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City VOICES

A Peer Journal for Mental Health

Winter 2019



“Self Portrayal, Self Betrayal” *Painting by Artist Laura Anne Walker*



For more artists and artwork, see the Art Section on pages 8 and 9!

From Locked Wards to Locked Cells

By Carl Blumenthal

New Book on Mental Illness Behind Bars

We all know jails and prisons—not hospitals—are the largest providers of psychiatric care in the U.S. And that folks with mental illness are treated like s__t in these places. The truth is punishment for crime and recovery from mental illness mix as badly as a cocktail of psychotropic medication.

So why should we read Alicia Roth’s new book, *Insane: America’s Criminal Treatment of Mental Illness*?

There are so many ways that penal institutions fail our peers, you need a spreadsheet to keep track of them. Roth is the kind of investigative reporter who balances statistics, laws, policies, and history with how these abstractions reflect the messed-up lives of real human beings.

There is Bryan Anderson, diagnosed with bipolar disorder, who spends his life savings helping people because God tells him to. When the voice says, “You’ve got to blind yourself,” Anderson gouges out his eyes while in jail. Miraculously, he becomes a peer counselor despite his trials and tribulations.

Troubled by mental illness since age six, Jamie Wallace murdered his mother at 16 and killed himself in prison at 24. According to Roth, hospitals, courts, and prisons all failed him.

Kyle Muhammad was arrested 18 times in 35 years and hospitalized even more. “One gets the impression that every time he finds some stability in his life—a job, an apartment, a community-based treatment program that works—his illness is once again neglected, or he has a run-in with the law, and he ends up in the hospital or jail—or both.”

Twenty-three years in solitary confinement hugely messed up Brian Nelson’s head. The prison medicated some of his symptoms but never recognized how severe his PTSD was. When he’s finally released after a lawsuit over prison conditions, Nelson finds that the only psychiatrist who understand him works with victims of torture.

At 16 Keith Vidal was so depressed his mother feared he would harm himself. When he picked up a screwdriver, she called the police to prevent that from happening. Two officers arrived and wrestled him to the ground. Unfortunately, this tactic didn’t satisfy a third cop who shot Keith to death.

These stark tales are part of a larger, more complicated story of living with mental illness behind bars. Complicated, because Roth is a reporter obligated to understand everyone’s point of view.

As a sympathetic interviewer she gains the confidence of prisoners and corrections officials alike. Maybe that’s why she doesn’t witness any abuse. Neither between guards and prisoners or among prisoners themselves. Nevertheless, she can’t ignore

(Continued on page 3)

Promoting Tenant Advisory Groups in Supportive Housing

By Carla Rabinowitz, Advocacy Coordinator at Community Access and Nicole Bramstedt, former Director of Policy at Urban Pathways

Another Effort to Empower Individuals in Their Own Communities

The Supportive Housing approach recognizes the inherent dignity in all people. Low-income tenants and people with mental health conditions who were formerly homeless are offered an affordable apartment combined with voluntary supports and services that can help increase self-determination. As the Supportive Housing model grows in New York and the country, tenant engagement and empowerment is recognized as a factor in maintaining secure and thriving residences.

Tenant Advisory Groups are a promising initiative

(Continued on page 3)

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Ward Stories

Organized by Dan Frey, Editor in Chief

Four poets are featured in this Winter 2019 edition of Ward Stories. Ayesha, Louie Morano, Eva Tortora and Glenn Slaby have their poems featured below which describe lost loved ones, religious themes, and our soul's journey. Enjoy!

poetry

Poem for my Grandfather

By Ayesha

I remember you Randy.
You were Randolph Nicholson.
A handsome man who, like my grandmother, remind me of alcoholic drinks and celebration music
Nat King Cole CDs I played at Christmas-time and Kwanzaa remind me of you.
The holiday season is almost here again
I celebrate with alcoholic drinks a few times a year. A cold glass of wine or maybe a wine cooler. Miss you grandpa.
I'm going to be 37 in January! I get carded all the time.
I show my ID. I look 25.
I never want to abuse alcohol so I stick to planning my wedding.
Every time I meet a nice man I say "marry me" before we go further.
I need a commitment we can both honor before having sex.
I'm shining bright now.
I'm a poet, a blogger, a memoirist, a mentor and a granddaughter who remembers you all the time.
I thought of you today.

Soul's Reach

By Glenn Slaby

Each of us stands alone
On the shoreline viewing
Eternity.

All us of stand together
On the edge of life
Temporarily.

Not knowing tomorrow.
Viewing life's limited vision
But seeing more.

Because our minds see less
Our soul reaches out deeper.
Like a blind man's hearing.

Our souls are
More Complete.
Because of our imperfection.

Work Will Seem Like Play

By Louie Morano

Keep busy and stay active.
It's a good way to live.
Believe in God and follow him
and you will surely win.

Be grateful for your blessings,
For small and big things.
It will make you happy and
you will feel free.

Love one another as Jesus said.
Say a prayer before you go to bed.
Sunshine will fill your day
and work will seem like play.

Key of Love

By Eva Tortora

And for all my imperfections
I have you
glorious you
to share my tune
to tune me to
the key of love
to the angels' chorus
up above
you to show
me how to sing
when storms don't come
and hope can ring
you, you
glorious you
when I'm flying
you're beneath me in truth
thank you
for all the times
I could not see
it was your wings
that carried me
Bless you
my honored friend
this is only the beginning
and far from the end
and for all my imperfections
you glittered like gold
in truth and hope
it's you that I hold
inside my heart forever....

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Am I My Brother's Keeper?

By Anonymous

"911, How can I help you?"

"I'm afraid my brother is going to kill himself. He's a psych patient, not taking his meds. Says he wants to die. Please send someone before he does something."

"Has he tried to hurt himself? Is he trying now?"

"No, but I'm afraid he will. He's been talking about it."

"OK, we'll send someone right away."

Ten minutes later three officers and two EMTs arrive. When I tell the cops

what's going on, my brother yells from the bedroom, "Why'd you do this? There's nothing wrong with me."

One of the cops pulls me aside. "Let us handle this."

My sister and her husband are there too, witnesses to what we all agree is my brother's dire condition: Depression so severe he's stopped eating. Only gets out of bed to pee. Apartment filled with garbage. He rejects every choice we give him to change the mess he's in.

Thus, it takes the crisis team half an hour to convince my brother to come with them to the hospital...or else.

Twelve years before, I faced the same dilemma; only I was the one carted off to a hospital. After a long depression, I had tried to kill myself and the authorities showed up when my wife and a friend called for help.

Here I am committing my brother to a psych ward just as I had been. How

can one peer do this to another?

My brother's OCD and depression have always been worse than my bipolar disorder. He spent years in mental hospitals compared to months for me. Our family alternated between blaming him for his condition and fixing him when he broke down.

As his big brother with a diagnosis, I understood him better but still towed the family line. When he didn't feel dependent on me, he felt betrayed. This is the kind of double bind that ties families in knots.

His love-hate relationship with our mother consumed both their lives. Since she died three years ago, he's deteriorated mentally and physically. In the past we'd fight but make up. Now there's no pleasing each other. It seems too late to change a lifetime of anger and guilt. I'm 67; he's 62.

I ask myself again: How can I, a peer, think about my brother this way?

I've tried to treat him with the respect of a peer counselor. He's smart. We can talk about anything except what he wants to do. Inevitably I lose patience.

How bad can this standoff get? I considered forcing ECT on him when he was in the hospital, a treatment I refused during my last hospitalization. But he gained a little weight and his doctor decided ECT wasn't necessary...yet.

Now he's back home and I'm taking care of him. He lies in bed doing nothing and I see myself during my worst depressions—helpless and hopeless.

Do I save him from himself or let him drag me down with him? Or do I leave his life up to him for better or worse? In other words, how do I reconcile being a peer and a brother?

