish I knew him better, or hoped there were more to him than what he presented.

"Bloom Where You Are Planted"-1 Corinthians 7:20–24

Event Calendar

CULTURE PASS NYC
Explore New York City's museums and attractions with Culture Pass. If you have a library card, you can get free admission to dozens of cultural institutions. Save money and discover more about your city! https://www.culturepass.nyc/"

POPUP NEW YORK STREET FAIRS. Visit http://www.popupnewyorkevents.com/calendar

NEW YORK MEETUPS
Join #1 New York Shyness and Social Anxiety Meetup Group for tons of activities https://www.meetup.com/NYShynessandSA/ Or find another meetup that you're interested in http://www.meetup.com

SATURDAYS 11AM—6PM
Hester Street Fair, Free!
September 14—October 26, 2019 https://hesterstreetfair.com/

SATURDAY, OCT 12 2PM-4PM
Mulberry Street Public Library
10 Jersey Street, between Lafayette St & Mulberry St, one block south of East Houston Street Open Mic followed by two features and book sales and signings https://iawa.net/ Romance is in the Air and on Our Lips Claudia Serea and Bordighera Book Boost: Sara Fruner.

SATURDAY, OCT 12 8PM—10PM
Bar Thalia at Symphony Space
2537 Broadway, Free, no reservation required. Steven Cuevas performs at the keyboard for the Summer edition, observing Japan's Kodomo no hi (Children's Day), with songs about parenting and kids (but not necessarily for kids). with: Ann Chow, Angelita Esperanza, Chrissy Pardo, Charles McCall, Ellis Gage, Joanna Parson, Joel Shelton, Karin Kawamoto, Kristina Osterling, Kennedy Kanagawa, Lara Fox, Marissa Parness Rader, Melissa Slaughter, Risa Mickenberg, Stephanie Card.

SUNDAY, OCT 27 7PM
Bar Thalia at Symphony Space
2537 Broadway Free, no reservation required. Concert |Broadway showtunes, American Songbook favorites
A full evening of Broadway showtunes, American Songbook favorites, jazz standards, and more awaits you!

SATURDAY NOV 9 2PM—4PM
Mulberry Street Public Library
10 Jersey Street, between Lafayette St & Mulberry St, one block south of East Houston Street Open Mic followed by two features and book sales and signings https://iawa.net/ Bordighera Book Boost: Marisa Frasca, Wild Fennel and Francesco Paolo Tanzj from Molise, Italy.

SATURDAY NOV 9 8PM—10PM
Bar Thalia at Symphony Space
2537 Broadway Free, no reservation required. Cabaret | Cabaret Songs About Parenting And Kids
Steven Cuevas performs at the keyboard for the Summer edition, observing Japan's Kodomo no hi (Children's Day), with songs about parenting and kids (but not necessarily for kids). with: Ann Chow, Angelita Esperanza, Chrissy Pardo, Charles McCall, Ellis Gage, Joanna Parson, Joel Shelton, Karin Kawamoto, Kristina Osterling, Kennedy Kanagawa, Lara Fox, Marissa Parness Rader, Melissa Slaughter, Risa Mickenberg, Stephanie CardBar.

SUNDAY NOV 24 7PM
Bar Thalia at Symphony Space
2537 Broadway Free, no reservation required A full evening of Broadway showtunes, American Songbook favorites, jazz standards, and more awaits you! Bring the song you love to sing or try out that new piece you've been working on. Hostess Arianna Armon (the "Bel Canto and Can Belto" coloratura soprano from The Buxton Gilbert & Sullivan Festival, New York's Second Act Series, and Ponycon's "Lady Aria") will be on mic to guide singers and performers throughout the evening. At the piano will be Rachel Kaufman, who has music directed and/or played for over 200 musicals world-wide, including tours of Rent, Phantom of the Opera, Ain't Misbehavin', and Smokey Joe's Café.

SATURDAY, DEC 14 8PM—10PM
Bar Thalia at Symphony Space
2537 Broadway Free, no reservation required Cabaret | Cabaret Songs About Parenting And Kids
Steven Cuevas performs at the keyboard for the Summer edition, observing Japan's Kodomo no hi (Children's Day), with songs about parenting and kids (but not necessarily for kids). with: Ann Chow, Angelita Esperanza, Chrissy Pardo, Charles McCall, Ellis Gage, Joanna Parson, Joel Shelton, Karin Kawamoto, Kristina Osterling, Kennedy Kanagawa, Lara Fox, Marissa Parness Rader, Melissa Slaughter, Risa Mickenberg, Stephanie Card.

SATURDAY, DEC 14 2PM-4PM
Mulberry Street Public Library
10 Jersey Street, between Lafayette St & Mulberry St, one block south of East Houston Street Open Mic followed by two features and book sales and signings https://iawa.net/ Book Boost: Barbara Crooker and Maria Mazziotti Gillan.

Tenets of Peer Support

PEER SUPPORT IS VOLUNTARY

PEER SUPPORTERS ARE HOPEFUL

PEER SUPPORTS ARE OPEN MINDED

PEER SUPPORTERS ARE EMPATHETIC

PEER SUPPORTS ARE RESPECTFUL

PEER SUPPORTERS FACILITATE CHANGE

PEER SUPPORTERS ARE HONEST AND DIRECT

PEER SUPPORT IS MUTUAL AND RECIPROCAL

PEER SUPPORT IS EQUALLY SHARED POWER

PEER SUPPORT IS STRENGTHS-FOCUSED

PEER SUPPORT IS TRANSPARENT

PEER SUPPORT IS PERSON-DRIVEN

Why Hire Peers?

By Robert Karmazyn

Peer Specialists Are Essential to Client Success

"Some of the most comforting words in the universe are 'me too.' That moment when you find out that your struggle is also someone else's struggle, that you're not alone, and that others have been down the same road." (Source: goodtherapy.org author unknown)

Hiring just the right person, finding the best candidate to provide quality services in a supportive housing program is a real challenge. The best candidate should have outstanding people skills, good listening skills, the ability to communicate effectively, good critical thinking and problem-solving skills. Other critical skills we look for are empathy, nonverbal communication abilities and conflict resolution skills.

This is all in addition to typical expectations, such as understanding the subject matter and effective counseling strategies, high level of motivation, dependability, resourcefulness, effective time management, ability to work as a part of a team as well as make independent decisions.

Where, in the context of these rather high expectations, do applicants with lived experience, peers, fit?

First, we should notice here, there is a difference between peer, a person of similar lived experience and peer specialist, a trained and certified peer, ready to offer support to others in their recovery and/or community integration process. There are established training programs such as Howie the Harp Peer Advocacy Center (HTH) where individuals with lived experience in the behavioral health system are trained to become peer specialists, provide direct service, supervision, or management roles within Human Services. From my experience as a supervisor in supportive housing settings, the HTH program with its 20 weeks of classroom learning (approx. 450 hours) and afterwards, 12-week internships, produces highly skilled, certified peer specialists.

