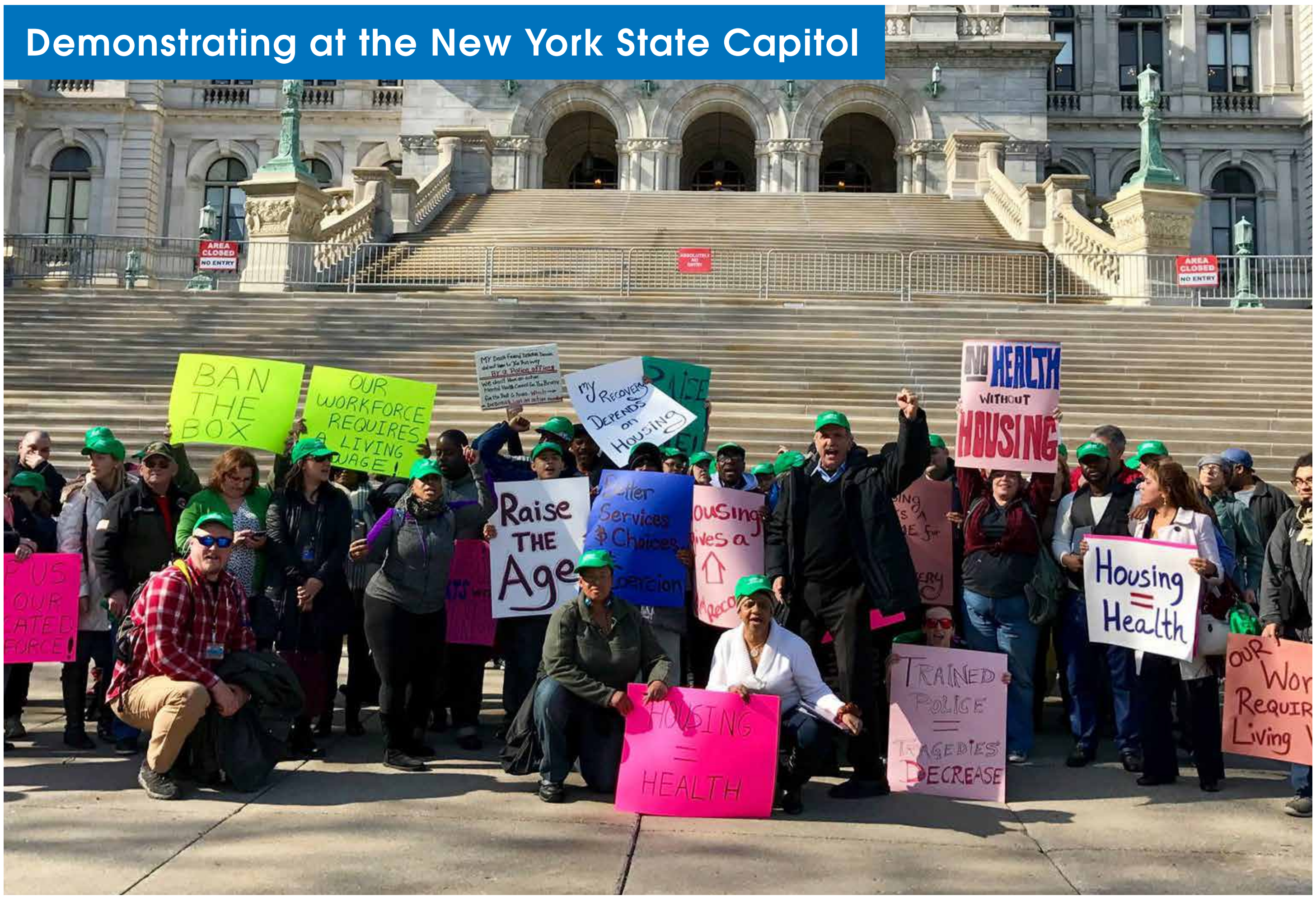
SEE FULL COLOR ARTS PHOTO SPREAD PAGES 8 & 9!

City Voices
A Peer Journal for Mental Health
Summer 2017
Vol.XX No.2

Demonstrating at the New York State Capitol



Mental health advocates and supporters from New York State rally outside of the Capitol Building in Albany, New York during the NYAPRS Legislative Day in February. For more, read below.

A Day of Advocacy and Demonstrations

By Carla Rabinowitz, Advocacy Coordinator, Community Access, & Board Member, NYAPRS

NYAPRS Legislative Day 2017

February 28, 2017 was probably my favorite NYAPRS Legislative Day ever. New York Association of Psychiatric Rehabilitation Services is a 35-year-old organization that brings together mental health recipients and recipient-friendly service providers.

Mental health advocacy has come a long way. We are finally getting the respect we deserve.

The folks in attendance heard from Senator Robert Ortt, Assemblywoman Aileen Gunther, a representative from Governor Cuomo's office, and a representative from the Office of Mental Health. We also gave out awards, including an award to Senator Jeffrion Aubry for his work on criminal justice issues.

(Continued on page 5)

Let My People Go! A Call to Action

By Suzanne Gruer, Former Resident of an Adult Home

The Warehousing of Our Peers Must End

Almost five years ago, I was fortunate to leave the Garden of Eden adult home in which I resided for close to that long. My move from that adult home to the supported housing apartment in which I now reside was a one-time occurrence. Thousands of adult home residents today are less fortunate. They desperately want out. Yet few residents are escaping.

Current adult home residents are desperate to move for the same reasons I was: unsafe and unsanitary living conditions, theft, rancid food, compulsory program attendance, forced and unnecessary medical procedures, punitive hospitalizations,

(Continued on page 10)

Report Finds Barriers to Justice for Individuals in New York City Courts

By Nahid Sorooshyari, Senior Staff Attorney, MFY Legal Services, Inc.

We Examine the ADA Liaison Program

People with disabilities should have equal access to justice. Disability rights laws, like the Americans with Disabilities Act (ADA), require courts to make their programs and services accessible to people with disabilities. The New York Unified Court System (UCS)

(Continued on page 6)

WRITE FOR or SUBSCRIBE to CITY VOICES!

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

What's Inside...

Beyond the medical model with Neesa, p.3

Ayesha on writing her memoir, p.3

Alfreda's relationship with a special someone, p.4

Christina's search for love, p.4

Kurt helps you cope with relapse fears, p.6

SNT to help you hold onto your government benefits, p.7

Images from the Mural Arts Project, p.8

The "Evolutions of Us" art exhibit, p.9

Relda helps you cultivate that inner voice, p.10

Ted shares strategy to fight loneliness in the Big City, p.12

Nelly Bly's undercover "mad house" investigation, p.12

Debra's poetry book titled "When Cries Are Silenced," p.13

Derrick's mind took him for the ride of his life, p.14

Kay applies the love salve to BPD, p.14

S.A. peels back the mask of stigma, p.15

William reviews a memoir about fashion, romance and schizophrenia, p.15

Ward Stories

Organized by Dan Frey, Editor in Chief

Four poets are featured in this Summer 2017 edition of Ward Stories: Ayesha, J. Alfreda, Craig Bayer, and Cecil Williams. Themes of love and renewal abound in these selections that I felt were fitting for the spring and summer seasons. Enjoy!

The Truth a Poem

By Ayesha

I used to feel broken inside.

I believed I'd never heal or get better.

I believed I'd be broken forever.

You see I'm better but that does not mean I am "cured" of schizophrenia.

It means I'm on the potter's wheel.

All human beings have flaws and shortcomings but some see themselves as masterpieces even royalty.

I'm working "on me" in therapy and by registering to take WRAP again but mental illness unfortunately has no cure and is lifelong.

Any psychiatrist or psychologist would say 'tis true.

So I am going to keep moving forward and just keep working "on me".

I'm not perfect, I know that, but I love the person I am and was created to be.

Almighty God created me and when he was finished he said "that was good."

I'm not average. I'm extra-ordinary. I'm eccentric. I'm crazysexycool.

I have become a person that other people acknowledge and seem to like.

That's good enough for Me.

I wouldn't want to be super-skinny or want to become another woman who is beautiful by societal standards.

I just want to be myself.

I have three motorcycle jackets that I wear with my motorcycle hat sometimes and I feel powerful whenever I wear it.

I feel like I am a biker chick even if I am a Sunday School Teacher and a volunteer leading a peer support group.

I love my life and I wouldn't want to trade places with anyone else who either is more "successful," more "beautiful," or whatever.

I see myself as having a good life and I love my SZ life even though it's not perfect, it's my life and I am proud of my accomplishments. I've come a long way.

I am making a Comeback in my 30s. My 20s were hard and my adolescent years were difficult for me. My 30s so far are amazing! I'll be 36 years old soon!

Finding Your Way Back to Love

By J. Alfreda

return to forever
is a mind refresh
a quest
becoming one with your Maker

your mind
is Universal property
enhanced it prepares you
for the journey
it will pack your bags
if you let it

the receptacle
is the mind Universal
Love/matter

(Continued on page 11)

Lovesick

By Craig Bayer

My days have always been painful
But now the pain is intense
I check my emails but you haven't written
I check my messages-you haven't called
I visit our hangout, but you aren't there
Are you avoiding me forever?
Have I struck out again?
I'm not sure, now that I want to see you
Because there may be a negative expression on your lovely face
God, I adore that face
But if you look at me the wrong way, it could crush me
I want to flirt with you
Say or sing that you're the "Sunshine of My Life"
I want to hold you in my arms
And kiss that face all over
I want to stroke your head
But if you fear or hate me now
All fantasizing and daydreaming becomes terrifyingly meaningless
I'm praying to God
That I haven't lost you completely
That we can still be friends
That you'll trust me again
I think I fucked up again, though
I think I may have to move on
And I will move on, if necessary

Pride Parade

By Cecil Williams

My Sunday in June was spent at the blown-in-all-directions Pride Parade

And there was a huge atmosphere of excitement that still does not fade

It appears that everyone was into a rainbow dream and a feeling of pride

No longer were we shallow or unhappy about life, which we call a ride

The future holds dreams and connections to each other that we won't hide

It is a movement similar to Civil Rights and no voter or anyone can be denied

Thank goodness Orlando did not crush the gusto but there were a lot of regrets

Too bad the Massacre brought such vibes of finality we said with cigarettes

And there we were marching and seeing dancers who caused a stir in their dance

And couples wore smiles and offered the waiting universe this brand of romance

Some cried out in joy that legislation about marriage gave us a new chance

And looking around the crowd, such wealth of caring could be taken in a glance

We are the proud and we are fitting together the voices for the fight of the gifted

(Continued on page 11)

CityVoices

Founder, City Voices: Ken Steele

Editor in Chief: Dan Frey

Business Manager: Dan Frey

Layout Editor: Jenae Stone

Coordinating Editor: Lisa Roma

Columnists/Associate Editors

***Legal Column*:** MFY Legal Services, Inc.

Bruni in the City: Christina Bruni

Beyond the Medical Model with Neesa: Neesa Sunar

***Book Ends*:** Kurt Sass

Soulful Connections: Relda Hill

My Mental Health Journey: J. Alfreda

CEO , Baltic St. AEH: Isaac Brown

COO , Baltic St. AEH: Janis Jones

CFO , Baltic St. AEH: Ravi Ramaswamy

Secretary , Baltic St. AEH: Joanne Forbes

City Voices: A Peer Journal for Mental Health is statewide in circulation and news reporting.