(Continued from cover story Promoting Tenant Advisory Groups in Supportive Housing)

taking hold in New York City Supportive Housing, and may be a new scalable approach to encouraging self-advocacy and recovery. In Tenant Advisory Groups, tenants meet to exchange experiences, propose solutions and initiatives, and provide feedback to management regarding issues in their residence. This setting encourages tenants to advocate for their needs and collaborate on meaningful decisions about their home-life and community. Creating an advisory relationship between tenants and staff also builds trust and mutuality, which can be an important foundation for people as they recover from the disempowerment they experienced while homeless. In addition, it strengthens tenants' communication and leadership skills, as well as relationships with neighbors and community members.

Community Access, a 44-year-old nonprofit that empowers mental health recipients by providing quality housing and employment services, created a tenant advisory council known as the Program Participant Advisory Group (PPAG) over four years ago. One of the first in New York City, the tenants in this Advisory Group designed several initiatives including a program that offers small grants to tenant applicants trying to regain employment. Grant awardees have completed courses in such skills

as massage therapy and medical billing, and have obtained licenses and certificates for commercial driving, food handling, and more. PPAG also supports the agency in quality assurance by helping administer the client satisfaction surveys for Community Access, which helps ensure tenants completing the surveys feel free to express their anonymous

concerns. Community Access' PPAG also initiated a monthly karaoke event. PPAG brings their own karaoke equipment to a different Community Access building each month and facilitates an event where tenants and staff share songs and build community. While people are there, information about other events and community resources are shared. Tenants travel from all over the city to different buildings, getting to know new neighborhoods and meet other tenants. These are some of the most well attended events in the agency, in part because they were started and are run by the tenants themselves.

Urban Pathways—a 43-year-

old social services and supportive housing provider for homeless single adults in the New York metropolitan area—also has robust tenant advisory group efforts. Each transitional and permanent housing residence holds a regularly occurring self-advocacy group where individuals address issues in the residence and improve their self-advocacy skills. In addition, Urban Pathways holds a twice-monthly Thursday night issue-based advocacy

"...the process helps ensure issues in the residence are addressed by residence staff and senior leadership in a way that respects the priorities and preferences of the tenants."

group for current and former clients to become better issue-based advocates. Recent speakers include the Deputy Chief of Staff to City Council Speaker Corey Johnson as well as the Chief of Staff and Deputy Chief of Staff to New York State Assembly Member Andrew Hevesi on the role of the city and state governments in advocacy.

A Tenant Advisory Group not only helps Supportive Housing tenants, however; the approach also enhances the residence itself. In particular, the process helps ensure issues in the residence are addressed by residence staff and senior leadership in a way that respects the priorities and preferences of the tenants. Advisory

Group members become trusted peers in each residence, and can represent the needs of neighbors who don't feel motivated to self-advocate. The elected tenant leaders also provide a valuable and personal perspective to staff that they cannot access otherwise.

In this framework of engaging and empowering supportive housing tenants, a planning group held a Tenant Advisory Forum at Fountain House at 425 West 47th Street in Manhattan. The forum—the first in a series—focused on starting a Tenant Advisory Group and empowering tenant advocacy in Supportive Housing. Supportive Housing providers currently doing tenant advisory work—Community Access, Urban Pathways, and Breaking Ground—discussed barriers to creating tenant advisory groups, provided examples of best practices, and suggested resources for Supportive Housing providers interested in establishing groups.

In our next Forum in the Bronx there will be more audience question and answer sessions and chances to network. There will be new speakers and new ideas. Bring your questions and thoughts, and as you learn from us we will learn from you. Please just then say to join the planning group working on creating citywide tenant advisory councils reach out to Carla at crabinowitz@communityaccess.org

(Continued from cover story From Locked Wards to Locked Cells)

the reality that the chances of mental health recovery and prison reform are as likely as inmates and guards walking into a Hollywood sunset holding hands.

Ultimately, Roth's view of what prisons look like is a hive of cells where all the bees are dysfunctional. Given how little control inmates have over their minds and bodies, she's fascinated by the many forms of protest; especially the ingenious ways they mess up the guards and their cells with their feces.

Roth discovers the ultimate purpose of mental healthcare is to make prisoners well enough to survive their

incarceration, and the resources to accomplish even this rarely exist. She is skeptical that improved inpatient units in the Los Angeles, Chicago, and New York jails she visits will ever serve more than a fraction of the sickest inmates.

Thus, to offer the reader some hope, Roth turns her attention to breaking the link between mental illness and crime before it's too late. She touts crisis centers, where those arrested get help before arraignment; crisis intervention training (CIT) for police to reduce conflict with those they call "emotionally disturbed persons";

mental health and drug courts to divert low-level offenders to treatment; and forensic assertive community treatment (FACT) for keeping people at home rather than in jail.

Alicia Roth is a keen observer, sympathetic interviewer, and dogged researcher. She recognizes the bind corrections officials, mental health care providers, and inmates with mental illness are caught in. Why? Because society prefers to keep all actors in this tragedy far off the stage of "normal" life. But Roth is still an outsider no matter how concerned.

On Rikers Island, she meets Dr. Elizabeth Ford, once the head of

Bellevue Hospital's prison psychiatric ward, and now mental health director of the jail. In a recent City Voices review of Ford's book (in the summer 2018 edition) about her time at Bellevue, I described what an adept observer and devoted practitioner she is. Ford notes every detail of what happens on the unit and still manages to do the best for her patients against overwhelming odds.

In her next book about the prison-hospital complex, I hope Alicia Roth will profile more folks doing good inside and out of those forbidding walls.

protecting peers

Distance Education Might be the Way to Go

By William Jiang, MLS

An Education from the Comfort of Home

Distance education is booming, and it will just get bigger as an industry and a more affordable and convenient option for students. It should democratize and lower the cost of getting a quality education. The dollars are flowing in and the students are enrolling in distance learning for reasons of accessibility, convenience, and generally lower cost. There are many good options for degrees today from associates degrees to MBAs and even PhDs. For degrees in the USA some of the most popular options are Arizona State University, University of Phoenix, DeVry, University of Maryland University College, SUNY Stony Brook Online Classes, Rutgers Online University, and many more. However, just like traditional universities, these options can be very expensive and will, in most cases, require financial aid to be able to attend.

Online University is not for everyone. Online courses take a lot of discipline and self-motivation. Why? You are not in a classroom

environment which can keep you in the zone and focused. The dropout rate for many online courses is high, historically. When I took an online course in managerial library science for library chiefs from Rutgers Online, the course started with twenty people; however, only four library managers, including myself, finished the course. At the end, I felt that I had survived. It was a great course, and I learned a lot about branding and nonprofit management, that I would not have been able to do otherwise. The course was led by an expert in management who became a relatively powerful politician. However, there was no way I was able to commute to Rutgers to finish a traditional course like that. So, distance learning was the only option. For me, that time, it worked. However, it was a lot of work, we had lots of reading and assignments, and the final examination was extremely difficult.

Fortunately, there are free and low-cost distance learning options to try out before spending hundreds or thousands of dollars. Get your feet wet and get an idea if you want to take the more expensive distance education route for a degree. Coursera.com is a popular place to start looking for courses. Two lesser-known distance education resources are MIT OCW and Class Central. MIT Open Courseware (<https://ocw.mit.edu>) is a great place to start learning at one's own pace, with the exact same books, syllabi, assignments, and tests that the Massachusetts



Institute of Technology Students use for their elite brand of education. It is a great free resource. Class Central (<https://www.class-central.com>) is an easily-searchable database of most of the MOOC (Massive Open Online Courses) classes that exist in English. It's really an amazing resource with literally thousands of courses on every subject you can imagine. So, Coursera is only the tip of the iceberg, there are many more MOOCs. Speaking of icebergs, I hope you find these class resources

useful, and cool for the summer.