What I value the most in applicants and interns referred by HTH is their level of motivation, self-determination and commitment to work. In my opinion, more than other applicants, they see providing support services to others more like a mission than as work or career. Therefore, based on my experience, peer-to-peer support has the potential to become an essential element of recovery-oriented mental health and substance use related harm reduction services.

If one would ask me why hire peer staff? First what comes to mind would be their aforementioned motivation, dedication and enthusiasm. However, this is what I value from the perspective of an employer or supervisor. Meanwhile, there are many other reasons peer staff should be considered valuable assets in supportive housing (and many other) environments.

I think we should start with Role Modeling. Sharing similar experiences with their peers increases the chances to build trusting and professional relationships with clients. Clients often look at the peer as a positive role model, someone who is well-functioning, working while facing similar issues they face. Peer Specialists can use their stories and lived experiences to inspire hope and change. For all of the above reasons, it is easier for peers than for someone without peer experience to create an immediate connection with the people they serve.

Also, from my observation, the presence of peer specialists increases the level of social support and client participation in the community, encourages more thorough and longer-lasting recoveries and helps build bridges that engage other providers on the treatment team.

To support my opinion with something more reliable than my own observations, I should mention that peer support is considered a best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In conclusion, combined with skills often learned in formal training, their experience and institutional knowledge put them in a unique position to offer support as well as their ability to build bridges that engage other providers on the treatment team.

Trauma Informed Peer Support [TIPS]

By Michael Skinner, CPS, National TIPS trainer, Musician, Advocate, Educator

"Out of suffering have emerged the strongest souls; the most massive characters are seared with scars."—Khalil Gibran

Trauma Informed Peer Support [TIPS] is when we ask the question, "What happened to you?" instead of, "What is wrong with you?" When we can step away from the blaming and shaming of another human being, we go a long way in helping them to heal.

It is not a question we ask out loud, but one we think to ourselves, what has gone on in this person's life that it has had such an impact upon them. When we can allow our mind to drift to this type of thinking, we can find more compassion, understanding and empathy for a fellow human being whose mind, body and spirit have been forever touched by the trauma in their lives.

For myself, I try my best to practice being trauma-informed in my day-to-day interactions with others and my peers. It has gone a long way in my offering a higher form of peer support. I may not always get it right, but I am willing to listen, to learn, to value and honor the experiences of what someone else has gone through in life.

Trauma is a word that is so easily tossed about, but the trauma, the abuse and the challenges of one's mental health has a direct bearing in how we learn to navigate the world and our interactions with others.

What is traumatic to one person may not have the same effect upon another. This is vital to understanding others in life: what has hurt me in life may not hurt you. It does us no good to compare or try to best another person's trauma. This is not a competition, but rather a time for understanding. It is a time to honor the human being we are interacting with, and not put them down because of how they are feeling or behaving.

When we pause to reflect upon some examples of trauma, such as, sexual, physical or emotional abuse, childhood abuse, neglect, abandonment, homelessness, major illness, injury, death, loss, grief, domestic violence, witnessing or experiencing violence, war and its impact, bullying at school or in the workplace, racism, poverty, natural disasters, stigma and discrimination, we can have a better grasp of what may have happened to the person we are interacting with in peer support. These examples do not reflect all of the traumas that are present in life.

Something to think about as we practice trauma-informed peer support is that everyone's healing timetable will be different. Sadly, the earlier in life that trauma occurs and if there were deliberate acts of violence inflicted by those we know, have a profound effect on healing. The trauma of violence and betrayal can have a negative impact upon relationships.

Fortunately, trauma-informed practice is making its way into the mainstream. That said, society still has a long way to go in fully incorporating it and not just giving it lip service. This is also true of peer support.

When we take the time to reflect upon how we practice trauma-informed care in our day-to-day lives, we learn that it does us no good to judge another human being. By adding these concepts, that the hurts and the negative experiences of life do have a correlation in how we see and interact in the world, they help us to grow in mind, body and spirit as we offer peer support.

"Trauma Informed Peer Support (TIPS) is when we ask the question, 'What happened to you?' instead of, 'What is wrong with you?'"

I continue to learn about trauma, whether it is by reading a book or an article, watching a documentary or a news program, or by visiting websites that offer trauma-related information and resources. I share a monthly newsletter, "The Surviving Spirit," that always contains information and resources about healing from the impact of trauma, abuse and mental health challenges. The newsletter is archived at http://newsletters.survivingspirit.com/index.php

Michael Skinner, CPS

If you wish to sign up for the newsletter, you can contact me from http://www.survivingspirit.com/ or by writing to me at mikeskinner@comcast.net

This article only scratches the surface on TIPS, feel free to contact me if you have other questions or thoughts. A diagnosis is not a destiny.

For Hope, Healing, and Help for Trauma, Abuse and Mental Health—Music, Resources, and Advocacy: www.mskinnermusic.com "Our lives begin to end the day we become silent about things that matter."—Martin Luther King, Jr.

To hear my personal story of recovery from trauma and abuse, visit https://www.youtube.com/watch?v=f-g_mw4F_2o

A Brief History of the Peer Support Workforce

By Jessica Wolf, Decision Solutions Consulting

As Danny Kaye famously said, "This is a story that begins in the middle and ends in the middle."

This article provides a summary of some significant mental health-related events from the 1950s until now, with a focus on the evolution of the peer support workforce. While opinions may diverge about the merits of the events presented, our purpose is to increase awareness of this rich history.

Early key events included Clifford Beers' book, *The Mind that Found Itself* (1922), Fountain House in 1948; discovery of Lithium in 1949 and beginning use of antipsychotics in the 1950s; Medicaid and Medicare in 1965; community mental health centers in the 1960s and deinstitutionalization efforts in the 1970s. The Psychiatric Rehabilitation Association (then IAPSRS) was founded in 1975; Judi Chamberlin's ground-breaking book *On Our Own* was published in 1978; the Mad Liberation Front was active; the federal Community Support Program, began, and in 1979, NAMI was founded.

NARSAD (the National Alliance for Research on Schizophrenia and Depression) was founded in 1981; its name was changed to The Brain and Behavior Foundation in 2014. The first Alternatives Conference was held in 1985. The 1986 federal Rehabilitation Act authorized employment services funding for people with psychiatric disabilities. In 1988, the federal NIMH CSP (Community Support Program) funded 13 consumer-survivor-run demonstration projects. In 1989, Clozapine, the first atypical antipsychotic, was approved by the FDA.

The Americans with Disabilities Act (ADA) was passed in 1990. Bill Anthony, of the Boston University Center for Psychiatric Rehabilitation, named the 1990s "the Decade of Recovery." Intentional Peer Support was pioneered by Shery Mead and Offices of Consumer Affairs were funded and staffed in State Departments of Mental Health.