City Voices is made possible through a grant from the New York City Department of Health and Mental Hygiene, our subscribers, advertisers, donors, and a dedicated group of writers, editors and volunteers.

The views expressed in this publication do not necessarily reflect the positions of *City Voices* or its staff.

Copyright © 2017 by City Voices

To Reach Us:

City Voices
c/o Baltic Street AEH
9201 4th Avenue., 5th Floor
Brooklyn NY 11209

Email:
cityvoices1995@gmail.com

Beyond the Medical Model with Neesa

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

The Vital Profession of the Peer Specialist

For the past couple of years, I have been employed as a "peer specialist." A peer specialist is a mental health professional who has personal lived experience with mental illness. Because peers have suffered themselves, they are able to understand and empathize with the people they work with. This type of experience cannot be learned in university. Thus, peers have expertise that doctors and social workers do not.

I learned about the peer profession when I was in a psychiatric day program in 2012. Once I heard about it, I wanted to work as a peer myself. I applied to the peer specialist training program at Howie the Harp Advocacy Center (HTH) and was accepted. I attended classes at HTH five days a week for twenty weeks, totaling to 500 classroom hours. A 12-week internship followed.

Howie the Harp Advocacy Center is named after one of the first pioneers of the peer movement. Howard Geld was psychiatrically hospitalized as a teenager in the late 60s. At seventeen, he left New York and relocated to the west coast, where he became involved in the Insane Liberation Front. During his life, he was involved in mental health advocacy efforts on the east and west coasts. He earned his moniker of "Howie the Harp" because he was a street performer on the harmonica. In 1993, he became the Director of Advocacy for Community Access. He garnered funds to start a peer specialist training center, slated to open in 1995. Unfortunately, he passed away two weeks before the school opened. The school was named after him in his honor.

While at Howie, I learned about the Recovery Model, which is in stark contrast to the Medical Model. Typically, when one is physically ill, s/he will go to the doctor. The doctor prescribes a medication, and treatment is determined successful when the person's symptoms are eradicated. Yet with mental health, absence of symptoms is not enough. Side effects can make the "cure" as bad as the mental illness.

The Recovery Model goes beyond this. Everyone is entitled to living a fulfilling life. People should be encouraged and supported to reach for complete wellness, no matter how "severe" their condition may seem. They do not have to submit to the limited expectations that standard providers have. In the past, I held jobs where I hid my diagnosis, only causing additional stress. Now as a peer, I can use my experiences as a strength which can help others. No longer do I feel "broken" and a "danger to society." Instead, I have developed a sense of empowered pride. I have risen from the ashes of profound disability.

About two years ago, I began working full-time at Transitional Services for New York, Inc. We offer apartments in the community, as well as active case management services. Whenever I meet a new client, I immediately disclose myself.

"Hi, I'm Neesa! I am a peer specialist. Do you know what a peer is?"

Oftentimes, the client does not know. Thus I explain:

"A peer is a person who has mental illness themselves. I myself am diagnosed with schizoaffective disorder. I've been hospitalized seven times. I have been on disability since 2011. I know how this system can wear you down, trying to juggle public assistance and Medicaid and psychiatrists…I've lived it. I'm here so that I can relate to you. I know where you're coming from."

At this point, I always feel like this invisible wall melts between me and the client. My hope is always to strike a chord within the person, wherein s/he can feel safe and open. The greatest fulfillment I experience as a peer is developing that one-on-one relationship with the client. In this therapeutic partnership, I encourage them to determine their own path towards wellness instead of dictating to them how "I think how it should go."

The peer movement specifically strives to create awareness about mental illness akin to a civil rights movement. So often, psychiatric clients are stripped of their rights, whether it be in institutions or with an outpatient psychiatrist. People are forced into treatments they don't want for themselves, intimidated by doctors. And then there is also stigma, that pervasive societal attitude that discriminates against those who have a diagnosis.

> "…peers…are able to understand and empathize with the people they work with. This type of experience cannot be learned in university. Thus, peers have expertise that doctors and social workers do not."

My hope is that there soon will be widespread awareness about peer specialists. We are able to reach clients in ways that doctors and therapists cannot. We are able to stand as examples of recovery, and we inspire one another to reach higher and further than the negative prognoses from our providers. The work of peers is the future, and we must create awareness to make this happen.

The Healing Art of The Memoir

By Ayesha

Writing My Personal Story Has Been a Cleansing Experience

I want to write about how cleansing it was for me to write a 3,000-3,500-word personal narrative. This memoir is the beginning of what I hope will become a book-length personal narrative. I like to think of the benefits that I get from writing personal narrative as "narrative therapy."

When I write about my experiences as an African American woman living with schizophrenia, I am writing my story which began twenty years ago. I have made progress simply by sharing my story with others. As I read the first two pages of my narrative with students and alumni at Memoirfest—a memoir-reading party that Dr. Giunta, the memoir class professor, holds every May and December at her house in Teaneck, New Jersey—I was being bolder than I have ever been before.

I have written personal essays and narratives that I have shared in safe spaces, but never as part of a college-level workshop or at a gathering of students as I did at Memoirfest. I felt so good after sharing the first two pages of my memoir with everyone and getting their positive feedback. One student told me she really enjoyed my piece, which I shared with her just before she left at the end of the night. She was doing her honors thesis and, although I cannot remember her name, her comment meant a lot to me.

> "In her comments on my proposal, Dr. Gharabegian suggested that I write about schizophrenia and love."

The first class that I shared my life experience as an African American woman with schizophrenia was English Composition II while doing research in the Guarni library for our final research paper; Dr. Alina Gharabegian was my instructor.

I had been encouraged by Dr. Hamburger to take ECI and ECII at the university level. I took the Advanced Creative Writing Workshop with him and did not do well, barely passing the course. Dr. Hamburger encouraged me to repeat ECI and ECII, which I did to improve my writing skills.

Dr. Gharabegian had assigned the class a five- to seven-page research paper on the broad topic of love. We could approach the assignment in any way we liked. In her comments on my proposal, Dr. Gharabegian suggested that I write about schizophrenia and love. I felt like someone was opening a door for me. I was surprised by her suggestion, but also thrilled. I had not yet written a paper about my personal experiences with schizophrenia during my time at New Jersey City University.

I was happy to be taking Memoir Workshop with Dr. Giunta, who taught me to avoid writing my story as a chronology or autobiography. When I nailed voice, it was like church bells were ringing at that moment, and I felt so accomplished, mature and independent. I am so glad I took Memoir Workshop and then Advanced Memoir Workshop during the spring of 2015. I graduated from NJCU in August 2015 with a BA in Creative Writing.

I am fond of NJCU because of my experience in Dr. Giunta's class. She was an amazing, supportive, caring and sweet person as well as a great teacher. I feel such an overwhelming debt of gratitude to her. I never thought I would have such an experience with a professor or as part of a class. It had such an amazing impact on me and on my life.

Now I am back at NJCU majoring in Early Childhood Education. I feel more a part of the university's community now than when I began in the fall of 2007.

My Mental Health Journey: Mirroring Success Through the Eyes of a Relationship

A Column by J. Alfreda

Success is Obtained by Letting Go of the Toxic Pieces

Our relationship has been strained at best, a really rocky road. It's a love/hate relationship that borders on psychosis. But, in the final analysis, I am the one who knows her best. She is the closest person to me. She is me.

There was a pouring of rain on our already strained relationship. You see, I have schizophrenia, bipolar type, which onset at age 20. Many voices and much pain have infiltrated my mind over the past 35 years. I have just arrived at a place of readiness to accept this illness as mine.

You might possibly think it's strange that it took me so long, but I have always thought of my illness as another entity, an alter-ego, an arch nemesis. I refused to see myself as a whole person. My war had an enemy though I couldn't see that the enemy was unintentionally me. Success would start with forging my "selves" and attaining as much peace as possible.

Schizophrenia is a different realm of reality. You realize what you go through intermittently. But, when you are there, it is real. It is marked by delusions, extreme paranoia, suicidal thoughts, steep highs and lulls of depression in my case.

In the beginning, it was like having my life, mind and soul hollowed out and strewn across the four corners of the Earth in scraps, feeling like I had to travel to each site and retrieve them piece by piece in a zombie state. The disease alienates you from yourself.

Schizophrenia is a useless, evil being who can't stand in a church for fear of bursting into flames. It is a pimp that bids actions contrary to your will, turning you inside-out. That is, until you fix it.

I walked around in this nightmarish, delusional state for 24 years before a medication was created that I would respond to and not put me in the conveyor-belt-shuffle-mode.

> "My true character has been revealed by letting go of the toxic pieces and embracing the positive aspects of my true self. This is how I define success."

When I was 20, I was sure that by now I would have an engineering firm, a great home, kids, and the whole nine yards, but that hasn't been in the plan for me. I have barely been able to take care of myself. I did manage to finish college, though on the revolving door plan; one quarter in school, the next in the hospital and so on. I changed my major from chemical engineering to journalism because after the first break, with the tranquilizers I was taking (that was all they had for schizophrenia back then), I found I could not comprehend my coursework anymore. I was in my junior year before the break.

You can imagine why I would rebel against this entity. It has undermined my every opportunity and effort to gain success, but it is a part of me and I have resolved to make myself whole.

After some soul-searching prompts, my first stop was in the gratitude market. You can't ask the Universe for more without thanking It for what you already have. It just wouldn't be polite. I bought a gratitude journal in which I write daily those things I am grateful for: past, present and future.

The little things that I appreciate and make me happy fascinate me the most. In my first entry I always thank God for "waking me up this morning clothed in my right mind," a phrase my grandfather used to say in his prayers, which has taken on a new meaning for me. You can guess why.

I've also created a gratitude board somewhat akin to a vision board, visually celebrating all of the things that make me happy, appreciative and that I am thankful for. It has things as frivolous as vintage clothing and jewelry, as marvelous as a multi-hued sunset or a cobalt night sky, and as welcoming as family and all that it entails. It helps me to embrace the positives of my life.

Some would say I lost everything in the deal. It may seem that way from one perspective if viewing my past, but it is far from the truth. In picking up the pieces for the umpteenth time, I discovered me, the whole of myself. I am coming from a natural place, a place of gratitude and love—not someone else's definition of who I am, or even who I think I am; it is a place of true character.

My true character has been revealed by letting go of the toxic pieces and embracing the positive aspects of my true self. This is how I define success.

Bruni in the City: Number 100 is on His Way

A Column by Christina Bruni

I Fell for a Pinhead

Readers: I broke the cardinal rule of dating.

Years ago, a woman gave me a psychic reading in her apartment on the waterfront in Sheepshead Bay. She told me: "Don't throw yourself at a guy. Remember: you're a diamond, not a rhinestone."