Note: William Jiang, MLS is the Author of 63 books, including the bestselling books "Guide to Natural Mental Health, 3rd ed" and his critically-acclaimed autobiography "A Schizophrenic Will: A Story of Madness, A Story of Hope". You can see a selection of his books about mental and physical health nicely laid out on his blog at <http://www.mentalhealthbooks.net> or check out his Facebook at Mental Health Books.NET



Book Ends: Art of Recovery by Simon Heyes and edited by Stephen Tate

Reviewed by Kurt Sass

Use the Tips that Work for You

Art of Recovery is a 58-page chapbook out of England from South Somerset Mind www.southsomersetmind.co.uk. It is a combination of a guide to recovering from a mental breakdown, case studies and quotes from individuals ranging from Nelson Mandela to Albert Schweitzer to Henry Wadsworth Longfellow. Mr. Heyes is a former patient at the Summerlands Hospital and has laid out his theory for a successful recovery.

Mr. Heyes believes there are two

limitations of the present and is full of hope for the future. In other words, we should not be looking to just return to our lives before our psychiatric breakdown occurred, but to a better more fulfilling life.

Mr. Heyes separates recovery into three stages: Inactive, Reactive and Creative.

I have written a brief description of each stage and listed the tips given for that stage:

Inactive: Broken down-No longer functioning

"...we should not be looking to just return to our lives before our psychiatric breakdown occurred, but to a better more fulfilling life."

steps needed to begin the recovery process. The first is to believe that recovery is possible and the second is to be realistic and to realize that there are no quick fixes.

One very strong and powerful point he makes is that recovery is not returning to how things used to be, but finding a better, healthier and more sustainable life that recognizes the past, accepts the

- Value the pleasures;
- Trust in you;
- Take care of yourself;
- Find positive role models;
- Don't push the limit or set unrealistic goals;
- One step at a time;
- Recognize change;
- Beware of false friends;
- Live in the present;
- Hope is eternal.

Reactive: Beginning to look for ways to reengage with life

- Be comfortable with the uncomfortable;
- Pause to think;
- Find your off switch;
- Don't have negative agendas;
- Find your funny bone.

Creative: Taking charge of your life

- Find community- Don't isolate;
- Rise like a phoenix;
- Slow down;
- Get absorbed in activity.

I did not list all the tips, nor the descriptive details for each. I think the chapbook is a valuable resource for anyone, whether in recovery or not, looking to improve upon their happiness. My suggestion is to read it and use the tips you feel are best for you.



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

Letter to the City Voices Editors

*I thought I was alone
living in two, sometimes
three worlds. I*

*appreciate Christina
Bruni's courage (see
Bruni in the City: We
Feast Together from
summer 2018 edition)
in discussing this issue.*

*Too often, I have
heard people in the
mental health arena
say they only mix with
their clubhouse friends
or their family and
neighbors. We close
many doors to possible
friendships when I feel
we should try a little
more. Thanks Christina
for giving me a voice.*

*—Tobi J.
Queens, New York*

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—We Thank You, The staff of CITY VOICES

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

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

"City Voices is unique. It's my favorite creative grassroots peer newsletter. All organizations who provide services to people within the behavioral health system should make sure their constituents have the opportunity to participate in the City Voices world."—Jody Silver, Former 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)

Bruni in the City: My Choice Not to Have Kids

A Column by Christina Bruni

Flouting White Middle-Class Rules About Childbirth



As a Lefty, I want to talk about a new 2018 book *Trust Women: A Progressive Christian Argument for Reproductive Justice* by Rebecca Todd Peters.

My own life narrative is atypical. A woman I hired told me my story was “unusual.”

I don’t think and act like a lot of people of my race and gender. I’ve always gone Left when everyone else goes Right.

Christian social ethicist Rebecca Todd Peters asserts: “The public rhetoric that insists women must justify their abortions represents a thinly veiled racial and class bias that does two things: It attempts to impose white, middle-class values about marriage, sexual activity, and childbearing on everyone. And it focuses on individual women’s

behavior while effectively obfuscating the complexity of their day-to-day lives and the viability of their various choices.”

The feminist author proposes: “Public policy ought to focus on addressing systemic social problems rather than attempting to police and control the behavior of women and their bodies.”

In her view the real issue is that women who have abortions are told they need to take responsibility. The truth is that “difficult real-life moral decisions stand in contrast” with the prevailing white, middle-class politicians’ and anti-choice crusaders’ perception that women who terminate pregnancies need to take responsibility.

Trust Women tells a different story through statistics about women’s reproductive health choices:

- 91.6 percent of abortions happen in the first trimester;
- 73 percent of women indicate they could not afford to have a baby at that point in their lives;
- 74 percent cited interference with their education or job/career or responsibility for existing children or other dependents;
- 49 percent of women who had abortions in 2014 were living below the federal poverty line;
- 95 percent of women terminating pregnancies think it was the right decision for them;
- Between 50 and 60 percent of

women who have abortions were using some form of contraception the month they got pregnant; and

- 60 percent of women who have abortions already have children.

According to Rebecca Todd Peters: “Women also face a host of barriers when trying to obtain birth control: cost and lack of insurance...difficulty accessing a pharmacy...challenges in getting prescription contraception...in

that I so intuitively rejected as not being the right lifestyle for me to live.

Leading yet again to how I championed everything Left of the Dial in my memoir.

I still haven’t found Mr. Right nor have I found Mr. Almost Right either. And I definitely haven’t found Mr. Not-Right-Yet-I’ll-Take-Him-Anyway.

In this dry climate with no prospects does it make sense to risk getting pregnant by having sex just to prove

“One of the psychics I went to told me: ‘Love’s been up and down and all around for you. It’s been to the dogs.’”

scheduling appointments and getting to a clinic or doctor’s office.”

These barriers were greater for women living below 200 percent of the poverty line.

My Own Story

Let’s face it, doesn’t every woman out there have hard-luck romance stories under our Hermes-H or other belt?

One of the psychics I went to told me: “Love’s been up and down and all around for you. It’s been to the dogs.”

This waterfront fortune teller told me I’d meet a lot of turkeys along the way. Yes, she used the word turkeys to talk about the guys I’d meet.

Taken in this context I haven’t been so quick to drop my skirt to get into bed with just any guy that walked on by in my life.

As a woman with a mental health diagnosis, I didn’t want to get married and raise a family.

Yes—I’ve known without a doubt since I was 15 or 16 that I didn’t want to have kids—not even one kid.

This stance of mine doesn’t fit into the white middle-class heterosexual norm that prevails in American society.

It’s this world that I was born into

you’re a normal woman?

This is the double-bind or double-standard women are held to:

If we’re not having sex we’re viewed as being screwed-up and that there’s something wrong with us.

If we’re having sex and, heaven help us, too much sex, we’re viewed as having a lack of morals.

What Do You Say?

Isn’t it time to give the boot to restrictive regressive political policies that make it harder and harder for women to remain child-free by choice?

Isn’t it time to stop judging women for the choices we make?

Isn’t it time to accept the multitude of expressions of what is “normal” in society?

It’s time.

I for one have failed at living a mainstream life.

I have failed to please the people who stand in judgment of me even though they haven’t met me.

I have failed to see the logic in overpopulating the planet.

More to the point: not only did I not want to have a kid: I didn’t want to go through the experience of being pregnant.

Carla Rabinowitz Honored with 2018 CIT Advocate/Family Member Award

This Award was given for “efforts to have NYPD receive crisis intervention team (CIT) training.” On August 16, Crisis Intervention Team (CIT) International—a leading organization dedicated to promoting safe and humane police responses to people experiencing a mental health crisis—presented its 2018 CIT Advocate/Family Member Award to Carla Rabinowitz, the advocacy coordinator at Community Access.

Ms. Rabinowitz was recognized for building and leading a coalition of more than 200 agencies, Communities for Crisis Intervention Teams (CCIT NYC) and successfully pushing the New York Police Department (NYPD) to train its officers to more effectively and humanely handle encounters with people in crisis.

When the NYPD launched a CIT program in June 2015, it was the culmination of a coordinated advocacy campaign that owed much of its success to Rabinowitz’s organizational savvy, industriousness, and commitment. To date, more than 6,500 NYPD officers have completed 40 hours of CIT training. However, recognizing that the initiation of this training did not completely put an end to people in emotional distress being shot and killed in police encounters, Rabinowitz has kept working for more change. She focuses on three related goals: ensuring that the training officers receive is high-quality and effective (by invitation, she continues to monitor CIT training sessions); encouraging the NYPD to achieve its goal of training 15,000 officers more quickly; and positioning CIT to be

an important part of broader criminal justice and mental health reforms.