In 1995, SAMHSA issued a national consensus statement on recovery; and Paul Carling's book, *Return to Community* was published. The Surgeon General's Report on Mental Health was issued; and **Georgia was the first state to receive Medicaid reimbursement for peer services**. In a Georgia case, the U.S. Supreme Court Olmstead decision affirmed the right of people with disabilities to receive state-funded services in communities. "Nothing about us without us" became the mantra of the consumer/survivor/ex-patient (c/s/x) movement.

The 2000s saw more reports addressing disparities in access to mental health care and increased emphasis on mental health recovery, including Robert Whitaker's book *Mad in America*. The Certified Psychiatric Rehabilitation Practitioner credential was initiated AND **Georgia began peer certification.**

The 2003 landmark President's New Freedom Commission Report recognized the important involvement of people in recovery and their families. In 2004, iNAPS (International Association of Peer Supporters) was founded; and **in 2005, the federal Veterans Administration began funding peer support positions, AND peer support training, certification and employment was offered in 7 states.** The first federally funded mental health system transformation grants were initiated in 12 states.

In 2007, Medicaid authorized reimbursement for peer support services as an evidence-based practice.

The National Action Plan on Behavioral Health Workforce Development included people in recovery and families as partners. The first Pillars of Peer Support conference was held in 2009, followed by others through 2014. In 2010, Hearing Voices Network USA was founded; Robert Whitaker's *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* was published, AND **peer training, certification and employment was available in 26 states.**

The SAMHSA BRSS TACS project began in 2011 and continues to the present. The Foundation for Excellence in Mental Health Care (FEMHC) was founded in 2012 to undertake progressive research and fund innovative programs, including Open Dialogue. SAMHSA circulated peer support core competencies in 2015, AND **peer support training, certification and employment was available in 38 states.**

By 2016, over 25,000 peer specialists were certified in 44 States, D.C., and the V.A. (Veterans Administration). In 2017, the V.A. employed 1,300 peer specialists with defined positions, adequate compensation and career ladders.

The federal Intergovernmental Serious Mental Illness Coordinating Committee (ISMICC) was created in 2017, and the SAMHSA 2018 Strategic Plan for FY 2019-2023 addressed peer-delivered services and credentialed peer professionals.

In 2018, for the first time in 30 years, the Alternatives conference was funded and organized by the National Coalition for Mental Health Recovery; and the International User/Survivor/Lived Experience Research Network was founded.

As of 2019, **45 States, D.C. and the Veterans Administration train, certify and employ peer providers; the remaining five states appear to provide some form of non-state-certified peer support.**

Peer support workers are now considered an important component of the mental health workforce. Considerable work remains to achieve the promise of recovery-oriented practices and systems change with peers as full partners.

Note: Jessica Wolf is Principal of Decision Solutions Consulting, offering assistance with peer support workforce development (203) 345-2700, JWolfDS@gmail.com

"Accept no ones definition of your life, but define yourself"-Harvey Fierstein

How to Obtain New York Peer Specialist Certification (NYCPS-P & NYCPS)

By Tyrone Garrett, Coordinator, New York Peer Specialist Certification Board

Note: Candidates for any level of NYCPS certification must identify as being actively in recovery from a mental health condition or major life disruption and be willing to self-disclose one's mental health recovery journey. Additional information on the application and requirements to apply for the NYCPS-P & NYCPS certification http://nypeerspecialist.org Maryam H. can provide web support maryamh@nyaprs.org (917) 837-1957. Tech support and answers to general questions can be obtained from academyofpeerservicesnyomh@gmail.com. Currently, all costs for certification, renewals and upgrades are being funded by a grant from the NYS Office of Mental Health for eligible candidates.

NYCPS-P Certification

NYCPS-P certification, also known as provisional certification, is the initial certification for most NYCPS candidates. NYCPS-P certification does not have a prior work or volunteer experience requirement. NYCPS-P certification requirements:

1. The completion certificates or Learner Transcript indicating successful completion for all 13 Academy of Peer Services core courses.
2. A copy/photo of your current government-issued photo-ID card
3. An official transcript or verification of high school diploma or GED
4. Three signed letters of reference (using the criteria explained on the Authors Reference Letter form)
5. Pages 1, 4, 5, and 6 of the NYCPS-P application, including the NYPSCB Code of Ethical Conduct & Disciplinary Procedure, must be dated and acknowledged by the applicant's signature.

NYCPS Certification

NYCPS certification, also known as standard certification, is usually applied for as a NYCPS upgrade from provisional NYCPS-P certification, but since NYCPS certification does have a work/volunteer requirement, NYCPS can also be the initial certification that is applied for by peers with a work or volunteer history. NYCPS requirements:

1. The completion certificates or Learner Transcript indicating successful completion for at least five not previously completed Academy of Peer Service elective courses totaling at least 15 credit hours.
2. Documentation of your Supervised Experience of 2000 hours of peer specialist experience under the supervision of a qualified supervisor using the Experience Verification Form.
3. A signed Recommendation Letter from your *current or most recent supervisor* expressing the supervisor's experience with and knowledge of the candidate as it relates to their ability and performance as a peer specialist.
4. Pages 4, 5, and 6 of the NYCPS application, including the NYPSCB Code of Ethical Conduct & Disciplinary Procedure, must be dated and acknowledged by the applicant's signature.
5. The completion certificates or Learner Transcript indicating successful completion for all 13 Academy of Peer Services core courses ***(Not required if the certificates or transcript were previously submitted for NYCPS-P provisional certification)***.
6. A copy/photo of your current government-issued photo-ID card ***(Not required if the copy/photo of your current government-issued photo-ID card was previously submitted for NYCPS-P provisional certification)***.
7. An official transcript or verification of high school diploma or GED ***(Not required if the official transcript or verification of high school diploma or GED was previously submitted for NYCPS-P provisional certification)***.
8. Three signed letters of reference (using the criteria explained on the Authors Reference Letter form) ***(Not required if the signed letters of reference were previously submitted for NYCPS-P provisional certification)***.

NYCPS-P Certification Renewal

NYCPS-P certification can be renewed at the end of the 2-year certification period for an additional 2-year period; this is usually done by individuals not seeking to upgrade, or those not yet eligible for upgrade to standard certification due to individuals not yet meeting work, volunteer, or training requirements.