Diamond, my ass. My brilliance hasn't attracted a guy to me.

So, my curiosity got the better of me. I threw down a challenge to T.—the guy I have pined for since 2016—and sent him a short e-mail in these exact words: "I realize you don't like me and that's okay." The cardinal sin. Then:

> "I'm not going to wear a cleavage-bearing mini dress, yet apparently, that's some guy's sole criteria for a love match."

"You keep talking about your numerous ex-girlfriends. I'm a woman with a photogenic face and skinny body and I can't get one guy to go on one date with me. What's your secret?"

Since he was "date bait" himself with striking good looks and a kind heart, couldn't he spare a few alluring ideas about how I could reel a guy in? Couldn't he tell me this as one great friend to another? I clicked send on the e-mail and shut down my computer for the night.

T. responded: "Most romances are played badly just on the surface level. Even the ones where people are happier are adolescent. Are you at the library this week? We can talk then."

I responded to T: "Yes, I do attract guys—what a psychic called 'turkeys.' Like the guy with the screen name sexywomanneeded—adolescent indeed. How is a guy going to get a woman if he frames it in terms of what she can give him not what he can give her?"

Then I told T.: "I'm not going to wear a cleavage-bearing mini dress, yet apparently, that's some guy's sole criteria for a love match."

Our conversation quickly sidestepped that he was the first guy I was madly and physically attracted to. He had conveniently deflected any reference to my comment that he didn't like me.

That Sunday was the first time in my life that I ever felt like something was wrong with me. Having a diagnosis of schizophrenia doesn't upset me and hasn't upset me for decades. It only crushed me to know that a kind, sensitive and intelligent guy like T. didn't like a kind and compassionate and elegant lady like me.

"Pinhead!" I wanted to tell him. "By all means go out and get another chick that will treat you like shit all over again. Get going—Number 100 is on his way to me."

It's over—partly because T. has moved to Austin, TX where he found a job.

T. and I were a photogenic item out in public. I was confident people thought we were a romantic item. Thus, when we appeared together I wanted to wear a tee-shirt that proclaimed: He's Not My Boyfriend. Try Your Luck.

The ending with T. reminded me of the Donna Summer song, lyrics about the cake left out in the rain. It took so long to bake the budding romance with him and I won't ever have this recipe again either. The cake's been soaked. That's all there is to it.

On some days, I still pine for a guy. On other days, I'm happy to be alone. I miss the cake frosting.

(Continued from cover A Day of Advocacy and Demonstrations)

New York City folks accounted for about 360 of the 700 people in Albany that day.

NYAPRS statewide folks filled a large auditorium called The Egg, which is shaped like an egg.

We not only heard from leaders in New York State government, we heard from NYAPRS' Executive Director Harvey Rosenthal. Harvey went over the issues he hoped the attendees would talk about that day, including:

Funding to shore-up existing housing; Funding for new supportive housing and affordable housing; Raising the age for adult criminal responsibility to 18 years of age; Ending solitary confinement, the SHU, once and for all; More funding for comprehensive 36-hour police training around mental health called CIT (Crisis Intervention Team) training; and Opposition to Forced Treatment.

I was so excited this year because I got an old-style physical banner created, which read "Supportive housing saves lives, sign the MOU." The MOU, memorandum of understanding, is a simple contract that the leaders of the NYS Senate, Assembly, and Government must all sign together. If they sign the MOU, $1.9 billion in housing funding gets released, creating 6,000 apartments. If they don't sign the MOU, the money cannot be released for housing providers and new apartments will be much more difficult to build.

I held up the banner with a friend's help when the elected officials were speaking in the auditorium and shouted, "Sign the MOU!"

I had some NYAPRS helpers hold up the banner when I spoke about housing on stage, and I carried the banner all around the NYS Capitol. I got some thumbs up signs from elected officials' staffers, and a few snarls from NYS Security officers.

After listening to Harvey talk about the issues and hearing from some officials, some people went to a rally on the Capitol steps outside. Those attendees carried signs they made at home that read with slogans like "Ban the Box," and, "There is no health care without housing," etc.

Other attendees went into the Capitol and Legislative Office Building to visit with key elected officials.

I lead a team to visit some elected officials. My group spoke elegantly about all issues, but focused on housing and opposition to forced treatment. My group of attendees blew me away with how well they spoke. They were some of the most impressive advocates I've ever had the pleasure to help coordinate.

> **"My group spoke elegantly (to their elected officials) about…issues (such as) housing and opposition to forced treatment."**

Now I am getting ready for the NYC Mental Health Film Festival. We are meeting as a group and screening films to see if the films are worth showing at our film fest.

If you want to join us, contact me, Carla Rabinowitz, crabinowitz@communityaccess.org or 212-780-1400 x7726.

(Continued from cover Report Finds Barriers to Justice for Individuals in New York City Courts)

has a program for helping people with disabilities, called the ADA Liaison program. However, a recent report by MFY Legal Services found that the program needs to be improved.

The ADA requires courts to be accessible to people with physical disabilities. Courts must also make reasonable accommodations to their rules, policies, and procedures so that people with all types of disabilities—including psychiatric and invisible disabilities—can participate in the court's services, programs, and activities to the same extent as people without disabilities. UCS has assigned at least one "ADA Liaison" to each courthouse. ADA Liaisons are court employees who should know about the ADA and how to work with people with disabilities. People with disabilities can contact their local ADA Liaison to request a reasonable accommodation or get information about their rights and are encouraged to do so before they come to court. The program could be a great help, but it has serious flaws.

Many people who need the program do not even know it exists. UCS is supposed to advertise information about the ADA and the ADA Liaison program. It uses an "Accessibility Information Webpage" to do so, but this webpage is not always highlighted on individual court websites or on other parts of the UCS website. UCS is also supposed to advertise the program in courthouses. UCS has posters to do so, but the posters are poorly designed. For example, they include four symbols—a person in a wheelchair, two hands symbolizing sign-language interpreting, an ear with a bar over it indicating services for the deaf, and a person with a cane. These symbols do not make it clear that people with psychiatric disabilities may also get accommodations.

Someone who finds out about the program faces another problem—reaching an ADA Liaison. UCS's webpage provides a directory of ADA Liaisons. People are told to use the directory to contact their local ADA Liaison at the listed phone number. In May 2016, MFY tried to confirm the contact information of all forty-nine civil court ADA Liaisons listed for the five boroughs. MFY had a problem contacting the listed ADA Liaison more than 65% of the time. For example, 24% of the names and numbers listed were either for retired or former staff, or someone who stated they were not the ADA Liaison and 18% of the phone numbers simply did not work. Either the number was not in service or the call was sent to voicemail, but the caller could not leave a message. When we could leave a message, 24% of the voicemails were not returned within eight business days.

> **"People with disabilities should have equal access to justice….(The) ADA Liaison program… needs to be improved."**

During the phone survey, MFY spoke to court staff who did not know about the program, or said that there was no ADA Liaison at that court. One person stated that she was given the position, but was never trained. In 2012, MFY requested all training materials provided to ADA Liaisons and documents stating which ADA Liaisons receive training and how often. The Office of Court Administration provided only a two-page pamphlet titled "Communicating with People with Disabilities," and stated that there were no records about which ADA Liaisons received training or how often.

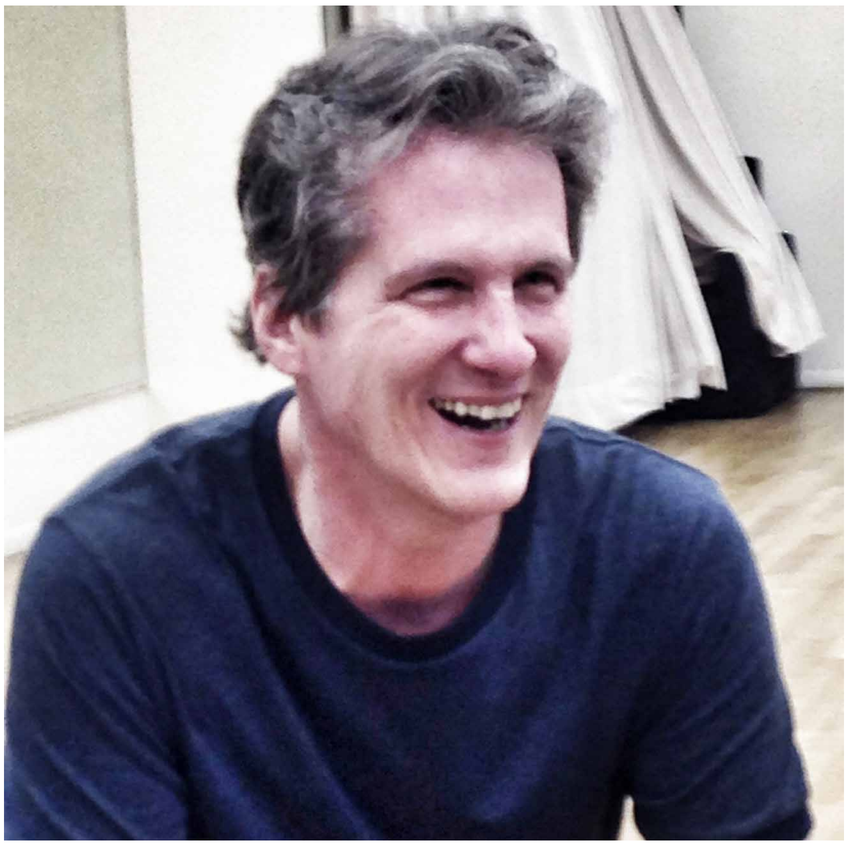
Probably due to poor training, ADA Liaisons often get the law wrong. For example, an MFY client requested to appear in court by telephone because a medical condition made her incontinent. The ADA Liaison incorrectly said that this was impossible because the client "lived in New York City." Also, ADA Liaisons too often suggest guardians ad litem ("GALs")—people appointed to advocate for those who are unable to advocate for themselves. Though some people with disabilities may need a GAL, most can advocate for themselves with a reasonable accommodation. For example, someone with agoraphobia should be allowed to appear by telephone, not be assigned a GAL.

MFY's report recommends ways to improve the ADA Liaison program. Since the report's publication, MFY has met with court officials and community groups to try to implement these solutions and make justice for all a reality. If you would like to read MFY's report, please visit our website at www.mfy.org.

The Aftermath of a Major Psychiatric Episode

By Kurt Sass

Coping Strategies for Dealing with Relapse Fears



Back in 1998, I began a two year, long-suffering battle with major depression, which included, among other things, daily suicidal thoughts, self-abuse (cutting myself up to 70 times a day), numerous hospitalizations, 22 ECT or "shock" treatments and a period of 11 months in which I could not leave my bed on my own—not even to take a shower or go to a doctor's appointment.

Fortunately, I have not had to endure anything even remotely close to that in the 16 years since that two-year ordeal ended in the year 2000.

One might think that it would be easy to be grateful that the "past" is behind me and that it is easy to go on. However, I think most people who have gone through the trauma of a major psychiatric episode would tell you otherwise.