When the NYPD first launched its CIT program, it did so in response to an action plan developed by the Mayor’s Task Force on Behavioral Health and the Criminal Justice System. Just as Rabinowitz’s CCIT coalition was instrumental in encouraging Mayor de Blasio to form this Task Force, it is now holding it to account, resulting in its reconstitution in April 2018 as the NYC Crisis Prevention and Response Task Force. Both Ms. Rabinowitz and Community Access CEO Steve Coe have been selected to serve on the Task Force.

“I am honored to receive this award from CIT International,” Ms. Rabinowitz said, “I take it as an affirmation that the work we’re doing matters, and I remain as committed as ever to fighting for a fairer, safer New York City for us all. I am grateful to all my partners in the CCIT NYC coalition. We’re not done pushing.”

Community Access expands opportunities for people living with mental health concerns to recover



from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. It is built upon the simple truth that people are experts in their own lives. To find out more, go to <http://www.communityaccess.org>.

14th Annual Community Access NYC Mental Health Film Festival

By Carla Rabinowitz,
Advocacy Coordinator,
Community Access

Fighting Stigma and
Bringing the Community
Together

The Annual NYC Mental Health Film Festival actually started as a long-shot fundraising idea many years ago. One day, Carlton Whitmore said, “Hey, London just started a mental health film festival, can we do that?”

I said, “Great, I will organize this.” It never raised more than \$1,500 dollars, but Community Access kept it going as a day to build community through film and educate the public.

In the early years, the event was difficult to organize. We did not have a website or a way to receive film submissions. I searched the internet for mental health films and reached out to people asking if I could show them.

Then, we built a simple website and got a few submissions a year. I still needed to scour the website and then-existing video stores to find films. Now, the NYC mental health film

“Why Me was a very controversial film telling the story of an African American mom who tried to get help for her teen daughter... the point of the film is the struggle for family members to accept that other family members can have serious mental health concerns. It took me about 10 years after I was first diagnosed to believe I was living with mental illness, so this film hit home for me.”

festival has an accessible and dynamic website: www.mentalhealthfilmfest.nyc

We even announced our call for submissions on film freeway this year, which brought in over 160 film submissions. I screened the films first for relevance and showed those that

made it into the second round to a group of volunteers who selected the 12 films we showed.

Suicide the Ripple Effect follows a protagonist who jumped off a bridge trying to take his life. When he jumped he knew he had made a mistake. He said to God, “God, if you let me live I will make it up to you.” And he did. He touched the lives of many people who were suicidal, heard his story and decided to give life another try.

Bullied to the Breaking Point centered on a teenager who was bullied mercilessly in school. The principal would not help. The principal made matters worse by blaming the young student. In the end, the family sued the school.

Centered is a spoof on a typical therapy clinic. The actresses were so funny in the film, every time I saw them in the hallway of the theatre I burst out into laughter.

This is Nicholas: Living with Autism Spectrum is about a man who was loved not only by his family, but also embraced by his entire town in Ireland. He made it through college and became a filmmaker. Nick joined us during the festival for the audience question and answer. Nick made such an impression on the morning moderator, Marc Chiusano, that Marc wrote an article about Nick in AM New York.

The afternoon session started with the film Donovan about a successful marketing man who lives with manic depression. Mandated to go to therapy as part of his divorce, this film is about his relationships with his ex-wife, his rebound girlfriend, his drinking buddies, his son and his long-lost father. Donovan is a tear-jerker and a must-see. Jason Bee, star of the film, joined us for the afternoon question and answer session moderated by Caroline Lewis, formerly of Crain’s New York.

Why Me was a very controversial film telling the story of an African American mom who tried to get help for her teen daughter. Some thought the film stigmatized mental health, but the point of the film is the struggle for family members to accept that other family members can have serious mental health concerns. It took me about 10 years after I was first diagnosed to believe I was living with mental illness, so this film hit home for me.

15 Feet was the clear favorite of the festival’s short films. In just a five-minute story, the director showed what veterans with PTSD go through. A vet has a PTSD episode in a diner where a waitress—who is implied to have also served—leads him out of the diner, 15 feet to safety.

Mayday was another film about autism, but more a documentary of one woman in college who decided she was going to start a choir for young children with autism. She was not a teacher and had no idea how to put a choir together, but she triumphed and built a safe place for children with autism to come together and sing.

One of the last films was Drifting Away made by a Frenchman who lives in Germany. The film told the story of depression through animation.



Sharing stories through film

A young man tries to complete his dad’s project of building a sailboat to alleviate his father’s depression. The film was met with thunderous applause.

The Mental Health Film Festival is run entirely by 18 volunteers, and would not be possible without their dedication. We are also grateful to

the Community Access Development and Communications team for their exceptional work and all of their support. If you want to get involved in selecting films or volunteering to help make the 2019 film festival a success, send me a shout-out at crabinowitz@communityaccess.org

Fountain House Gallery and Studio Arts Project

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

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

Gallery artists have full-time access to the space where they can work to advance their careers while

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

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

Fountain House Gallery functions as a cooperative business run by and for its artists. Operations are supported by

a small professional staff led by Ariel Willmott, Director, with the assistance of numerous community volunteers.

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

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

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

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



Jenny Chan

1. How long have you been an artist?
2. What is your medium?
3. What made you realize that you were an artist and how old were you when you came to this realization?
4. Where do you like to make art?
5. How do you get into the right frame of mind for making art?



ANNETTE PHUVAN

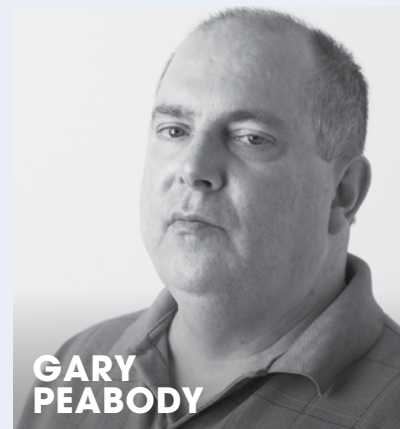
Born in Paris, Annette is a graduate of Barnard College, where she majored in Art History. She began painting while in her teens and resumed artistic pursuits several years ago. Through her art, Annette aims “to give voice to lives and souls that otherwise would not be known to exist. I am their instrument and I am most free when I can relinquish myself and let them live through me. It is where I can lose myself to find myself. My ultimate goal is beauty and truth.”

Annette’s Answers

1. I started painting when I was 17.
2. My mediums of choice are oil, acrylic and clay.
3. I realized I was an artist when I started painting and my mother came into my room and liked my work. She was very encouraging. She was a very gifted artist and imbued me with a passion to create from my soul. I was 17 at the time.
4. I like to work at home. I need to live and breathe with my artwork until they are ready to be shared.
5. I don’t really get into a frame of mind to make my art. It starts with a gnawing need to express a feeling and it becomes a calling that needs to be realized.



FROM TOP TO BOTTOM: Flamenco; Joie de la Mort; Mary’s Love; Ms. Beanie Brown.

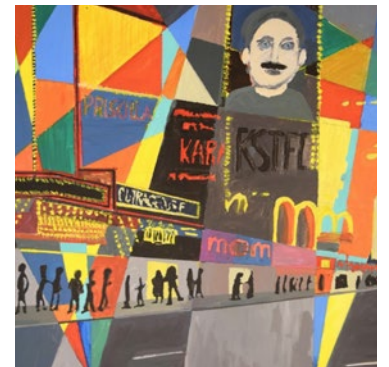


GARY PEABODY

Gary’s body of work includes paintings in the abstract style as well as landscapes and portraits. His work has been shown at numerous NYC-area venues, including the Frieze Art Fair, the Queens Museum, and The Gallery at HAI.