- **The required Renewal Standard for the 2-year NYCPS-P certification renewal is the submission of completion certificates for any new, additional, not previously completed Academy of Peer Service (APS) elective courses totaling at least 20 credit hours. The elective courses being submitted for NYCPS-P renewal must have been completed after the current certification date.**

NYCPS Certification Upgrade

NYCPS Upgrade occurs when provisional NYCPS-P certification is transferred into the standard NYCPS certification. There is a work or volunteer requirement for NYCPS upgrade, and most individuals upgrade their certification when the peer meets or exceeds the work, volunteer, or training requirements. NYCPS certification upgrade requires:

1. The completion certificates or Learner Transcript indicating successful completion for at least five new, additional, not previously completed APS elective courses totaling at least 15 credit hours. **The elective courses being submitted for NYCPS upgrade must have been completed after the current NYCPS-P certification or renewal date.**
2. Documentation of your Supervised Experience of 2000 hours of peer specialist experience under the supervision of a qualified supervisor using the Experience Verification Form.
3. A signed Recommendation Letter from your current or most recent supervisor expressing the supervisor's experience with and knowledge of the candidate as it relates to their ability and performance as a peer specialist.

NYCPS Renewal

NYCPS renewal is required at the end of each 2-year certification. Renewal is mandatory for peers to maintain their certification and is required to demonstrate continued competency and remain knowledgeable of changes, advances, cultural shifts, and practices necessary to remain efficient and effective in our roles as New York Certified Peer Specialists.

- **The required Renewal Standard for the 2-year NYCPS renewal is the completion certificates or Learner Transcript indicating successful completion for at least five not previously completed Academy of Peer Service elective courses totaling at least 15 credit hours. The elective courses being submitted for NYCPS renewal/recertification must have been completed after the current NYCPS certification or renewal date.**

Continuing Education Units (CEU): The NYPSCB is now making CEU credits available only during designated trainings and events. These CEU's are the only training credits besides APS course certificates that can be used for NYCPS certification renewal or upgrade. CEU's cannot be used for initial NYCPS-P certification.

Businesses that Regularly Hire Peer Workers in Alphabetical Order

Acacia Network
https://www.acacianetwork.org/careers/

ACMH, Inc.
http://acmhnyc.org/employment-opportunities.html

Baltic Street AEH, Inc.
https://www.balticstreet.org/

Beacon Health Options
https://careers.beaconhealthoptions.com/search

Bridging Access to Care Inc.
http://www.bac-ny.org/new/job-openings

CASES
https://www.cases.org/careers/

Catholic Charities of New York
https://catholiccharitiesny.org/jobs

Center for Employment Opportunities
https://ceoworks.org/careers

Center for Urban Community Services
https://www.cucs.org/careers/

Community Access
https://www.communityaccess.org/career-opportunities

Department of Health and Mental Hygiene
https://www1.nyc.gov/site/doh/about/employment/job-search.page

Diaspora Community Services
www.diasporacs.org

Federation of Organizations
http://fedoforg.org/join-our-team/

Fountain House
https://www.fountainhouse.org/careers

Geel Community Services, Inc.
http://www.geelcs.org/careers

Goodwill Industries
https://www.goodwillnynj.org/careers

Institute for Community Living
http://www.iclinc.net/about-us/careers-icl/

Interborough Development & Consulation Center
http://www.interborough.org

JASA
http://www.jasa.org/about/careers-at-jasa#.XRUnURRJEdU

Lantern Community Services
www.lanterncommunity.org

Manhattan Psychiatric Center
https://www.omh.ny.gov/omhweb/facilities/mapc/employment.htm

Mosaic Mental Health
https://mosaicmh.org/career-opportunities/

Mount Sinai Medical Center
https://careers.mountsinai.org/

New York State Psychiatric Institute
https://nyspi.org/

NYC Health + Hospitals (King County, Metropolitan Hospital, Jacobi)
https://careers.nychhc.org/

Pibly Residential Programs, Inc.
http://www.pibly.org/career-opportunities.shtml

Postgraduate Center for Mental Health

https://www.pgcmh.org/careers

Project Renewal
http://www.projectrenewal.org/careers

Rainbow Heights Club/Heights Hill Mental Health Service CAB
www.rainbowheights.org

Samaritan Daytop Village
https://samaritanvillage.org/about-good/careers

Service Program for Older People (SPOP)
https://www.spop.org/about/volunteer-and-employment

Services for the UnderServed
https://sus.org/careers/

Staten Island Partnership for Community Wellness
http://sipcw.org/careers/

The Bridge Inc.
https://www.thebridgeny.org/careers

The Coalition for Behavioral Health, Inc.
http://www.coalitionny.org/

The Fortune Society
https://fortunesociety.org/careers/

The Jewish Board
https://jewishboard.org/for-professionals/careers/

The Salvation Army
https://www.salvationarmyusa.org/usn/employment-opportunities/#territory

Transitional Services of NY, Inc.
https://www.tsiny.org/jobs/

Urban Justice Center
https://www.urbanjustice.org/job-list

Vibrant Emotional Health
https://www.vibrant.org/get-involved/work-for-us/

Visting Nurse Service of New York
https://www.vnsny.org/who-we-are/careers/

On Becoming a Peer Specialist and Finding My Place

By Zisa Aziza, Peer Specialist

The Journey Continues

My journey to becoming a peer specialist began in the psychiatric unit of the New York-Presbyterian Westchester division of Payne Whitney hospital. Aside from being a remarkable and trauma-informed psychiatric unit in which to recover, while committed, I came across a flyer for the Howie the Harp Peer Specialist Training (HTH) program. I was eager to begin working as I had applied for SSI three times, appealed twice, to no avail. Although HTH's fall cycle of 2016 was due to begin shortly, and I could have scrambled to apply by the deadline, I knew I wanted to be well for this endeavor.

> "I am less focused on telling my story, and more eager to engage in reflective listening, which entails reflecting back what was shared and making an inquiry based on what was shared, thereby providing emotional support."

I enrolled in Howie the Harp in the winter of 2017. I was one of the youngest of my cohort—possessing a Bachelor's degree from Smith College, and in need of training to begin work. After five months of training, and a six-month internship with The Center for Alternative Sentencing and Employment Services, I felt prepared. The internship provided me with first-hand case management skills. I learned to make referrals, arrange escorts, apply for an array of entitlement benefits, and meet the needs of my clients. If an individual required a state ID, housing, SNAP benefits, job training or acquire a GED, it was my job to meet each of those needs by prioritizing each in relation to the whole person and their ability to function within society with fewer barriers to resources.

I should mention that during my internship, I worked part-time as a peer specialist at Mosaic Health, a respite center in the Bronx for six months. This job helped me exercise supportive peer counseling in a home-like environment over a period of up to a week. But with my personal experience of incarceration as a youth and an adult, the calling was stronger to meet the needs of folks who experience very significant barriers while having an open criminal case or a criminal record.

In my practice as a social service provider, in the capacity of a peer specialist, I am a firm advocate of harm reduction. I appreciate and respect the opportunity to explore areas of trauma, triggers, and coping mechanisms, establishing SMART goals (specific-measurable-attainable-realistic and timely) and working through the stages of change. I feel grateful to currently work as a youth peer specialist with the New York Criminal Justice Agency. I find that I can engage youth on the possibilities for their future—the multitude of paths that lay before them if they are provided the opportunity to fully cultivate their imagination with intentionality and support. I believe our youth are like the seeds of the future; they must be nurtured.