> **"If you have suffered through a major psychiatric breakdown, and you are often afraid that it may recur, you are not alone."**

While I am extremely appreciative and grateful everyday that I have not returned to that horrible state, the fear of it recurring is always there. My belief is that most people who have endured a major psychiatric episode, especially a long-term episode, suffer from a form of Post-Traumatic Stress Disorder as a result. I still get flashbacks of when I cut myself and when I was hospitalized for attempting suicide. And when those flashbacks occur, the fear of the episode recurring also resurfaces.

This cycle occurs most often when my body is in a weakened state. A few years ago, I was confined to a bed for a number of days when I had a virus with a high fever. With my physical body feeling so weak, my thoughts began to shift. I started thinking that this was the beginning of a new depression and that I would not be able to get out of bed, even after the fever lifts. Another time this occurred was when I started a vigorous exercise routine and ran eight miles a day, without building up to that level. I wore out my body, and was almost too weak to fight my thoughts of oncoming depression.

I noticed that whenever I feel either tired or sad, I immediately start to panic and wonder if this is possibly the beginning of a major psychiatric breakdown.

The good news is that I have discovered many tools to successfully cope. The first is cognitive thinking. Whenever I start to feel any inkling or thought at all that I may be going into a deep depression, I sit back and analyze the situation. I ask myself questions: Are you physically sick at the moment? Are you tired because you didn't get enough sleep? Are you sad because of something that happened at work or with family? The answer to one of these questions is almost always yes, and that usually explains it. Meditation and yoga are two great ways to help get into a nice, relaxed state before asking yourself these questions.

Unfortunately, however, I sometimes go through unexplained periods of complete panic and fear which can last anywhere from a few hours up to seven to eight days. There seems to be no apparent trigger. When this happens, I must be continually cognizant that this is not going to end up being a two-year depression and that eventually it will fade away. It always does.

Finding the right therapist, one you can trust, is an important piece of the puzzle, as well as finding close friends whom you are able to confide in.

If you have suffered through a major psychiatric breakdown, and you are often afraid that it may recur, you are not alone. If you think you see any signs of a possible recurrence, please take a moment to step back and analyze them first.

Supplemental Needs Trusts and Government Benefits

By Joe Rosenberg, Professor of Law, CUNY School of Law

What You Need to Know

Who Needs a Supplemental Needs Trust?

- Miguel is 50-years-old and receives SSI, Medicaid, and SNAP (Food Stamps). Miguel is about to receive a $50,000 settlement from a discrimination lawsuit against a former employer who fired Miguel after the employer learned he had schizophrenia.
- Sonja is 35-years-old and suffers from depression. She receives SSI, Medicaid, and a Section 8 housing subsidy. Sonja's mother died recently, and left a will that gives Sonja $100,000.
- Ella is 60 years old and became eligible for Social Security Disability due to mental health problems after many years of employment. Ella receives Medicare, but now needs a level of home care that is available from Medicaid. Ella is not eligible for Medicaid because she has excess monthly income above the Medicaid level.

These are a few examples of when a supplemental needs trust ("SNT") can be used by a person who receives government benefits:

- If Miguel transfers his settlement money into an SNT, he will remain eligible for SSI and Medicaid. Miguel will also be eligible for SNAP, whether or not he uses an SNT, because in New York, SNAP does not count a person's assets.
- If Sonja transfers her inheritance money into an SNT, she will remain eligible for SSI and Medicaid. Sonja will be able to keep her Section 8 benefit, but may have to pay a small monthly increase in rent.

Ella can transfer her "excess income" each month into a supplemental needs trust to satisfy her "spend down," become eligible for Medicaid, and have the extra income used for her benefit by the trustee

How Does the SNT Work?

The trustee manages the trust, which directs how distributions are made to improve the beneficiary's quality of life. The trustee usually makes payments directly to providers of goods and services to the beneficiary. The trust is used to pay for basic needs not covered by government benefits and anything else that will improve the beneficiary's quality of life (for example, "extra" health care, housing, travel, personal care, computers, and education).

The trustee does not make payments directly to the beneficiary. If the beneficiary needs services beyond what Medicaid covers, the trustee pays the provider directly. The SNT is not considered an "available" asset and the beneficiary maintains eligibility for government benefits.

> "Sonja…receives SSI, Medicaid, and a Section 8 housing subsidy. Sonja's mother died recently, and left a will that gives Sonja $100,000. (She will need a Supplemental Needs Trust if she wants to keep her government benefits and the money from her mother's will.)"

If the trustee pays money directly to the beneficiary, it would be counted as income, which might affect the beneficiary's eligibility for government benefits.

What is the Difference Between "Pooled" & "Individual SNTs?

There are two main SNT "structures":

- A "pooled" SNT is for people with disabilities of any age. A nonprofit organization establishes and manages the trust. Each beneficiary has an account within the "master" pooled trust.
- An "individual" SNT is limited to people with disabilities under age 65. An individual trust document must be drafted. Unlike the pooled SNT, a responsible person or bank/trust company must be selected to serve as trustee.

Who funds the SNT? "Self-Settled" & "Third Party" SNTs

There are two main types of SNTs:

- A "self-settled" SNT is funded with money or property that is owned or controlled by the beneficiary (for example, a settlement from a lawsuit, or an inheritance). The beneficiary is considered to "own" the money that will fund the trust, so it is necessary to use a self-settled SNT. A transfer of money or property into the SNT does not create a "penalty period" of ineligibility for SSI or Medicaid, unless the beneficiary is over 65 and applies for Medicaid nursing home coverage within 60 months of the transfer.
- A self-settled SNT can be created by the beneficiary (if the person has enough decision-making capacity), or by a parent, grandparent, legal guardian, or a court.
- A "third party" SNT is funded with money or property from someone other than the beneficiary (for example, a family member or friend). The beneficiary does not own the money used to fund the trust. A parent creates a third party SNT when the parent includes the SNT in a will that takes effect when the parent dies.

Is There a Medicaid "Pay Back" from the SNT Remainder?

With an individual "self-settled" SNT, there is a required "pay back" to Medicaid from any remaining assets when the beneficiary dies (up to the amount paid by Medicaid for the beneficiary). With a pooled SNT, there is an option to keep any remaining money in the pooled trust when the beneficiary dies, instead of the "pay back" to Medicaid.

A third party SNT, because a parent or other person (not the beneficiary) creates and funds the trust, does not have a required "pay back" to Medicaid. The creator of a third party SNT can choose who gets any remainder after the beneficiary dies.

Does a Person Need a Lawyer to Create the SNT?

I recommend that a person work with a lawyer, who should be able to explain options and help the client make informed decisions.

For example, a lawyer can help under the following circumstances:

- A parent or grandparent is doing "estate planning" and wants to provide for a child or grandchild (or other relative or person), but does not want to cause the beneficiary to lose eligibility for government benefits.
- A person receiving SSI and Medicaid inherits money from a relative or friend, or receives a lump sum settlement from a personal injury, discrimination, or other case, and needs to protect the money without losing the government benefits.

The cost of setting up an SNT will vary, depending on the amount of money involved, the type of SNT, and if a person needs to create a new SNT or can establish an account with a pooled SNT.

Private attorneys who specialize in Elder Law, Disability Law, or Wills, Trusts & Estates, may have the necessary expertise. A private attorney may charge anywhere from $1,500 to $5,000 (or more) for an SNT.

Local legal aid, legal services, and bar associations may have referral services for pro bono or more affordable attorneys.

Announcing The New York City Mural Arts Project

From the NYC Department of Health and Mental Hygiene and the Fund for Public Health

Murals in the Bronx and Manhattan–developed through community engagement–will address mental illness

NYC DOHMH and the Fund for Public Health have organized a community-based project to create three public murals about mental health in East Tremont, West Bronx, and Hell's Kitchen. The New York City Mural Arts Project is a collaborative effort between mental health consumers, artists, community-based organizations and the community at large. The two murals in the Bronx will be created by VIP Community Services and muralist Tova Snyder. The mural in Manhattan will be created by Fountain House Gallery and artist Andrew Frank Baer. The Mural Arts Project is part of the City's effort to increase services and awareness about mental health, and aligns with First Lady Chirlane McCray's goal to build social cohesion and reduce the stigma that continues to surround mental illness.

The Mural Arts Project will include a series of community activities over the next three months to engage the public in the mural making process and foster community conversations about mental health. The artists will lead weekly workshops at community-based organizations to discuss ideas for the designs. The artists will then present a first draft of the mural and receive feedback from participants. In May, the project will culminate with two Community Paint Days, arts and wellness fairs where the public can paint the murals.

"The Mural Arts Project is an important investment and builds on the impact ThriveNYC has had improving our city's mental health infrastructure," said First Lady Chirlane McCray. "Art has the ability to profoundly change the way we think, feel, and even spark meaningful conversation to begin to break down the strongholds of isolation and stigma."

"The NYC Mural Arts Project is part of a citywide effort to take discussion of mental health from lectures to living rooms, creating the opportunity for a community conversation," said Health Commissioner Dr. Mary T. Bassett. "Projects like this engage the community through discussion, thought, and action—ultimately reducing the stigma associated with mental illness."

"We are pleased to take part in this important effort to connect residents to community-based organizations, social centers, and art in order to bring mental illness out of the shadows and encourage New Yorkers to seek services to help them flourish," said Sara Gardner, Executive Director of the Fund for Public Health in New York City.

> "The NYC Mural Arts Project is part of a citywide effort to take discussion of mental health from lectures to living rooms, creating the opportunity for a community conversation...."

For further information and additional open studio dates, check the Mural Arts Project Facebook page or visit www.nycmap.org.

The Mural Arts Project steering committee includes members from the NYC Health Department, the Fund for Public Health, the NYC Department of Cultural Affairs, NYC Health + Hospitals, the Mayor's Office, VIP Community Services, Fountain House, Fountain House Gallery, Citiview Connections Clubhouse, Bronx Community Board 6, and Manhattan Community Board 4.

About the Artists

Tova Snyder received a Master of Fine Arts from Temple University's Tyler School of Art. Her work includes public and commercial murals, fresco painting and restoration. Her largest piece of public art is a six-story mural off the Grand Concourse in the Bronx.

Andrew Frank Baer studied fine art at Brooklyn College. His work has been shown in galleries in Washington, D.C. and New York City, and he has painted large murals in New York City.

“Evolutions of Us”: An Art Exhibition

By Laura Anne Walker

Making Art After the Fall of HAI

2016 was a difficult year for many people, especially because of the presidential race. In addition to the political atmosphere, those of us who attended the Healing Arts Initiative (HAI) Art Studio (created by Francis Palazzolo and directed by him from 1994 to 2016) lost the Art Studio and HAI, which went out of business. Many people, including staff and participants, were displaced. Palazzolo took that devastating loss as a magnificent opportunity to charge forward, fill the void, and create Being Neighborly, an independent art collective, comprised of former HAI Art Studio members and new artists as well. Ever hopeful, Palazzolo has kept it together for us and has given it to us to be active participants in Being Neighborly: We each contribute our gifts, talents, resources, connections, and time.