Gary’s Answers

1. [I started in] 2012. [I do my art] twice per week. More recently one time per week.
2. Mostly acrylic and some photography.
3. At one of my studios some painters I respected liked my work and were supportive. I was about 55 years old, astonished, retired, divorced, living in subsidized housing, and recovering from mental illness.
4. In a sponsored studio. I’ve been involved in four.
5. I see potential subjects every day. Once I choose one I begin to paint. Sometimes my finished work is several layers thick.



FROM TOP TO BOTTOM: Beyonce; Cry at the Beach 2; Capitalism; Sliders.



**JAYCE
KIM**

Born in Seoul, Korea, Jayce has lived in New York City since the age of 15. She paints in oil and watercolor, employing unusual shades of vivid colors. She studied Fine Arts at Queens College and earned an Associate degree from Fashion Institute of Technology. She holds BAs in Philosophy and Psychology from Queens College and an MA in Psychology from City College of New York. Says Jayce, "I paint every day. Painting has become second nature to me...I must paint!"

Jayce's Answers

1. I have been an artist ever since I went to college and took art classes in the early 1980s. My professors from Queens college and Fashion Institute of Technology told me I painted masterpieces. After working as an artist for short time (less than a year) at a children's wear company, I stopped painting. I knew being an artist is something I had to do, but I put it off, telling myself I could do that later in life. Well, years later, in 2011, I picked up pencil and paper, watercolor and oil paints and started

to paint again. In 2018, I have seven years of work to show.

2. My medium is oil on canvas or watercolor on paper.

3. I realized that I was an artist during the end of first semester of art classes. I began to see things—light and dark, gray areas, the shapes and shadows. I was 18.

4. I like working at home. I don't need a big space so it's great!

5. Painting is what I like to do every day. It is like second nature

(Continued on page 15)



FROM LEFT TO RIGHT: Asian Woman Playing Music I; Asian Woman Playing Music II; Self Portrait in Autumn; Conservatory Water, Central Park; Moon Over NYC Church.

Laura Anne started drawing around the age of three when her mother gave her a pencil and a sheet of paper on which she promptly scribbled. She attended an art studio in 1996, which reunited her with art that was inspired by her feline muses. Laura Anne had a solo exhibition of 60 paintings in 2006 in SoHo, New York City. She has been in at least 50 group exhibitions and won a number of awards.

Laura Anne's Answers

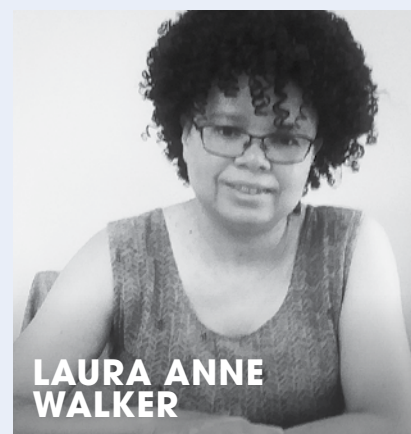
1. I first started drawing, scribbling actually, when I was three. My mom gave me a pencil and a piece of paper and let me go at it.

2. For a couple of decades now, I've been working with ink and graphite on watercolor paper.

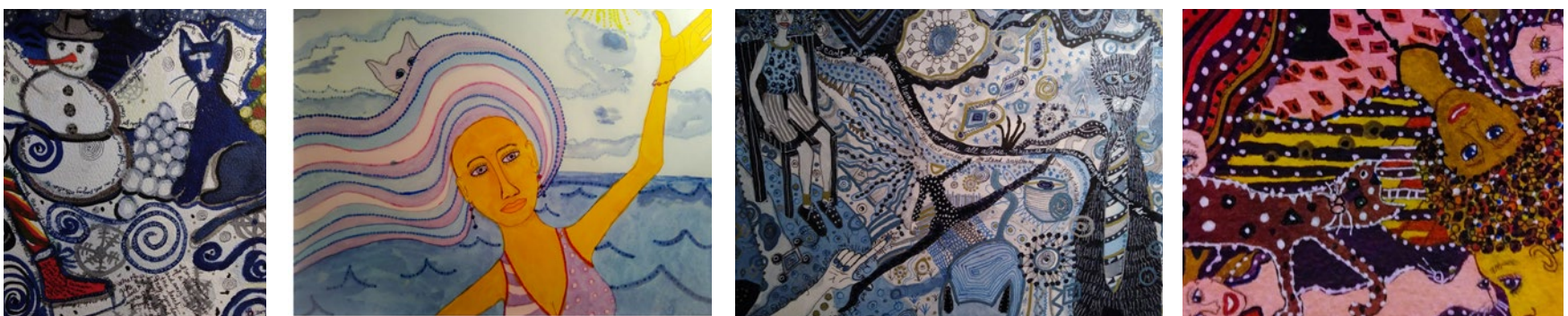
3. When I was three I knew I wanted to be an artist and a teacher, not one or the other. I understood, even at that age, that if I became a teacher I could support myself being an artist. In kindergarten, my experiences there led me to the

decision to become a preschool teacher. As a graduate of Cornell University, and the Bank Street College of Education, holding a permanent state certificate to teach and a permanent city license to teach, I taught all subjects to preschoolers, including physics and art—all on a preschool level. I did art from age three until I was about 15, when my father stopped buying art materials. I did a smidgen of art

(Continued on page 15)



**LAURA ANNE
WALKER**



FROM LEFT TO RIGHT: Beach Dreaming; Beach Freedom; Cat in My Ear; Turning Heads.



**ROGER
JONES**

Roger Jones's preferred subject matter for his acrylic paintings includes scenes of New York City and its people, and representations of nature. He has studied painting and book arts such as bookbinding via programs at the organization Community Access and cites the works of Picasso as an ongoing source of inspiration. Roger also creates jewelry pieces and offers them for sale at local bazaars.

Roger's Answers

1. 20 to 25 years.

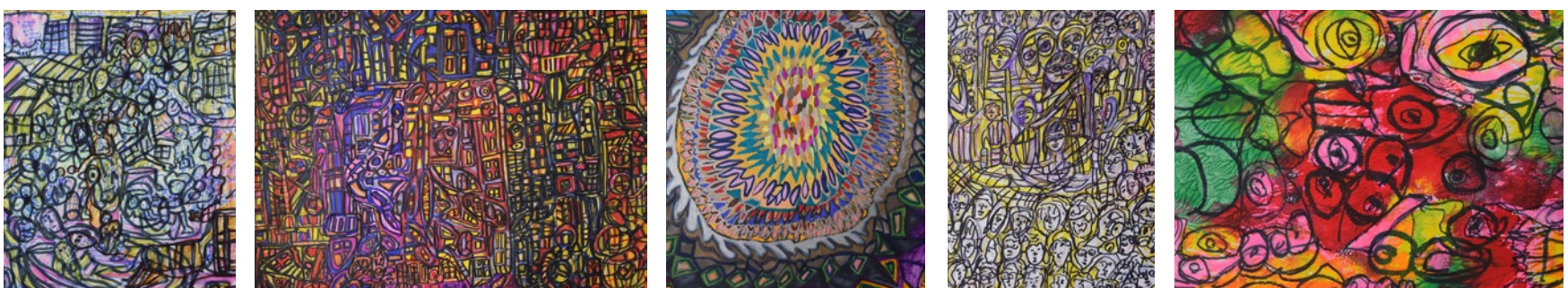
2. Acrylic paint and color pencils.

3. I realized I wanted to be an artist at the young age of seven. I would sit in class and draw and draw.

4. Everywhere, Brooklyn, the Bronx, Manhattan, Queens and the

Lower East Side.

5. I get into my frame of mind to do art when I am in my own world. I like to sit down in a quiet place and meditate and draw and pray. I don't like to do my art at home. I like to do my art in a studio never at home.



FROM LEFT TO RIGHT: Help People Choose Homes; Houses Filled with Love; Indian Shadows; Love Comes to Me; Untitled.