Being an employee who is also a recipient of mental health services and having that explicitly stated in my job title has been an area of contention for me. I appreciate having an opportunity to assist in the destigmatization of mental health conditions. However, I have sometimes felt vulnerable and desiring of a less personal reference. I have learned to share from a place that has healed, and not from a scabbed wound, practicing boundary-setting with my colleagues.

I now ask direct questions about how I can refer to people in regards to gender, faith, etc. I inquire about boundaries. For example, I may want to reach out to check-in on a fellow colleague when they are out. Before doing so, I would ask, "If you're out sick, as opposed to on vacation, is it okay for me to send you a warm text message?" I find that clear boundaries can help reduce mental and emotional stressors, and limit the impact of triggers.

In working with clients, particularly youth, I am less focused on telling my story, and more eager to engage in reflective listening, which entails reflecting back what was shared and making an inquiry based on what was shared, thereby providing emotional support. But when I do share, I share the transformations of struggle to victory.

Zisa Aziza

July 2019 is my two-year anniversary as a peer specialist. I am now focused on applying and enrolling in a Master of Social Work program, as I have confronted barriers with being undertrained, overworked, and seeking more responsibility in the field.

Despite the barriers, I am grateful for this career path, because, three years ago, I didn't see any path at all. I feel victorious. Now, I am ready for the next step.

A Good Day at The Peer Specialist Conference

By City Voices

Attending the Peer Specialist Conference on July 18, 2019 at New York University was a great experience. We staffed the City Voices information table in the Resource Room from 9-4 and the time just flew by as we met over fifty-plus peer support workers who shared some of their experiences with us. Some complained about issues such as a lack of a career ladder, no way to earn a promotion or less-than-ideal supervision to help them do their jobs well and provide some direction. Some said they were reasonably satisfied, pleased to have some paid work and had nothing bad to say. Since peer support work is now billable through Medicaid managed care, the workforce is growing and City Voices will provide a forum for peer workers to air their opinions based on their experiences.

To share your experience using your real name or anonymously, please write to CityVoices1995@gmail.com

Pictured L to R are Jenny Chan, Dan Frey, Neesa Sunar and Carl Blumenthal

"Surround yourself with people who empower you to become better"-Unknown

The Desperate Need for Peers in the Criminal Justice Arena

By Helen (Skip) Skipper, CPS, Peer Supervisor, Friendship Benches (NYC DOHMH) and former Executive Chair, NYC Peer Workforce Coalition

Musings from a Criminal Justice-Involved Peer

As I look back on my life I kind of realize that I've always been a peer. I've spent more than half of my time on Earth in systems: behavioral health, substance use, criminal justice, family court, homelessness—you name it I've been there and lived to tell the tale. Even back then I was what you call a credible messenger with valuable insight—always willing to help the newcomer; pull the new jacks coat on the situation in these human warehouses; how to get over, get around and get by. Eventually, I cleaned up my act, got trained and certified in peer support/advocacy and now I'm a peer supervisor with the City and the inaugural executive chair of the NYC Peer Workforce Coalition.

I used to feel like I had addressed all the negative issues in my history by getting trained to support and mentor others who may have had similar experiences, substance use and mental health. I'm in there, certified and legit! But lately I've realized that one of the biggest systems of all, the motherlode of warehousing bodies, is the criminal justice system, which has been grossly overlooked in the peer movement. Why I wonder.

Those of us with that particular lived experience are definitely credible messengers. Why isn't there a state or national certification or training process devised for us to return to the belly of the beast? As we spread our message of recovery and hope, why can't we include those within the walls because there is definitely hope for them too! How about certification processes for all behavioral health peers be streamlined with concentrations like majors in higher learning? Give us a chance to define what we want to address. Do we want to stick with mental health or for the non-existent criminal justice track? I strongly feel this area is as important a piece of behavioral health as substance abuse.

"How about certification processes for all behavioral health peers be streamlined with concentrations like majors in higher learning? Give us a chance to define what we want to address. Do we want to stick with mental health or for the non-existent criminal justice track?"

Recently there were no in-person peer trainings strictly defining this… until now. John Jay College of Criminal Justice received a grant to institute a Navigators Certificate in Human Services and Community Justice. This four-month, college-level curriculum was devised for those of us with lived experience in the system, who wanted to work in human services directly or indirectly assisting the re-entry process. Last month I graduated as part of the 1st cohort, I'm proud to report. There are no words to properly convey what an eye-opener this experience was, even for me!

I've been working as a peer specialist for over 10 years (before NYS certification). I went up in there thinking I was the know-it-all of peer-concepts only to be taught that this whole concept goes deeper than that. My eyes were opened to the differences between criminal and community justice! I saw how we were going about this prison reform thing wrong! Before the prisons are reformed, we must look at the communities from whence all involved folk are originating. We must start at the root of it all, not at the very last station on the prison pipeline, incarceration itself.

We must adequately train our credible messengers—those with lived experience for a two-fold mission. Enter into these communities and build sustainability and enter into these warehousing prisons to prepare our returning citizens to effectively return to their communities with valuable skills/resources and knowledge-bases. There are whole communities upstate that are dependent upon the economy these prisons within their borders are generating. Whole generations of families are employed in these prison complexes, but not one newly

Helen (Skip) Skipper, CPS

released citizen will live within these borders to enjoy these resources. Let's bring those resources home to uplift our communities and prepare a safe landing for our returning brethren! But we can't do that if we don't have the proper mechanisms in place to train our credible messengers.

We should have instituted a state peer certification for the criminal justice track years ago. And we should also have avenues for further academic pursuits. My rallying cry used to be, "I don't need those letters of higher learning behind my name for I have a Masters of Life!" But now I fully know and understand my conundrum.

I no longer wish to be the peer working under someone else's non-peer-support-orientated policy and procedure. I want to be the peer crafting the policy and procedure! I start my criminal justice degree at St Francis College in the fall. I pray that by the time I finish my doctorate, there will be a peer-support component included. Doctor of Peerology anyone?

Bringing the Spark to Peer Work

By Sarah Brown, CPS, Training Specialist and International WRAP Mentor

Let's face it, everybody grows tired of their job from time to time. All jobs run the risk of becoming tedious, boring, or worse; coopted. Staying connected to our purpose and inspiration is not always convenient. The conflict we face in the peer world is that our role is specifically designed to be one of purpose, inspiration, healing, connection. So how do we maintain that spark when we don't feel it, or when our environment doesn't seem to provide it?