The Being Neighborly art collective has already had two exhibitions in its short existence: “Bring da Beach ta’da Hood” at the Open Source Gallery;

(Continued on page 13)

Expressing Emotion and Experience

By Lisa Roma and Reginald True Coleman

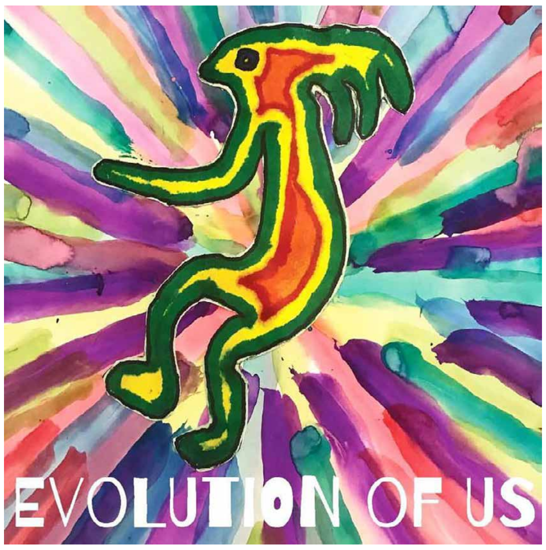
The “Evolutions of Us” Art Exhibit

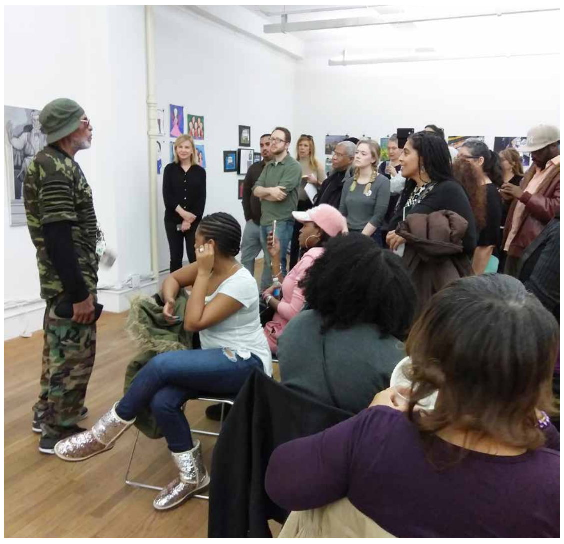
Have you ever come across a piece of jewelry that caught your eye, and as you looked closer there was one thing about it that sold you? Then, after having it for some time, it seemed to be more attractive the longer you owned it. That is one way to describe the “Evolutions of Us” art exhibit. When we walked into the room we knew we had stumbled upon a jewel. But the longer we stayed the more interesting it became.

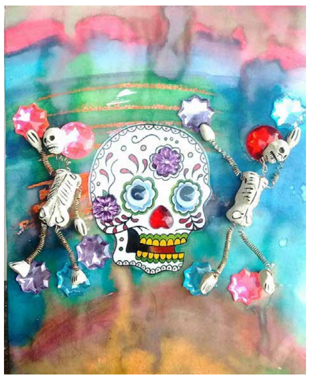
It was a mild winter day, Saturday, February 18th when we arrived. The brightly lit walls of the ample sized gallery were lined with quite a variety of art styles. The space was filled with guests and exhibitors. A spread of refreshments covered a table near one corner of the large square room at the School of Visual Arts (SVA) 5th floor gallery located at 321 West 21st Street in Manhattan. The exhibit featured the work of 12 artists, five of whom spoke.

Viewers listened intently while

(Continued on page 13)







(Continued from cover Let My People Go! A Call to Action)

and suffering of all of the above in coerced silence. The owner of Garden of Eden was known for ordering residents to perform tasks for his benefit. Indeed, he once called me to his office to demand that I throw out the remains of his gourmet meal after he dined. Fearing he would hospitalize me if I refused, I complied.

Shortly thereafter, a social worker from the mental health day treatment program I was coerced to attend, in cahoots with a psychiatrist friend, completed an HRA 2010E application for supported housing on my behalf. In less than two months I moved into my airy, sunlit apartment. One month later the social worker lost her job.

Most residents were not as fortunate as I. They had no way out. Adult home owners conspire with day treatment and mental health providers to portray their residents as victims incapable of caring for themselves in a supported apartment milieu. I entered Garden of Eden ready to work so I could move out and rent my own place. Instead of working, I was forced to attend a day treatment program. I sat in that program for close to five years of my life. I now view those years as five wasted years, time I can never get back. Shortly after I moved I obtained employment, proving that I could have worked long before I moved into my apartment.

Frustration has been mounting over the inhumane warehousing of people with mental illness and other disabling conditions for many years. This frustration led to the 1999 Supreme Court decision, Olmstead v. L.C., in which the Court ruled that under Title II of the Americans with Disabilities Act (ADA), individuals with disabilities are entitled to live in communities of their choosing, rather than in institutions, so they can become integrated, fully participating members of their communities.

In 2003, Disability Rights New York (then Disability Advocates Inc. or DAI), the Bazelon Center for Mental Health Law, the Urban Justice Center's Mental Health Project, MFY Legal Services, New York Lawyers for the Public Interest, and pro bono counsel Paul, Weiss, Rifkind, Wharton & Garrison LLP filed a class-action lawsuit challenging the adult home industry's illegal warehousing of approximately 4,000 individuals with serious mental illness in New York City. In 2009, they prevailed in a five-week federal court trial. In 2012, the U.S. Court of Appeals for the Second Circuit vacated that ruling on the grounds that the class representative, DAI, did not have standing to represent the class. In other words, the Court stated the class needed to be represented by actual residents living in adult homes.

> **"…I watched a newsflash about NYC schoolchildren being fed rancid school lunches and the ensuing outrage….Where is the outrage concerning how adult home residents are made to suffer….(A)dult home owners see us as objects that are mere conduits for profit. Most others don't see us at all."**

The case was refiled as O'Toole vs. Cuomo. In 2013, a settlement was reached that required New York State to provide a multi-step, five-year process to transfer potentially over 4,000 adults with mental illness to supported apartments from adult homes.

The first step in this process is "in-reach," during which housing contractors send representatives into adult homes to ask residents if they want to be assessed. Only about half of the 4,000 class members have expressed a desire to be assessed, largely because of poor "in-reach" and adult home practices that inhibit free discussion, such as lack of privacy to speak with in-reach workers.

Assessment is the second step. Although there are delays at each step, and the State of New York is performing poorly throughout the process, the most significant and alarming delay is at assessment. Because the State has neglected to enforce its contract with Transitional Services for New York, Inc. (TSI), a backlog of over 800 people waiting for assessment has persisted for more than a year. Of the 2,200 adult home residents who have expressed interest in moving to supported housing, approximately 500 residents have actually moved to community apartments over the past three years. A large part of the delay seems to be due to the insufficient staffing of the evaluation team. TSI employs only four people to conduct evaluations of adult home residents who wish to move into apartments in the community.

Both the assessment of a resident and a resident's Human Resources Administration (HRA) approval (the third step) expire after twelve months. For some residents, there are issues that are never resolved such as assessment discrepancies resulting in either the assessment or the HRA approval timing out. This forces the resident to re-initiate the transition process after they have been expecting to move for at least a year.

The last steps in the transition process are housing contractor referrals and interviews, apartment viewing, apartment selection, moving to an apartment, and coordinating the appropriate services to help each resident to succeed in the community. These steps are conducted poorly as well, with residents often lacking services when they move.

The multistep process is bad. Yet bad has become worse. Over the past two years, more than 1,000 people with serious mental illness have been newly admitted into the impacted adult homes, contrary to the State's unenforced regulations prohibiting such admissions.

In February 2017, a complex legal situation arose when the State colluded with the adult home industry to challenge the regulations for, and ultimately undo, the settlement.

On March 22nd, the Coalition of Institutionalized Aged and Disabled (CIAD) spoke out in Albany against all this. This group of residents and allies works to advocate for the 5,000 residents trapped in adult homes. Simultaneously, plaintiffs' counsel took legal action seeking to uphold the settlement.

Recently, in the comfort of my supported apartment, on my own couch, I watched a newsflash about NYC schoolchildren being fed rancid school lunches and the ensuing outrage. For years as an adult home resident I had no couch on which to sit and had to eat the rancid food served. Last night I cooked myself fresh chicken soup because I felt like it, all the while wondering: Where is the outrage concerning how adult home residents are made to suffer; about how I was made to suffer? Adult home residents, for the most part, are not viewed as the people we are; rather, adult home owners see us as objects that are mere conduits for profit. Most others don't see us at all.

Note: To find the best way to get involved, please contact Geoff Lieberman of CIAD, at (212) 481-7572, or glieberman@ciadny.org

---

Soulful Connections

A Column by Relda Hill

Cultivating the Inner Voice

I have been hearing a lot recently about people who hear voices and how disruptive these voices can be. I want to say that I have empathy for these individuals and I validate their daily struggle to deal with this mental health condition. However, there is another voice that exists in each of us that does not get much attention. To be clear, this voice is called the inner voice. This voice is not a pathology; it represents the inner child at the core of our being. I have found in my spiritual practice that this inner voice can lead me through any distress that I may be feeling. In this article I will discuss my struggle to hear my inner voice and how I achieved peace and wholeness by listening to it.

Throughout the last 25 years, I have done a lot of research on spiritual practices. I was raised as a Christian, but when I reached adolescence Christianity no longer worked for me. I do not relate well to a God that deals with black and white rules and who does not have a sense of humor. In addition, since I had poor boundaries in the past I did not know where I began or ended. I was like an open book and anyone could write on the pages of my soul and mind. Moreover, since I was sensitive, I found that people really did not have to say anything to me. I was able to pick up their negative energies and I made the erroneous assumption that the feelings and energies of others were my feelings and energies. Sadly, my authentic self got lost in the struggle to gain my identity as Relda.

As the years passed, I developed a lot of "chatter" in my head. I define "chatter" as white noise. This white noise made it difficult for me to connect to the inner child in me and to my inner voice. For instance, when I was in the throes of a deep depression, my inner voice was my worst critic. I entertained thoughts like "You don't deserve to live," which caused me great distress. I felt that I did not deserve to live and I was very judgmental with my Self. This judgmental part of me caused me to act out in self-defeating ways. I nearly lost my life to this harsh inner critic.

> **"I discovered through meditation that I am able to get to the bottom of any problem. I was able to reach the 'still' part of me. From this serene space, I began to heal."**

One might ask "Why should I seek out the inner voice when it can be my own worst critic?" I believe that it is important to seek out the inner voice even if what I discover is harsh, negative criticism. I know

(Continued on next page)

(Continued from page 10, Soulful Connections)

that when I listen to the negativity that is contained within me that I can very slowly begin to change it. When I become aware of what is rotting within me, I am given the opportunity to liberate my soul. In simpler terms, I have a choice. I can either succumb to the negative talk or I can learn to transform it. Transformation occurs for me when I "starve" this negative energy by engaging in some positive activity like exercise, doing artwork, singing, cleaning my apartment or any other kind of positive activity. In my experience, I have found it worth my while to dig up toxic, old tapes so that I can face them and symbolically discard them. Whenever I engage in transformative activities, I am building positive, self-esteem. My salvation is not in medication but in meditation! Let's be clear, I am not advocating that peers come off their medication, I am stating that meditation can be an instrument that leads to wholeness and healing.