Sapolin Accessibility Awards 2018 at Gracie Mansion

By Laura Anne Walker

Moving Speeches by
New York City's First Lady
and the Mayor

For years now, I've been attending the Americans with Disabilities Act (ADA) celebrations hosted by the Mayors of New York City. One I remember offhand is the one in the summer of 2006 when Matthew Sapolin was the Executive Director of the Mayor's Office for People with Disabilities (MOPD). Mayor Bloomberg was speaking to all of the attendees, when, all of a sudden, he promoted Mr. Sapolin to "Commissioner" of the Mayor's Office for People with Disabilities. What a surprise for everyone there and especially for Matthew Sapolin, who was obviously caught off guard!

I had the chance to talk with Commissioner Sapolin on three different occasions. He was quite approachable and friendly and even gave me his business card. I cannot believe he passed away at only 41-years-of-age in 2011 from cancer, which he battled for a very long time. RIP, Matthew Sapolin (03/01/70—11/29/11).

This year's celebration happened on Thursday, July 26 where awards were given for achievements in improving accessibility and inclusion for the disabled in transportation, education, employment and health, as well as City

services, institutions and resources.

There's always the excitement of mingling with people who believe in the same or similar cause, and eating delicious food served by an amazing and pleasant staff, all taking place in what I call "the backyard" that overlooks the water. There were franks, burgers, jerk chicken, jerk coleslaw, jalapeño cornbread, limeade, water, wine, etc. I had some of everything and it was good!

There was a closed-captioned screen for the hearing impaired, a couple of sign-language interpreters, and a section for motorized and other types of wheelchairs. I escorted a blind man named Nestor who I believed was Russian, to come and stand near me to chat while I readied myself to take photos with my cellphone.

I wondered who would be the first speaker on the stage that night. I was very happy to see that it was First Lady of New York City Chirlane McCray. She was always so enthusiastic, well-spoken, and inspirational. She talked of mental health, emphasizing Thrive NYC and the NYC Wellness hotline (1-888-692-9355) for when you are experiencing any sort of emotional distress 24 hours a day. It's a valuable resource where you can talk to a peer or a therapist.

Introduced by his wife, Mayor DeBlasio was the next speaker. He was so tall! He spoke well, vividly and excitedly of the strides made by people who make a difference on the journey of accessibility for all. Next, he introduced the esteemed Commissioner of MOPD, Victor Calise, who rolled out on his wheelchair, powerfully, as if it were motorized. The crowd cheered loudly.

The Commissioner spoke and then called, one-by-one, people to the stage to receive their awards while being photographed. And then it was over.



FROM TOP TO BOTTOM: Laura Anne Walker with the Mayor and First Lady of NYC; First Lady of New York City Chirlane McCray; Commissioner of MOPD, Victor Calise, at the Podium; and Mayor DeBlasio, left, with awardee, and Commissioner Calise, right.



Making the Climb with Chrystal

By Chrystal Woodson

Proving the Impossible

Before I was diagnosed with an Axis I mental illness, I took a job working for Outward Bound as an urban outdoor wilderness instructor. I had never camped, rock-climbed or taught anything. This was called "experiential education"; learning by doing.

One day, during my training period, I was told that I was going to have to learn how to climb a 65-foot-tall tower in order to teach youngsters how to do the same. Of course, you can't tell someone to do something if you haven't first done it yourself.

I was terrified. But I learned how to harness myself and I learned how to manipulate the rope and ensure that I had enough slack so that I could move forward and how to pull the slack so that I could safely descend. And I learned how to communicate with the belay team so that we could establish trust.

I learned that even though someone is telling you not to look down, doesn't mean that you're not going to do it. And maybe looking down is essential at some point to show you how high you've gotten. You may learn something by doing what you're told, but it's up to you to create a

fingerprint and stamp that action to make it your own. You can perfect yourself by learning and interpreting your experience and communicating with others what you need and promoting yourself to others to build their confidence in you that you can get the job done. By the time that summer job was over, I ended up climbing that tower at least four times!

My point is this: You can't be

"...I question myself and ask, 'What is all my climbing for?' And I realize within my soul that I have an urgent need to prove the impossible."

afraid of doing something you must do simply because you've never done it before. Maybe your purpose in growing is to advance so that others may follow in your footsteps. As consumers, we must learn that our progress is not merely ours alone.

We must be responsible and lead the way for others who may be lost and struggling because they may not feel empowered to find a way to overcome their illness.

There are those of us who prosper and we must remind our observers (those who are consumers and those who aren't) that success is possible. We must not be ashamed of who we are, including our diagnosis. We shouldn't use our illness as a crutch or an excuse for why we feel limited.

I've had to learn things the hard way. I've been unemployed in my life many times. I've quit jobs, been fired, went on unemployment, enlisted in the Navy, 9/11 occurred, I had a breakdown, hospitalized, discharged from the Navy, got on Public Assistance, SSDI and started vocational training, worked as a peer (not certified) and found myself working in mental health agencies now for fourteen years.

There are so many lessons I've learned and I feel so blessed that I have the ability now to ask the right questions and find teachers and mentors who will guide me along the

(Continued on next page)

(Continued from page 10 Making the Climb with Chrystal)

way. I have a master's degree in public administration which I earned in the midst of my recovery process. And my current job is a non-peer clinical position. From time to time I question

myself and ask, "What is all my climbing for?" And I realize within my soul that I have an urgent need to prove the impossible. And I remember my first psychiatrist telling me, "You

will never work again." I just had to prove her wrong.

I am proud of my accomplishments and I still strive. Knowing that God will see me through any obstacle and

believing that to climb is to cling to the heights of the Earth in an effort to grasp at Heaven and conceptualize the Eternal.

Clubhouse Ambassadors from New York City Visit Norway

By Craig R. Bayer, Fountain House New York Clubhouse Ambassador

Foreign Countries are Nice But Reuniting with Friends is Even Better

We headed to the Rygge Clubhouse, which was about forty minutes outside Oslo. We were met at the train station by Svi, a bright, friendly, engaging host and a clubhouse member. He drove us to the clubhouse.

When we arrived, we were immediately impressed. Though it was much smaller than Fountain House New York, it was so clean, well-organized and well-decorated that Richard, my travel companion, and I had to salute them immediately. In the lobby, the two guest-seats had pillows with the clubhouse's name on them! They had three or four meeting rooms including a room set up for WebEx, a communications and videoconferencing system similar, but superior to Skype, that we've been using to communicate with various clubhouses. All of the rooms were clean, well-lit and well-decorated. Svi, who gave us a

was probably at her clubhouse in Oslo, Fountain House Oslo East!

Immediately, I called Nan to tell her the bad news that we would not be visiting her clubhouse after all. Nan bailed me out of the painful situation since Clubhouse East was only twenty minutes away. She would come to Fountain House Oslo, just to see me and my presentation.

Meanwhile, I had the honor of meeting another FH Oslo member, David, a brilliant, elegant, friendly native-Brit who had immigrated to Norway thirty years ago. I also met FH Oslo's intense IT person, Cora, a former Cisco employee, who had set up the WebEx room in an awe-inspiring professional manner.

In the middle of our presentation, Nan appeared and gave me the first of many hugs. The presentation went well, was very well-attended and featured an

"In the middle of our presentation, Nan appeared and gave me the first of many hugs."

tour, also showed us a greenhouse and a horticulture section, where one of the members proudly pointed out a zucchini the size and shape of the Hindenberg.

Helene, their fearless leader, was on vacation, but Annika, a staff member and a handful of members were polite and friendly and curious hosts. They asked some tough questions about the WebEx system, but Richard was well-prepared to answer everything. I gave a talk similar to the one I had given at Mosaic Clubhouse in London and they seemed pleased with it.

We had a delicious cold lunch, featuring Brie cheese, among other delicacies, and fresh home-made purple lemonade, then warmly parted with our new friends.

Afterwards, we did a mini-tour of Oslo, visiting the King's palace, the Norwegian Parliament, the University of Oslo, a souvenir shop selling among other things, mythical trolls and reindeer skins, and Oslo's Hard Rock Café. The Hard Rock had overpriced T-shirts and food, but the food was decent and the Norwegian waitress was adorable, so I walked out satisfied.