Some peer specialists have expressed a lack of spark in their work due to lack of supervision, lack of advancement, and feeling constrained by the medical model. What if we turned some of these topics on their end and tried to look at them in a new way. What if we looked for the opportunity inside the problem?

For example, what if we chose to look at lack of supervision as an opportunity for freedom. Most work places want employees who are self-motivated and able to power themselves with their own initiative. What is it that initially attracted you to this work? Was it connecting with people? Sharing the gems of your own recovery? Making a difference with a particular issue people you're working with are facing? It's often easier to move forward in any endeavor with a quality support system, but if it isn't there, the tool I use when trying to re-inspire myself is almost always my personal journal. The blank paper is a space where I can ask myself important questions that reconnect me to my own inner wisdom and the answers I have inside myself, and brainstorm solutions to difficult problems I may face in work or in life.

What if we saw lack of advancement as a sign that, as a collective, we are taking this field to the next level? There are so many who fought to have peer jobs at all, the fact that we are getting to a place where we are demanding more, better, bigger, is a sign that we're ready to grow. In over twenty years in this field, I have watched jobs be invented because of the ideas and initiation of individual workers. If we can see the needs in our agencies and offer solutions or show that we can supervise others to deliver those solutions, then it's possible that if the job isn't there, it may be created for us. This field is growing all over. We can become involved in the national and even international conversation. We can grow our skills by attending workshops and conferences, and staying current with the direction of the peer movement as a whole.

While I know I can't singlehandedly affect a whole system, I know I can create a recovery environment in a small group. While I understand that medical language is used in the system, I know I can choose to use descriptive language putting my experiences and the experiences of others in human terms rather than resorting to labels. I know that I can operate with values of mutuality, choice, and a strength's approach without forcing my environment to do the same.

In short, everyone, no matter if you're a paper pusher, a CEO or a peer specialist, at one time or another faces the prospect of going on automatic or their job seeming meaningless. Whatever endeavor we take on in life, it is up to us to bring the spark.

Providing the Right Kind of Supervision

By Lynnae Brown, Director, Howie the Harp Advocacy Center

Don't Be Nice, Be Kind

As Director of HTH, I often get requests from supervisors about how to manage peers. Even though I understand why and can appreciate the curiosity about effective practices, I always ask: "Are you asking 'how do I manage people doing peer support work?' or 'how do I manage people with a mental health diagnosis?'" These are two very distinct questions. With very different answers.

The first implies you want to support someone in their work but don't understand how. Get to know the work of peer support—purpose, values and boundaries. "The Ethics of Peer Specialist Certification" is really helpful in understanding all of this.

Get clear on your expectations as a supervisor—what work do you need them to accomplish? How does their work support the work that your program does? Then, identify where the peer worker is strong and see how their strengths can support them in the work they do.

Consider how would you want to be treated if you were them? What would you want to be asked? What would you want to be told? How would you want to be asked?

Personally, I think all supervisors could use that 'formula'—these questions can be asked in any job, by any manager overseeing any position. There are other things to consider as well. I think about how my authority affects their response to our interactions. My goal is to develop and maintain a direct, but safe relationship with my folks. I want them to be able to talk to me about anything, especially mistakes they may have made, so we can fix them and learn from them together. I want them to know that, first and foremost, I am rooting for their success and their contribution and I'm here to support that.

The second question, "how do I manage people with a mental health diagnosis?" implies working with people managing their wellness is foreign to you and therefore you can't fathom how to support anyone who might be struggling.

Well, I don't believe that. If you work in social services, I am sure (or I at least hope) you understand how human beings operate in general. People want to belong. People want to be respected. People want to be seen and heard. And (most) people work well with strength-based feedback. Don't you?

Maya Angelou said, "We are all human; therefore, nothing human can be alien to us."

If you are clear about the work they do, your expectations, and how their work supports the work that your program does, identify the chasm between those needs and how the peer support worker's actual work behavior supports and challenges those needs. Your goal is to figure out how to support the peer worker in meeting those needs and consider their input into the best way to accomplish them. Would altered hours help? Can a reasonable accommodation be made? Or is time off warranted? Come from the place of caring for the well-being of the worker as well as caring about the work that needs to be done for the participants.

> **"Your relationship with them is about their work performance only….Get the work done without damaging dignity."**

Stop thinking about yourself and your need to be 'nice' and just be kind.

Here is where I see, over and over, supervisors fall short. Traditional social service culture values being 'nice' and 'polite' over directness and clarity. Nice and polite results in confusion, resentment, passive-aggressiveness and eventually a break-down in relationships when supervisors aren't brave enough to have tough conversations.

'Nice' is a veneer. You want to be kind. Clear is kind. Unclear is unkind (Dr. Brene Brown). Kindness requires you as a supervisor to look at the long game of your supervisees' employment and your relationship with them. It requires you to consider "how can I speak to them directly about the challenges I'm seeing without damaging their dignity?" "How can I connect them with their desires to be contributive with how the challenges are thwarting those intentions?" "Do they have any personal supports I can work with so together we can come up with solutions that are mutually beneficial?"

Your relationship with them is about their work performance only. You do not have to get into how they decide to meet employment goals. You just have to be clear on what you need for the work to be done and how their solution affects that work. Get the work done without damaging dignity.

Peer workers are not participants. Even if your particular worker responds in a way similar to participants, your job is to keep them firmly in mind as a 'valued employee who is having difficulty at the moment.' You must see their worth and see them.

If you don't…um, well that's another article for another time.

Survived Solitary Confinement and Now I Fight Against It on Behalf of My Peers

By Enid Fay Owens, Peer Specialist/Advocacy Coordinator, Mental Health Project, Urban Justice Center

No One Deserves That Kind of Torture

My very first time in solitary confinement I was 23. I was placed there due to a ticket I received from an officer on Rikers Island. The incident took place in the west facility around the time my only sister had succumbed to breast cancer. During my 60 days in solitary confinement I was sexually assaulted at least three times in a day by male and female officers. Solitary confinement decreases your mental and physical health. Your brain gets no exercise, your soul starves because you're treated like a caged animal. I understand I committed crimes. The crimes committed in solitary are inhumane. Trying to stay strong in that situation literally broke my spirit. In writing of the trauma I endured I want people to understand a little background of how I survived to how I am capable of living in my truth.

My journey as a peer advocate started the minute I could complete sentences. I have always had a soft spot for people who are less fortunate. Growing up, the youngest of four children, my life was different. I was born out of wedlock and my brothers and sister have me in age by at least 10 years and more. I spent a lot of my younger years surrounded by illegal activities. I do not want to imply that my life was already destined toward illegal and corrupt behavior; those were my choices.

Trauma left unchecked will have you seeking comfort outside of yourself. As I got older, I was the person people sought to confide in, including my mother. As I began pursuing my career of supporting the less fortunate, I have been privy to society's process of dehumanizing people. I have been incarcerated over 23 times for possession of controlled substances. I have been placed in solitary confinement at least four times and in the process had mental breakdowns every time.