Luckily, I have a persevering spirit and I began to read spiritual books and magazines. In addition, I went on retreats, entered therapy and spoke to many people who had similar struggles. Fortunately, I was able to find the strength to meditate even if it was only for short periods. I learned about techniques that helped me to understand cognitive distortions and how they distorted my world. I also learned that many of my reactions were based on traumas that I had endured during my life.

As my meditation practice grew stronger, I was able to hear my inner voice. This small voice inside of me became calm and periods of upheaval lessened. I discovered through meditation that I am able to get to the bottom of any problem. I was able to reach the "still" part of me. From this serene space, I began to heal. The "internal offender" or the "harsh inner critic" are still a part of my psyche, but they do not run my life. My ability to hear my truth from my inner voice strengthened me. I am not suggesting that I do not need other people in my life; I still choose to work with a therapist. However, I am not as dependent on others as I used to be. Simply put, I have learned to bear my own burdens.

For those brave souls who want to find their inner voice, I can offer a few tips. You can begin this journey by creating a sacred space for yourself in your home. You can decorate the space with pictures of a spiritual leader or decorate your space with meaningful, universal symbols. Some people like to have a jar of water to represent spirit and others use incense to purify the air. Also, you can use flowers or green leaves to represent life and eternity. After this sacred space has been created, you can sit on a chair or sit on the ground. Do only what works for you. There is an abundance of books that will give you more ideas on how to create sacred space. Observe your breath and make sure that it is calm and steady.

As you begin to do the practice diligently you will begin to move past the chatter of the "monkey mind" and find your inner voice. You will begin to get in touch with the part of you that has never been violated. Your inner voice will make itself heard and you will eventually feel calmness and a deep peace. Deep in your soul you will know that you have achieved something special that will be your guide through the rest of your life.

(Continued from page 2, Ward Stories: Finding Your Way Back to Love)

have you ever seen your brain
on Love?
it glows—

like a wave
trying to leave the ocean
you can't get away from Love
it stalks the soul
and so
it is your essence
you can only be blind to it
like a mother
to her child's inequities

so a walk to Love
is never a return
but a walk to a mirror
where you like
what you see.

(Continued from page 2, Ward Stories: Pride Parade)

God shines in sunshine-rays
and some of the tribulation
has been lifted
Tomorrow, I promise that
I will be involved in a less
depressing set of rules
For the millions who cheer
remind us that we walk the
path of different schools
We are united and will dance
like hippies, our feet that move
to the beat on the street
And I, for one, am enchanted
and enraptured what Pride
Day brought we could meet
Writing about a future goal will
uphold the magic of the body,
mind, and soul
And let's be hallelujah-grateful
that such a lesbian tale can
be told

Please Donate or Subscribe to City Voices, a Program of Baltic Street AEH Inc.

Consumers, parents, and mental health professionals be a part of CITY VOICES whether you write articles or contribute funds.

SUPPORT US IN OUR MISSION TO TURN OUT THE BEST NEWSPAPER POSSIBLE—WE NEED YOUR HELP NOW!

Bulk subscriptions available for agencies. For rates and more information, email CityVoices1995@gmail.com. Make check or money order out to "Baltic Street AEH" and in the note put "For City Voices." Mail to: City Voices, c/o Baltic Street AEH, 9201 4th Avenue., 5th Floor, Brooklyn NY 11209. All donations are tax deductible.

—We Thank You, The staff of CITY VOICES

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

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

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

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

undercover reporting

How I Deal with Loneliness in the Big City

By Ted Walner

Seek Out Some People to Be With

Coming from a family of five children, I always had people around me growing up. Even if we didn't talk to one another, there was the security of knowing someone was always around. Life is much different in the big city. Now, I live in a studio apartment in Manhattan. I can always call someone, but it is much different than having people around you when you need them. It doesn't bother me that much during the weekdays because I spend my time with nice people at work and then usually enjoy my "down" time. But it does hit me on weekends when I spend time on my own. Sometimes solitude sets in. I enjoy being by myself, but sometimes I feel lonely and can't wait to be with someone. This article is going to deal with how I fill those gaps so I don't feel so lonely. I will provide suggestions on how I do it and hopefully this will help others who experience feelings of loneliness.

A dear friend bought me a book on a set of DVDs for the holidays that I was interested in. It is amazing how this system counteracts the feelings of loneliness. You have a person narrating the book, which makes you feel like someone is talking to you. You can concentrate on this topic of interest, which stimulates you. It is much easier than the eye-strain of reading. You also learn something new.

On the weekends, I listen to the DVDs and it helps me to focus on something I find interesting. You almost feel as if you have someone in the room with you and it really helps with the feelings of loneliness. You can purchase a variety of topics on Amazon.com and they aren't very expensive. If you're interested in reading Hemmingway, Herman Hesse or any author, you can get these books narrated to you on a DVD. It's a fun way to learn and has a lot of benefits.

You can make friends as well as find romance on dating websites. You have to be careful because there are some fraudulent people trying to get your money, but most of the people are simply interested in socializing. You should meet in a public place until you feel comfortable with that person. I advise that you get to know the person through texts, emails and phone calls before you meet. Once you feel comfortable, take it one step further and meet in a public place.

> **"There are many things you can do in the big city to socialize on a budget."**

Not every person you meet is going to become a romantic interest. Sometimes, you make friends with people of similar interests as well. I have made three friends in the past few years on the Internet. It is possible. Not all sites charge a fee. Okcupid.com, nolongerlonely.com, mingle2.com, and pof.com all have a lot of free activities. You can pay, but you can also do a lot for free.

Nolongerlonely.com is a site for people with mental illness. I have made a friend on this site. These sites do help you find a mate and make friends although you should always be cautious. This is a definite antidote to loneliness.

There are many clubhouses one can go to. Fountain House offers a work-oriented program and you are bound to make friends with the wonderful people and staff there. They have different units, such as the Culinary Unit, the Employment Unit, the Communications Unit, and the Wellness Unit. One can decide what area they would like to join.

Baltic Street AEH, Inc. has the Resource and Wellness Center where you can socialize and get involved in group activities such as the expressive arts groups, meditation, arts and crafts, wellness and self-esteem-building groups.

Rainbow Heights is a clubhouse for the LGBTQ community that deals with mental health issues. They have film night on Thursday evenings where you can watch a current film together. These organizations also have interesting discussion groups.

At Fountain House, there is a women's group and a LGBTQ talk group. You can discuss topics of interest in these groups and it's a great way to socialize.

Groups provide a social outlet, a place to express yourself, and a way of meeting people. I encourage you to give them a try to combat the sadness of loneliness. They do help.

There are many things you can do in the big city to socialize on a budget. A lot of the museums have a free day. Going out to lunch is usually less expensive than dinner. You may borrow movies on DVD from the library and watch them with a friend.

I hope I have helped by offering some good suggestions to change loneliness into productive times with people. I still battle with it at times, but the activities mentioned have surely helped me. Hopefully, they will help you too.

"Ten Days in a Mad-House" by Nellie Bly

By Carl Blumenthal

How Much Have Things Really Changed Since 1887?

Note: The author's use of "insane, mad, and crazy" is not meant to offend, but rather in keeping with the terminology Bly and everyone else used in 1887. Back then such labels were powerful indictments which could lock people up for a lifetime.

Mt. Holyoke College psychology professor Gail Hornstein lists more than 1,000 mostly obscure authors in her bibliography of first-person narratives about madness.

(See www.psychologytoday.com/blog/rethinking-mental-health/ for an April 16, 2016 interview with Hornstein by Dr. Eric Maisel.)

In contrast, a handful of journalists have gained notoriety for going undercover in mental hospitals by faking illness. One such journalist investigated Brooklyn's Kings County Hospital in 1961. The first and most celebrated journalist to do so was Nellie Bly, who spent 10 days at the Blackwell Island Insane Asylum in 1887 and reported on her incarceration for the New York World.

During a period when many immigrants must have "lost their way" in new surroundings, Bly, who spoke Spanish, claimed to be Cuban in support of her "case." Given her Irish family came here in the 1790s and grew to financial prominence, this early feminist needed to disguise her nonetheless ladylike airs. Thus she checked into a boarding house for poor working women and acted out the "alienation" which passed for mental illness in those days.

Less remarkable than being declared mad was that once inside the hospital with 1,600 other women, Bly dropped the pretense of insanity, only to be considered crazier than the norm. Why? As we look back, what stands out was not so much the expected deplorable conditions there, but the resourcefulness she exhibited.

Bly risked punishment advocating for others, yet managed to identify workers who treated patients humanely. Likewise she met women who were sane when they entered with her and a few others who kept their wits despite ill treatment. All the while she pitied the overwhelming majority of "lost souls."

She wrote, "Pronounced insane by four expert doctors and shut up behind the unmerciful bolts and bars of a madhouse! Not to be confined alone, but to be a companion, day and night, of senseless chattering lunatics; to sleep with them, to eat with them, to be considered one of them was an uncomfortable position."

Uncomfortable indeed. Statements like these allowed the World's customers to experience the horror of mental illness from a comfortable enough distance so they would continue reading the many installments of Bly's story.

In spite of their madness, the inmates, not the staff, were expected to maintain the asylum. When Bly saw the motto on a wall, "While I live, I hope," (like "work sets you free," which later adorned the entrances to Nazi labor camps), she thought, "The absurdity of it struck me forcibly. I would have liked to put above the gates that open to the asylum, 'He who enters here leaveth hope behind.'"

> **"Bly saw the motto on a wall, 'While I live, I hope'...she thought, 'The absurdity of it struck me forcibly.' I would have liked to put above the gates that open to the asylum, 'He who enters here leaveth hope behind.'"**

Dubbed "the crazy girl from Cuba" by reporters from whom she hid her identity as a colleague, Bly was clearly exceptional. Why else would she be singled out among the dozens of women sent to Blackwell each day? That her objective reporting was sympathetic to inmates without being sensational—she avoided the wards for "incorrigibles"—probably explains why a grand jury investigated the asylum and the city increased funding for care by $1 million annually.

How long this lasted and whether it made a difference in conditions remains unanswered without more research. Journalists rarely revisit the sufferings of their subjects.

(Continued from page 9, "Evolutions of Us": An Art Exhibition)

and the recent exhibition, "Evolutions of Us," at the School of Visual Arts (SVA) in collaboration with the SVA MPS Art Therapy Department, interns, students and staff at 132 West 21st Street, 5th floor Studio, by appointment.

The opening reception for Evolutions of Us was on Saturday, February 18, from 2:30-4:00PM, and was well attended. The artists in the exhibit were: Jenny Chan, Michael Johnson, El Kuumba, Ray Lopez, Linda Moses, Girl Negron, Georgia Redd, Aracelis Rivera, Vincent Salas, Cynthia Timms, Laura Anne Walker (myself), and Lawrence Willoughby. A number of us spoke about our art.