The next day our mission was at Fountain House Oslo. I was excited to see Nan again, a friend of mine and fellow clubhouse member whom I met during last year's colleague training in Britain, only to find out that there was no Nan there! We were told that she

appearance by Kinga, who beamed in from a clubhouse in the Netherlands and Robin, director of a clubhouse in Sweden. Once our presentation was complete and all questions were answered—even the tough ones from Cora—someone asked, "So what do we do next?"

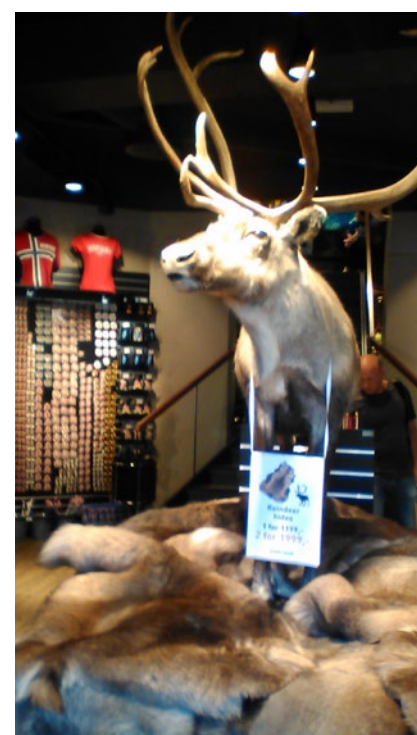
"Order a pizza," I said, but instead, we had a delicious, home-made Peruvian fish dish in the culinary unit.

Nan was impressed with both my presentation and WebEx and vowed she'd get the system installed in her clubhouse.

Afterward, Richard, myself, Nan and David went out on the town. We visited the impressive Viking museum. The wind on the way there was unusually intense. It blew David's hat off and nearly blew me over. The museum revealed a great deal about Viking culture, something about which Norwegians have mixed feelings, since the Vikings had been intensely brutal.

Finally, we found a tiny Norwegian restaurant where three of us ate Elk meat, a dish named King of the Forest, and discussed Alan Doyle's book about Fountain House. We also discussed Justin Bieber, Justin Timberlake, Michael Jackson and other child stars, not in the most flattering and optimistic manner.

The following day, Richard and I visited "The Ruins," which Nan recommended, but we couldn't tell what



traveling for mental health

the ruins actually were. It looked like four burnt-out buildings, all of which had nothing but their foundations. We also visited the national opera house, on top of which we took photos of Oslo's skyline. We had never seen so many cranes. Apparently, Oslo is under major construction. We had our final Norwegian meal at a café that served reindeer as an appetizer, which tasted like cold roast beef. Then it was off to the airport.

At the airport, I spoke to Nan one last time. I asked her what the Ruins were. She told us that they were Viking ruins and that she could have told us all about them had we brought her along. She also said that Oslo had stopped holding events near the Ruins because they were being damaged. "They were ruining the Ruins," I said. Nan laughed.

Nan and I said our last goodbye. I said, "Love ya, kid." I was so glad we had seen each other.



The Reduced-Fare MetroCard

By Ted Walner
A Benefit Not to Be Without

With everything being so expensive, it's nice to know that there are benefits out there to help. An example of this, the Reduced-Fare MetroCard, definitely counteracts inflation. With this card you pay half price for the bus or subway. Instead of paying \$2.75 each way, you pay \$1.35. This helps us all, especially those on fixed incomes.

To get an application, you can download it, pick it up in person, or have it mailed to you. Google "MTA Reduced-Fare application" to download or go to 3 Stone Street to get it in person. If you call 718-330-1234 or dial 511, it can be mailed to you. Once it is completed you can mail it in or bring it to the office.

The card is available for seniors or people with a qualifying disability. Individuals with mental illness can apply. It is applicable for a lot of means of transport. You can use the card on the subway, bus, Express bus, the Long Island Railroad, and Metro-North. It can be linked to your account so that it can be

automatically refilled.

The application is easy to fill out. It is self-explanatory. First you attach a photo of yourself to the page. You add proof of age by supplying a copy of your driver's license, passport, or Medicare card. The application has to be signed and notarized. A consent has to be included and the physician or healthcare provider fills out their section. They have to check the category of the disability and state whether it is permanent or temporary. Finally, the individual has to include whether he/she is receiving Medicare or SSI. Once this is done, it is time to bring or send it in. You can mail it to 130 Livingston Street, Brooklyn or bring it to 3 Stone Street, Manhattan.

Once you have your card, if it is lost or damaged don't fear, help is near. You can simply go to an agent at a booth and the value of the card can be transferred to a new MetroCard. If the value can't be transferred you send the card to Customer Services at 130 Livingston Street. They can

research the transactional history and send you the appropriate refund.

If you are not approved for the card at first, there are actions you can take. You can contact an independent contractor known as the Reduced-Fare Certifier Services. They can re-evaluate your disability and find you eligible for the card. You should get in touch with the MTA about this option.

Another feature, the 30-day unlimited Reduced-Fare MetroCard, sells for \$60.50 instead of \$121. I recommend getting this if you travel a lot around the city. You can go North, West, East, or South as often as you want without waiting on lines or refilling your card. It's truly a fun way to explore the city. It gives you peace of mind during the month because you don't have to budget to refill your card. So, go enjoy your Reduced-Fare MetroCard and have the time of your life visiting and experiencing New York.

having empathy

My Mom in the Hospital

By Craig R. Bayer

My mother was recently diagnosed with breast cancer, a malady that she, like all women, always feared, even though she has smoked cigarettes for most of her life.

To make matters worse, the cancer spread to one of her legs and her pelvis.

To make matters even worse, my mother suffers from paranoid schizophrenia, a disease which continues to complicate her medical treatment.

My mother and her side of the family have always had a love/hate relationship with doctors: when they cured somebody, especially without utilizing surgery, they were heroes. When somebody died, they blamed the doctor.

Now, it's my mother who sick and she is very paranoid about her caregivers. The doctors, the nurses, the nurse's aides, the dietician, the physical therapist, the radiologist...

she's accusing them all of being butchers and quacks. She lectures them on how to do their jobs, based on information and misinformation she has gleaned from reading magazines and Ann Landers. Every time something goes wrong, no matter how minor it is, she presses the panic button.

If the radiologist mistakenly causes her to bang her head during treatment, if she has to take an x-ray, which she condemns as carcinogenic, if the hospital food is bad or even mediocre, if the laxative gives her diarrhea...all the world must come to a stop and so must her treatment. She has refused to take her pills, blown off radiation treatments, verbally abused the hospital staff, threatened to sue the hospital, etc.

She needed ten consecutive days of radiation treatments. On days when I failed to accompany her because I was at a Fountain House colleague

training, she refused treatment, so I had to withdraw from the training and be there for ten consecutive days, virtually all day, to make sure that she submitted to treatment. All day she would argue with me about taking the treatment and rant about all the people who "gave her cancer": the cigarette companies who sold her and the public cigarettes, instead of wholesome food; my grandmother, who condemned her for drinking apricot brandy to ease her cigarette cravings; a woman at her former adult home, who reportedly stole from her and committed other evil acts and who mysteriously has the power to give her cancer, too.

Then after ranting all day, my mother would miraculously change her mind and submit to the radiation, without ever admitting that I was right and she was wrong about the whole process.

All I could do throughout the ordeal was ride out her rants and pray—and try to protect the staff from her bitter, paranoid, desperate venom. It was very embarrassing, especially after I developed a crush



on no less than two of her nurses.

But my mother is my mother: she sacrificed her own mental and physical health to get me all the way through college, so I'm going along with her on this arduous journey, not knowing what the results will be. Furthermore, it could be me someday on the radiation table, ranting and raving about whose fault it is, because I am obviously a consumer, too. I need to show some empathy.

Being Brave While Reaching Out For Love

By MVK

Despite the Risk of Rejection

For people dealing with the challenges of mental illness, reaching out to someone can be scary. Not only does it hold the usual fears we have of being rejected, but it also makes us feel somewhat deceitful. We are not disclosing that we have a mental

illness, or, if we are, we might not be explaining clearly how our mental illness affects us.