Even during times of incarceration, I have battled for better conditions and treatment from behind the bars. Upon my last release from jail, I made a promise that I would not forget those left behind. I went to school to better understand the levels of suffering from environmental trauma as well as mental and physical trauma.

I applied to Community Access' Howie the Harp Peer Training Program to learn how to become a mental health peer provider. I learned a lot about myself and how to use my communication skills in reaching out to people who feel lost and left out. I have worked consistently in competitive employment for the past three years. I have worked in organizations that are person-centered and have further taught me about my strengths and weaknesses.

Being a peer at The Urban Justice Center's Mental Health Project is different in that you are surrounded by a wealth of legal information that you can utilize at any given moment. The Mental Health Project is also a very different place to work because of the macro-level coalition building and organizing that is done on issues such as criminal justice reform.

Becoming a part of HALT, a campaign to end solitary confinement, touches my soul differently. You think, while incarcerated, that the outside world has forgotten you until you are released. HALT has shown me differently. I am impressed by the diligence and commitment these people have in getting their message heard as well as getting the messages of those inside heard. Being a peer in the midst of this excites me. It inspires me, it encourages, and it gives me courage to speak my shame, my embarrassment. It gives me hope. It lets me know I am not alone in my efforts to see that people are treated as people in spite of the crime that has lead them to be behind bars.

Enid Fay Owens

> **"Becoming a part of HALT, a campaign to end solitary confinement…has allowed me to speak with government officials to further pass along the message that people's quality of life is being destroyed by a system that has forgotten them... (Let's) advocate for changes in the system that are continuing to directly impact us."**

As a peer, I am given the opportunity to speak to what others have endured, what I have endured with a level of transparency and authenticity that can be felt. HALT has allowed me to speak with government officials to further pass along the message that people's quality of life is being destroyed by a system that has forgotten them; people who are being caged like animals. I am calling for peers to get involved in the work, to be involved on the frontlines, to advocate for changes in the system that are continuing to directly impact us.

"It is not the length of life, but depth of life"-Ralph Waldo Emerson

Somebody Get Me a Peer Specialist!

By Anonymous

Waiting Months and Months for a Peer Specialist

I was enrolled in a HARP (health and recovery plan), a managed care product "that manages physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use)."—Google: *harp Medicaid definition*. And then I enrolled in a health home, a way to get care through Medicaid "for complex chronic diseases and mental health disorders. While many Medicaid patients are relatively healthy, there are several groups whose conditions are more severe, requiring support and assistance in the community."—Google: *health home Medicaid definition*. I was pre-diabetic, on cholesterol pills, with spinal issues and a diagnosis of schizophrenia. That was enough to enroll. Both HARP and the health home are both closely linked to my Medicaid insurance plan.

All I wanted was to have a peer specialist in my life as I was fairly isolated, did not hang out much, just idle chit chat with strangers when I walk my dog, but I do have a girlfriend whom I don't see till she comes home at night. I wake up at 10, sometimes 11 if I have nowhere to be.

My health home was run through a large non-profit that immediately provided a care coordinator who was sweet but incompetent. Because she was not used to navigating systems, I waited seven months to meet the peer specialist who still must complete three more intakes with me. One of the problems to getting a peer specialist in a timely matter is the heavy workflow processes of the Medicaid managed care system. I filled out a ton of papers. A lot of people drop out of receiving peer support through Medicaid because it takes too long.

Another problem is the managed care company. They offered a peer specialist for addiction issues rather than mental health, which my care coordinator rightly rejected. She eventually signed me up for a peer specialist from within her organization.

After the second month of waiting I worked with an attorney from the ICAN program of the Urban Justice Center. And even with their help still had to wait many months to receive a peer specialist. We filed complaints and the attorney spoke to my care coordinator and her supervisor.

Now I finally have a peer specialist who has made a great first impression. They maintained eye contact, was respectful and treated me like a human being. We filled out a questionnaire together that felt non-clinical and was kind of fun, yet told them that I was pretty isolated and seeking to break out a little. They offered to find a local social event and accompany me for added comfort. I am thinking about it. I just like talking to them. I should have asked them their pronoun of choice.

What is the Value of Peer Support?

Mike Weaver, Executive Director, inter-National Association of Peer Supporters

Challenges Related to Expansion of the Peer Workforce

Most peer support specialists around the world love the work that they do. A highly placed state official told me last year that he thought that peer support was the greatest innovation in his 35-year career. Also, it is estimated that peer support specialists will make up 20-25% of the healthcare workforce by 2030. Psychiatrists say that peer support specialists can communicate and encourage individuals to take responsibility for their lives and have hope when they, as doctors, were unable to achieve that outcome.

In 2005, SAMHSA said, "Recovery will happen when those who experience mental illness are surrounded by possibilities of recovery." In 2019, we are surrounded with not possibilities of recovery, but at least 25,000 evidences of recovery," said Jessica Wolf, PhD. Outcomes have changed since that first peer support specialist was certified in Georgia in 2001. Reduction of symptoms and stabilization, which are good goals, were the primary focus then. Now, the outcomes are recovery, full inclusion in the community and having a life.

With all that positive information, what are the barriers to the expansion and quality-control for peer support? In North Carolina, for example, over half of the roughly 3,500 peer support specialists are not working in that capacity. Many factors contribute to that, but work environment, pay, reimbursement, and insurance all contribute. Some, who were excited about peer support and came off a life of poverty on SSI, have been returned to that same state by their employers.

First, is it possible that stigma, stereotyping or discrimination is rearing its ugly head again? "Well, that person was in and out of the hospital for years" or "that person was smoking crack on the streets just three years ago." "They only took a brief training and they need to keep their place." "The patients are taking over the asylum." Yes, we have come a long way since peer support was first certified, but is it possible that stigma is affecting some decisions concerning pay rates for peer specialists?

Secondly, clinicians of all professions applaud the benefit of peer support, but is it truly valued? Why does Medicaid put such a low price-tag on peer support? Medicaid bases its quarter-hour rate on the worker's level of education. This does not take into account the extremely valuable lived experience of people in recovery from mental illness or addiction that translates into success in helping individuals create their own recovery. The outcomes that are achieved through peer support were rare before its inception. Ultimately, the peer support specialist, works with the same person as the psychiatrist does, but it's the psychiatrist who is always the one deferred to. It should also be acknowledged that the level of education of many peer support specialists is fairly high.

"Respect of peer support specialists means to not make them work according to the medical model and to pay them according to their true value, as experts in helping others achieve hopes and dreams in recovery."