I read my original poetry from my art, and spoke about the content, which explores my journey from psychiatric hospitalization to stabilization and how I came to terms with the diagnoses I've been labeled. Others spoke spontaneously. For example, Cynthia Timms described her love-letter artwork to Rosa Parks and, in doing so, tried to put herself in Rosa's shoes, hoping that she would have had the same courage as Parks on that bus. El Kuumba spoke of his paintings, one of which had both Mr. and Mrs. Obama, and Mr. and Mrs. Dr. Martin Luther King in the same painting. Ray Lopez spoke of his work, which is often provocative and controversial. Vincent Salas talked of the Shamans in his work and other themes. He also played a hand-beaten drum, which he invited others to play with him. Lawrence Willoughby spoke of his paintings, which depict everyday scenes in the city, such as the New York City skyline, and an MTA bus. Speaking about art is an exciting new feature of the exhibitions. Having a supportive, art-loving audience continues to be an amazing experience.

The MPS Art Therapy Students, led by Supervising Art Therapist, Sheila Fontanive, LCAT, are: Yi-Chien Chang, Saeideh Goiji, Laura Hetzel, RJ Huguenard, Andrea Juliano, Rebecca Rodas, and Gabby Simpson. They creatively helped us to get to the point of exhibition. The entire staff was overseen by Special Projects Coordinator Val Sereno, LCAT ATR-BC, who, overall, was instrumental in assisting us to put on this exhibition. We thank them.

We have coverage on the SVA blog: http://arttherapyblog.sva.edu/?p=2211 and in a press release. On Facebook, search "Being Neighborly." If you want more, you can view profiles, spread the word, and help us reach our goals at http://beingneighborly.yolasite.com.

(Continued from page 9, Expressing Emotion and Experience)

various artists stood in front of their respective exhibits and shared what their artwork meant to them and why they created it. Several exhibitors voiced how creating their art helped them to express their feelings and experience some level of healing. Others chose to express a political point of view.

The artwork covered a range of topics. Some of the paintings were photo-realistic portraits, while others were surreal. Some combined retouched photographs with typed words. One artist combined dream-images that he described while beating an African hand drum. Some artists included controversial political content while other described their art as being an extension of their mental health journey.

Laura Anne Walker, the event's host, opened the exhibit with a reading of her poetry before discussing her art, whose colorful drawings were prominently displayed. Her eloquent poetry and art spoke about her experiences with hospitalization and recovery.

Guest viewer Steph Walker shared the words of photo-realistic artist El Kuumba: "He said he uses his artwork to express his pain, and that's how he processes his pain. It also helps him connect to who he is."

Artist Cynthia Timms spoke about her art project, which revolves around her letter to Rosa Parks, and said she believes "in art and activism. What can I do as an artist, as a writer, as a citizen, as a woman, as a black woman?" Vincent Salas, whose art expressed his spiritual and shamanic phase, also played an African hand drum during his talk, explaining how he added paper from his prescription drugs as a background to some of his art. Artist Ray Lopez spoke of the controversial and political views expressed in his work. Artist Lawrence Willoughby talked about his New York City painting. The other artists whose work was displayed, but who did not speak, were: Jenny Chan, Michael Johnson, Linda Moses, Girl Negron, Georgia Redd and Aracelis Rivera.

The "Evolutions of Us" art exhibit was curated by Being Neighborly, a not for profit organization, in collaboration with The School of Visual Arts art therapy program. Being Neighborly is directed by artist Francis Palazzolo, who formerly created and directed the HAI Art Studio.

"…(El Kuumba) uses his artwork to express his pain, and that's how he processes his pain. It also helps him connect to who he is."

Book Ends: "When Cries are Silenced" by Debra Faes-Dudden

Reviewed by Kurt Sass

Debra Faes-Dudden is a multi-faceted artist who has written a book titled "When Cries Are Silenced," containing her poetry, artwork and a song.

Ms. Faes-Dudden was sexually abused at a very young age by her grandmother's live-in boyfriend, who died when she was seven. She said she had repressed almost all the traumatic experiences and that it has taken her over 20 years to heal from these repressed memories. She credits her use of the creative arts as one of the major tools in her recovery.

Ms. Faes-Dudden's poetry is a mixture of a range of emotions from fear to despair to hope, joy and pride and the many subtleties in between. She is honest and lays bare he reality while remaining pragmatically optimistic.

Her poem, "A Struggle For Peace," speaks of fear, with: "I feel so alone and out-of-control, I lay paralyzed, every breath pain-filled," and, "The struggle to find this elusive peace continues."

In the poem, "Locked Inside the Untold," she communicates despair with: "But it's so cold within this cell" and "I'm not truly not living, I only exist."

An example of hope can be found in last two stanzas of her work, "So Many Children Cry in the Silence of the Night," with such lines as: "A renewal of energy begins to grow" and "She's able to see that beyond the rain there lies a rainbow."

"Proclamation," evokes joy with such phrases, "I flourish in change and movement, in wind and in waves." and "Change is my nourishment, movement, my dance of creation."

Pride can be felt in her piece, "It's Good to be a Woman," with the lines, "We, who can offer warmth, acceptance, and shelter, just with the opening of our arms" and "Oh, yes, it is good to be a woman."

There are many more examples of the emotional spectrum contained within the 36 poems. This diversity of emotions is what kept me hooked. Many books about one's recovery from mental illness and/or personal trauma (whether poetry, biography or fiction) often lean dramatically to the horrors they have gone through or focus solely on the successful, happy, fulfilled life they are leading today. Ms. Faes-Dudden portrays the broad spectrum of her life and experiences.

"When Cries are Silenced: Writings During My Journey in Healing Repressed Childhood Trauma" is available in paperback for $11 at Amazon.com.

Note: You can write to Debra Faes-Dudden, P.O. Box 7223, Indian Lake Estates, FL 33855.

"She credits her use of the creative arts as one of the major tools in her recovery."

Reality for Dreams

By Derrick Ferree

When Your Mind Takes You on the Ride of Your Life

I'm a spy unlike any other, gifted with supernatural, psychic abilities and able to connect telepathically with the most beautiful woman this world has seen. I'm destined to, at least in part, prepare the world for End Times. Not only is there prophetic cosmic danger in the near future for all of us, but there has to be a group in control setting such a course in motion; a group that doesn't like me and my dashing wife-to-be. Luckily, I've set up a network to connect us all (those of us working against the evil) who understand my coded language. They are connected to Hollywood, independent news sources and the music industry. Much of what these would-be strangers, celebrities and news anchors are saying fits the code. Clearly, they are understanding my calls for help as my estranged female fantasy and I desperately wait for them to organize so that our mutual superpowers may combine to fight evil and fulfill the prophecy.

You know, I did work in TV in LA, and I did talk to some people when I was an activist on the streets. And, it is prophetic, and I am smart, too smart to be wrong. So clearly, I'm right. I've tested it out this time. I've been direct with the trustworthy people on the internet who find these bipolar adventures believable. I've kept it secret from family and friends because they would get caught in the crosshairs, not because they would calmly explain to me that I'm on a path leading back to the ward.

But I've been good. I've held down steady, productive work, and I'm fine. Never mind the binge drinking that would allow these delusions a resting place in my mind and silence the voice of reason. I'd find news to validate my visions, and it would be real; as real as possible so that I wouldn't have to accept that I'm not a character in X-Men or a prominent character in End Times lore. But some of my visions have come to pass. I must warn the people and save the girl!

(Sigh) Yikes. I can't believe that was/is me sometimes.

The problem is/was/will be that life to those of us with these, kind of, enjoyable bipolar delusions are going to crave them again. Especially in the aftermath of an episode where everything one has worked for, typically, is ruined, and the path back to that decent place in society is seemingly blocked. Usually, with such a bleak future carved out, the old delusions must be the solution, and we'll try to make it that. It comes from a lack of respect for what is good. Having lost a lot, I'm here to say, don't give up on what minor joys come from self-sustainability and productivity. There is no better feeling than independence, and all of us who've been in a ward for more than a week know that is true. Never forget the alternative, and never make the alternative an escape from the beauty of a simple healthy life.

Unfortunately, those of us with Bipolar I get the joys of schizophrenia with long-term ups and downs. It feels like a never-ending roller coaster ride, and the trouble, when not treated properly, is actually enjoying the ride. Now, life in general is a bit of a roller coaster, but I've begun to feel like those without mental illness fail to realize that they were born in a seat with functioning seat belts. We're not broken. We're just in a bad seat, but there are ways, thankfully, in today's world, to make that seat more comfortable. And there are times we should realize that the ride is serenely steady. It's fine to be just getting through the day.

There's a reason why superheroes remain fiction. It's because they can't sustain what we see on film. No one can. Remember that. There's a reason we don't have superpowers, because if we did, it would never stop. Some of us know how terrifying that is when the delusion spirals into paranoia—and it will. Realize that everyone, not just the mentally ill, has problems navigating life's more tedious times. Patience and care will balance and guide you.

A few days of adventure are not worth trading a few years separated from the life you should be living. This mantra helps me now, and maybe it can help you on your journey. So, buckle up.

> **"Now, life in general is a bit of a roller coaster, but I've begun to feel like those without mental illness fail to realize that they were born in a seat with functioning seat belts. We're not broken. We're just in a bad seat…."**

Deconstructing Borderline Personality Disorder

By Kay Elizabeth Bitters

Apply the Salve of Love

When I was first diagnosed with Bipolar I, I jumped right into therapy and started trying out all the mood stabilizers. Nothing helped, except a bit of anti-depressants. This is when it became apparent to my health professionals that I was more than likely misdiagnosed. It was considered that I suffered from Borderline Personality Disorder (BPD).

I am not an angry individual, but I am on my way through overcoming. I have lived with this condition for over fifty years now. Recovery is more than an option, and never too late. The following eight points are issues I find worthy of discussion:

One: Personality disorders. Really? Is not every being on the planet a unique individual with divergent ways of coping with life? And what manifests is coping in ways that are not socially normal. Nothing more, nothing less.

Two: Impossible to cure. The human spirit is more than capable of overcoming in healthy manners. There are those who say there are no drugs to cure BPD for instance. However, do drugs heal anything? No. Prescriptions are helpers, enablers, but even insulin does not cure diabetes.

Three: Difficult to live with. Is it not difficult to live with anyone who is wounded and in pain? Would it be correct to say that those of us who can, should be caring and loving and feeding the warmth of human compassion rather than the judgment of superiority? Do we punish the walking wounded, or do we find ways to help them heal? Sure, it is not easy, but it is necessary if we want to be part of the solution. We give a crutch to a man with a broken leg, we don't kick the other leg out from under him.

Four: Difficult to treat. What kind of therapist must protect their own ego above the care of their patient? As a professional, if you are not able to care for an individual, refer them to someone else. Let them know somehow if you are unable to help them, but acknowledge that they need help and you will see to it that they receive the right help needed. This goes for all you family members, too. See that your loved one gets help.

Five: Children cannot be diagnosed. It does not matter the label. Most of these issues manifest in childhood. How well did family members respond to the child in their midst who is "different"? Maybe the child has been abused right under your nose and you failed to see it. In most cases, this may not be the parent's fault, but it happens.

Six: Enabling the person is wrong. Supporting the mentally ill is absolutely necessary. Part of that is flat out honesty regarding behavior and expectations. What can and do you expect? Realism starts with the one capable of making the determination. Are you that person? Or are you damaged as well? Consult with a professional.

Seven: They need to get better. Rather than judge them, learn about their ailments. Educating yourself is the best way to support them.

Eighth: All personality disordered people are bad. (This one ticks me off the most.) There are over 500 different combinations in the set of nine DSM (Diagnostic and Statistical Manual) characteristics alone for the borderline, which is a human effort to define another human. By its own nature, even that is never completely definable and ever changing. So, our loved ones get out the list and say to themselves: they are manipulative; they are without compassion; they are without remorse. Really? Could be that you recognize those traits, as it is also proven by the same infant science of psychology, we mirror our own personalities on another.

So, start with love. This is the plumb line. Just because one does not see the blood gushing forth from the wound, or see the limp of a broken bone, or any other visible sign of pain, it is there. Learn what you can do to apply salve. And learn what you must not do to enable.

And for those of you, like me, diagnosed with some kind of label, it is unkind to expect others to just allow you to be a brat. Learn how to be the best person you are capable of being. Thank those around you for trying, even when you are not sure they really are helping. Don't judge, just love.

> **"Just because one does not see the blood gushing forth from the wound…or any other visible sign of pain, it is (still) there."**

Recollections of Recovery: An Alphabet of Emotions from Anger to Hope

By S.A. Green

Poetically Peeling the Mask of Stigma

Note: The following text is an abbreviated version of "Recollections of Recovery: An Alphabet of Emotions from Anger to Hope" published for the Center of Rehabilitation and Recovery, a project of the Coalition of Behavioral Health Agencies, Inc. in the years after Ms. Green's diagnosis of bipolar disorder.

Anger

When I went to the drugstore to pick up my medication, the pharmacist informed me she could not fill prescriptions for psychotropic drugs. I insisted she was supposed to do so according to Timothy's Law, state legislation to ensure that insurance companies cover physical health and mental health medications alike.

Perhaps inadvertently, she said, "You'd be surprised at all the things we're supposed to do that we don't."

Betrayal

I wanted a psychiatrist who was not influenced by drug companies. Instead of asking prospective providers where they went to school, or whether they were board certified in psychiatry and neurology, I asked about their relationships with the pharmaceutical industry.

I started to see a psychiatrist who told me he had cut his ties to drug companies. However, one day he suggested an exorbitant formulation of a particular medication.

I told him I was outraged that he wasn't recommending the regular pill, or a cheap generic. He responded by prescribing an antipsychotic with sedating side effects.

Did he want to muzzle me chemically, like Russian dissidents who received a diagnosis of "sluggish schizophrenia"? I, too, showed symptoms of "perseverance" and "struggle for truth."

Confusion

Confusion is having more pills to take than you could keep track of if you were normal—and then trying to keep track of them while you are on those pills, and psychotic.

Determination

I remember a morning during an episode of depression, when I couldn't figure out how to get out of the bathtub. As I struggled, it struck me that it had been easier to write my doctoral dissertation.

Somehow, eventually, I did it, making little waves. Maybe I did it the way flowers sprout from cracks in the asphalt—cracks I believe they make in their blind struggle to reach towards the sun.

Elation

Being manic had its good sides, especially when I was a square twenty-something who didn't do drugs. It broadened my experience with the spectrum of elation.

During one episode, I roamed the streets in the wee hours of the morning with a stranger who was used to artificially induced highs. He said, "I don't know what you're on, but I wish I had some of it!"

My manic self would think, "But yes, I can bottle it! I can sell spirits of mania in blue glass bottles, each with a message, like the ones sailors toss from a sinking ship, hoping that the message would find a reader. And let me see… these glass bottles at the discount store on the corner are a bargain. Let me order a few dozen, so I can have prototypes on hand for the next convention of behavioral health providers..."

Whether you want to start a business, jump into an affair, plan your presidential campaign, or conduct an imaginary orchestra in your living room, the elation in mania gives you energy, self-confidence, and an infectious happiness that makes people say, "yes."

Grateful

Although I do not lack self-esteem, sometimes I am surprised my husband married me. It must be difficult to deal with a woman who buys eight wedding gowns on eBay before you've even proposed.

I am also grateful because family and friends take me to hospitals in the middle of the night, visit me in psychiatric wards, and insist I see doctors when I think, with manic exuberance, I've never felt better in my life.

And they do one thing more. They prevent me from taking what cripples so many people with mental illness: the sick role.

Glibness

"When do you want to come back to see me?" asked my psychiatrist.

I liked him. He was smart, decent, and genuinely cared about me. Since we lived in a small community, we had "dual relationships," if not "triple relationships." He didn't want to complicate matters further, or risk exploiting me, so he never charged me for visits.

> "…the pharmacist informed me she could not fill prescriptions for psychotropic drugs. I insisted she was supposed to…. she said, 'You'd be surprised at all the things we're supposed to do that we don't.'"

We had already established that I wasn't quite myself, but he didn't know I had no idea what day, month, and perhaps year it was. I said smoothly, "Oh, I don't have my appointment book with me. Can I call you?"

Concealing impairment, adaptive at work and at school, but not everywhere, had become an inseparable part of me.

Hopeful

We have images of mass violence welded to mental illness, and disparities in health and mental health care. But we also have peer services, supportive housing, trauma-informed care, crisis respite centers, and more.

I do not foresee an end to stigma and discrimination in my lifetime, but I am hopeful for the next generation.

Book Review: "Left of the Dial" by Christina Bruni

By William Jiang, MLS

Fashion, Romance, Music, Ambition and More

Christina Bruni's memoir *Left of the Dial* (Createspace, 2015) is a tour de force. Christina is a storyteller, first and foremost. Schizophrenia is the backdrop to her hopeful story, which is full of fashion, romance, music, ambition and more. Since the first chapter was fortissimo engaging, I could not put her book down, and so ate it whole the very first day. Needless to say, I was aching for more.

In this powerful memoir, Christina reveals she studied English Literature during college (tops in her classes, I'm sure). Bruni's writing flows with passionate energy while maintaining a subdued mellow feel. If still waters run deep, she tells it best.

Throughout her book, Miss Bruni's life philosophy, "normal is boring" (and I strongly agree), is loud and clear. Like the Chinese axiom, "May you live in interesting times," translating as "May you live an interesting life," are exemplified by her experiences and biographical anecdotes. People who live with serious and persistent mental illnesses seem to live, by default, more colorfully than those who float by on a cloud of normalcy. Perhaps, Christina's story would also do well on the silver screen.

Like Bruni, the lot of us who battle mental illness have larger-than-life personal stories. Indeed, our life chronicles take us from heaven to hell and back again. When I read a story like Christina's, I am reminded that in some way I am blessed to be able to share my own story of schizophrenia with others. As a Buddhist monk once said to a woman who was a victim of rape, "You are so fortunate to have survived your ordeal. Just by living, you will be able to give other women who have survived rape and sexual abuse much needed hope." If more people had the courage, vision, optimism and storytelling ability of Christina, it would suit me just fine.

> "People who live with serious and persistent mental illnesses seem to live, by default, more colorfully than those who float by on a cloud of normalcy."

I disagreed strongly with one thing Ms. Bruni said in her book toward the end. It was something to the effect of "this is my only story." My hunch is that we are in for another treat in the future. I feel that her book publishing career has just begun. "Bravo, Christina e gratzie!" My sincere hope is to someday talk to Ms. Bruni on the phone and maybe meet up for a coffee one author to another. Buy the book and experience the ride. The way you think about schizophrenia and your life may never be the same after you read *Left of the Dial.* Life is best lived left of the dial.

Editor's Note: William Jiang, MLS, is the author of A Schizophrenic Will: A Story of Madness, A Story of Hope and Guide to Natural Mental Health, and eighteen other books on Amazon.com.

Letter to City Voices Editors

Dear City Voices Editors:

Thanks for "Animal Companions Help Us to Heal" (page 14, Winter 2017 edition). My cat Sasha has been, is now, my life-saver! I would have perished long ago from loneliness. My schizophrenia has made it very hard for me to build relationships for friendships, marriage, etc.

—Michael Gottlieb, New York, NY

classifieds

Working and Living Well

Job Opportunities/Special Notices/Roommates/Personals

Employment Agencies

NETWORK PLUS (718) 797-2509

NETWORK PLUS WEST (718) 377-8567

Legal Help

MFY LEGAL SERVICES (212) 417-3700

URBAN JUSTICE CENTER (646) 602-5658

NYC BAR ASSOCIATION (212) 626-7373

LEGAL AID SOCIETY (212) 426-3000

Housing

CUCS (212) 801-3300

COMMON GROUND (212) 389-9300

OHEL (718) 851-6300

COMMUNITY ACCESS (212) 780-1400

SUS (212) 633-6900

Clubs and Clubhouses

Manhattan

FOUNTAIN HOUSE, 425 W 47 St. (212) 582-0340

CHELTON LOFT, 119 W 19 St. (212) 727-4360

HARLEM BAY NETWORK PROS, 4 W 125 St (212) 876-6083

EAST VILLAGE ACCESS PROS,
264 East Second Street
(212) 780-9008

Brooklyn

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

RESOURCE AND WELLNESS CENTER, 882 3rd Ave, 10th Fl. (718) 788-6100

RAINBOW HEIGHTS CLUB, 25 Flatbush Ave (718) 852-2584

SEAMARK CENTER, 2559-65 West 13 St. (718) 372-0450

KADIMAH CLUBHOUSE, 4510 16th Ave (718) 686-3180

METRO CLUB PROS, 25 Chapel St (718) 596-8960

The Bronx

LANTERN HOUSE, 512 Southern Blvd (718) 993-1078

FOUNTAIN HOUSE BRONX, 564 Walton Ave (718) 742-9884

Queens

CITIVIEW CONNECTIONS, 42-15 Crescent St. (718) 361-7030

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

Staten Island

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

Volunteer/Work Positions Available

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

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

Telephone Resources

NYC WELL 888-692-9355

NAMI HELPLINE: Mental health phone resource and database (212) 684-3264

THE TREVOR HOTLINE: If you or a young person you care about needs support call our lifeline at 866-488-7386. It's free, confidential and available 24/7. Learn more at TheTrevorProject.org.

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

Advocacy

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

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

THE ICARUS PROJECT: join to help redefine mental illness as a "dangerous gift." Visit www.theicarusproject.net

The Arts

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

RITA PROJECT: Survivors of suicide produce artwork at Greenwich House Pottery near West 4th Street www.ritaproject.org

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

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

Support Groups

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

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

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

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

Social

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