Mike Weaver

The big question is, if peer support specialists are doing such great work with people and achieving the kinds of documented outcomes appearing in the literature, why are they valued so little in so many cases when it comes to salary, benefits and reimbursement? I receive many emails from peer support specialists who are paid low wages, don't receive benefits or reimbursement for mileage. Some are hired as contractors which saves the company money, but is questionable under IRS guidelines. A peer with a contract may receive $13/hour, but no pay for mileage, computer, phone etc.

In the for-profit industry has something called "industry expertise" where they recognize years of lived experience as part of the assessment of value and pay. We have life experience in the business of recovery that is not to be accounted for and valued by the mental health industry beyond that of the certification.

The third reason that peer support specialists are not retained in the field is that there is no career ladder within the healthcare or other industries for a peer support specialist to increase pay without becoming a licensed clinician. I don't view peer support as entry-level work due to its level of difficulty, but we need to have paygrades for levels of experience. We also need to increase the amount for those with peer support experience who are supervising peers.

So, although peer support is advancing, it also takes a few steps backward. Many clinicians are allies of peer support specialists. Nevertheless, it appears that stigma or "a bad reputation" or stereotype continues to follow those of us who have lived with various mental health and addiction challenges. Respect of peer support specialists means to not make them work according to the medical model and to pay them according to their true value, as experts in helping others achieve hopes and dreams in recovery.

NYAPRS is a statewide coalition of people who use and/or provide recovery oriented community based mental health services who work together to promote recovery, rehabilitation, rights, community inclusion and cultural competence.

New York Association of Psychiatric
Rehabilitation Services
www.nyaprs.org

Working and Living Well Job Opportunities/Special Notices/Roommates/Personals

Employment Agencies

CONSULT THE COALITION OF Behavioral Health Agencies' "The Workbook" here: http://www.coalitionny.org/the_center/workbook130716/ or Google keywords: "coalition workbook"

Legal Help

MFJ LEGAL SERVICES (212) 417-3700

URBAN JUSTICE CENTER (646) 602-5658

NYC BAR ASSOCIATION (212) 626-7373

LEGAL AID SOCIETY (212) 426-3000

Housing

TO LEARN MORE ABOUT housing options in NYC, Google keywords: "supportive housing nyc" For help filling out housing applications, call CUCS (212) 801-3333 or BPAC (718) 875-7744

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 PROS, 4510 16th Ave (718) 686-3400, kadimah@ohelfamily.org

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, 33-24 Northern Blvd, 3rd Floor (718) 361-7030

VENTURE HOUSE, 150-10 Hillside Ave (718) 658-7201

Staten Island

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

Crisis Respite Centers

Brooklyn

SUS: 347-505-0870

OHEL: 718-686-3262

Bronx

MOSAIC MENTAL HEALTH: 718-884-2992

Queens

TSI: 718-464-0375

Manhattan

ACMH: 212-253-6377

COMMUNITY ACCESS: 646-257-5665

Staten island

ST. JOSEPH'S MEDICAL CENTER 718-876-2810

Volunteer 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

Resources

NYC WELL: 24/7 mental health referral hotline (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.

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

CO-RESPONSE TEAMS 24/7 triage desk, comprised of one police officer (who has specialized training in responding to mental health crises) and one trained social worker. Only available for pre-911 or post-911 calls. Not an alternative for a 911-level emergency. Call (718) 312-4307, or email referral form to CRTNYC@health.nyc.gov.

MENTAL HEALTH URGENT CARE CENTER Currently, there is only one in downtown Manhattan. Designed to provide quick, confidential support in-person. We recommend you call before showing up for services MindfulUrgentCare.com (516) 200-6344.

TEENS & YOUNG ADULTS confidential text messaging, talk or email if you self-harm or have thoughts of suicide, depression, anxiety. 914-393-1904 or 803-570-2061 Volunteers needed. Social media experience a plus. https://doorofhope4teens.org

THE CHAMP HELPLINE (888-614-5400 or by email Ombuds@oasas.ny.gov) is designed to help consumers and providers with health insurance coverage to access mental health and substance use services for individuals in need of care without the added stress of having to navigate complex insurance denials

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

BROOKLYN PEER ADVOCACY CENTER for issues of financial and housing survival, entitlements, Medicaid, public assistance and food stamp applications, employment needs and educational counseling assistance. We have a multicultural staff but as needed we will get you a translator (718) 875-7744

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.

MOVIE CLUB/POETRY CLUB: NAMI NYC Metro, 505 Eighth Ave, (212) 684-3264 also library@naminyc.org

CREATIVE WRITING WORKSHOP/ MUSIC/MEDITATION/PUBLISHING SERVICES: Creative Women's Network offers one-on-one and group writing workshops, editing and publishing services, empowerment and meditation classes by experienced professionals. We also seek vocalists and musicians to perform original songs and covers. Currently working on a musical theatre production. Feel free to contact us at (917) 881-5134 or CreativWomenNtwk@aol.com. Visit www.creativewomensnetwork.com for basic information.

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.

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, www.mdsg.org

DOUBLE TROUBLE meeting for anyone with a mental health challenge and chemical addiction. Location: Gouverneur Hospital, Enter at 209 Clinton Street (Betw. Henry and Madison St). 6-7pm Thursdays. Security will direct you to the cafe room. Adam (212) 238-7497, DTR is based on the 12-step module. Email Petersa9@nychhc.org

NAMI NYC METRO, 505 8th Ave in Midtown, groups for consumers of all ages, as well as family member support groups. Inquire by calling the helpline (212) 684-3264

LIFE ON THE BORDERLINE group for those living with BPD at the Lincoln Center Atrium @ 6pm and is usually the first and third Monday of the month. Contact Sharon Simon borderlinesimon@gmail.com

"Never be bullied into silence"-Harvey Fierstein

Incorporated in 1977, Baltic Street AEH, Inc. is one of the oldest, largest and most successful Peer-Run Health and Human Services Agencies in the nation!

We believe that individuals can and do recover from being labeled with mental health diagnoses. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

OUR PROGRAMS:

Our goal is to meet the various needs of various different populations with our myriad of programs. For any inquiries about services offered or employment opportunities, please contact **Info@Balticstreet.org.**

Brooklyn Peer Advocacy: 718-855-5929
Staten Island Peer Advocacy: 718-442-6100
Bronx Peer Advocacy: 718-562-6712
Geriatric Peer Advocacy: 718-774-1027
Brooklyn HomeWORKS: 718-563-2808
Bronx HomeWORKS: 718-563-2808

Kingsboro Peer Bridger: 718-221-0255
South Beach Bridger II: 718-987-5999
South Beach Bridger III: 718-524-8570
Brooklyn Self-Help: 718-855-5929
Manhattan Self-Help: 212-961-8989
Resource & Wellness Center: 718-788-6100

Community Links: 917-886-2007
Project Re-Entry: 929-289-1392
Adult Homes Initiative: 718-797-2509
Bay Street Thrift: 718-447-2140
Little Things Store: 718-338-3195