A few years back, when I started an online search for a male friend, I did not put down in my profile the fact that I had a mental illness. I did not feel that it was an appropriate way to start a friendship. I felt that the best way to start was to describe myself as honestly as I could while not giving myself any labels. Telling someone your diagnosis can be disconcerting for them as they might not know much about the illness or be misinformed about it; this lack of knowledge can cause them to create a false impression of you.

The men that I responded to were the ones whose profiles sounded genuine.

I was seeking someone intelligent, sensitive and sincere. I communicated with a few men but had no luck. These men wanted what I could not give and wanted me to be someone I was not. My feelings were hurt but I knew they were not meant for me.

I wanted a friend and convinced myself that that was all I really wanted. Little did I know that I in truth was wanting someone to love and be loved by in return.

There was one man who I responded to that stood out from the rest. He was intelligent and honest in his description of himself and what he was looking for in a relationship. I wrote to him and he answered me with kindness and interest. I was very surprised because he seemed like

someone out of my league.

We continued our correspondence and I have to admit here that I was a bit challenging in how I communicated due to my insecurities. He maintained communication with me, however, despite this and also despite the fact that I blurted out that I had schizophrenia. I don't know why it came out in this manner, but it did. What I learned from this was that he was a true gentleman in that he did not disappear from me. In fact, he knew of the illness for his mother had suffered from it as well.

For two years we wrote to each other but there were long gaps in between due to me not being secure in

(Continued on next page)

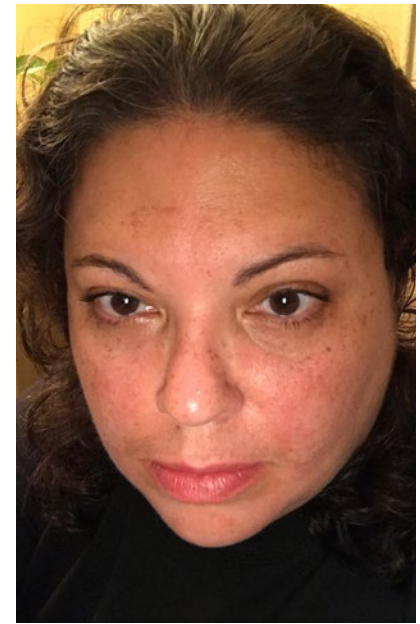
myself that I would be liked, accepted and loved. He was a good man in that he did not give up on me altogether. Over time we became closer and I shared with him why I was reluctant to meet with him. But my explanations did not put him off and eventually we met in person.

false, but until you meet with someone in person, there remains doubts and fears and all sorts of imaginary ideas. When we met we could put these to rest.

I see now that the difficulties I caused this man in getting to know me were due to my fears of not

over time we came to understand that we are both worthy of love, and that we both have a great deal of love to share with each other.

I cherish the love and friendship I have with this man. I will not retreat back into my cocoon of insecurities. The key to finding love is in accepting the risk of rejection. When searching for that special someone, take rejection as being a part of the sorting process and that not everyone will be interested in knowing who you are. Do not be angry or mean-spirited as that is not the way of being a loving person. Be kind and gracious in all that you do and eventually you will find someone with whom to share friendship, love and companionship.



Kennedy's compassion for the mentally ill

“Be kind and gracious in all that you do and eventually you will find someone with whom to share friendship, love and companionship.”

I cannot begin to tell you how happy I was to leave the virtual world and engage with this man in real life. Not that our writings to each other were

being loved. I tried to sabotage the relationship so that it would end and confirm my belief that I was unworthy of love. He stood by me, however, and

Op-Ed: Reform of the U.S. Mental Health System

By Michael Gottlieb, B. Sc.

How the Mentally Ill Have Been Abandoned by the Ills of a Society Gone Bad

Note: The opinions expressed in this article do not necessarily represent those of City Voices, its writers or its staff.

Reform of the mental health system in the U.S. was well underway when President John F. Kennedy endorsed this new era in mental health in a 1963 speech. He called for a “bold new approach” in which “reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability.”

One of President Kennedy’s sisters suffered from severe mental illness and back in the 1930s and 1940s they used brain lobotomy. What was Kennedy’s interest or attitude toward the mentally ill and mental health?

Kennedy agreed that locking people away in mental hospitals was inhumane and indecent. He was open to the psychiatrists and activists who wanted local community mental health centers. But Kennedy could not persuade the U.S. Congress to fund that program. So when psychiatric hospitals were closed and the patients discharged, they had to fend for themselves.

Electric shock ‘therapy’ (aka electro convulsive ‘therapy’) was popular for a while. Psychoanalysis seems to have lost out to cognitive behavior therapy and behavior modification therapy. And of course, psychiatric chemical medications. No primal therapy or orthomolecular (nutritional psychiatry) therapy. Those would be the two primary healing tools for mental illness.

President John F. Kennedy tried to introduce compassion into society. However, society seems to operate according to two basic principles: Mindless hedonism (engaging in activities to satisfy personal pleasures and desires, regardless of how it affects or hurts other people, the environment, etc.) and “the ends justify the means.” Helping the severely mentally ill by creating local community support systems (housing, social support, financial support, etc.) did not jive with those values. Hedonism nullified any serious effort to help the weakest and most vulnerable members of society. They were abandoned and left to fend for themselves.

Fountain House is the rare example of a support system for people with severe mental illness. However, they do not focus on therapy or healing. Fountain House is predicated on the concept of having the mentally ill perform useful and meaningful work to give them a sense of dignity, self-worth and

“Be more caring, kind and compassionate toward one another, and yourselves. Create solutions that are win-win for all. A little healing goes a long way.”

demonstrate that the mentally ill can be productive members of society. But they do not focus on healing the terrible wounds afflicting these folks.

These mental ‘wounds’ continue to fester unless they are accessed and healed through primal plus dream therapy, counseling, orthomolecular psychiatry, etc. The mental wounds fester and eventually manifest as serious and severe disease: Multiple sclerosis, arthritis, heart disease, cancers, etc. The premature death rate is directly related to the disunity of mind, heart and body, which eventually breaks down under the ‘weight’ and ‘pressure’ of repressed

mental ‘wounds.’

Fountain House is performing a very rare (in our society) and vital service for the mentally ill by providing a support system and a place to work. Founded in 1944 by Michael Obolensky, a former patient, and Elizabeth Schermerhorn, a former volunteer. Fountain House earned the 2014 Conrad N. Hilton Humanitarian Prize, one of a number of awards it has earned since 1996.

Society is also using prisons, jails, the streets, nursing homes, etc. to place the mentally ill. It is a known fact that thousands of mentally ill people are incarcerated in prisons. New York City’s own Rikers Island prison has, over the past decade, housed approximately 4,000 mentally ill men and women at any given time. Harsh jail conditions with their violent culture often cause deterioration in these inmates, which jails are unequipped to handle.

The pharmaceutical companies are making huge profits from selling psychiatric medications. Orthomolecular psychiatry (nutritional psychiatry) is virtually unknown in America. They censored Drs. Hoffer and Osmond.

When President John Fitzgerald Kennedy tried to introduce compassion into our society the U.S. Congress blocked most, if not all, of his legislation. Was that because our federal elected ‘leaders’ (senators and representatives), to a very large degree, mirror and reflect the values and consciousness of the masses of Americans?

The hardened materialism and callous indifference to the pain and suffering of the weakest and most vulnerable members of our society by the masses of our fellow Americans was the primary driving force blocking President Kennedy’s legislative program.

Is making money the primary goal, primary motivating force in our society?

Making money, greed and callous competitiveness, regardless of how it affects or hurts others, seems to be a major motive of society. But society seems to have descended into the animal world of Darwinian jungle mentality. The idea of bringing healing or providing housing, social support to the mentally ill, or any person for that matter, has been trampled by the mindless stampede

of hedonism and selfishness. Society seems to radiate enormous amounts of brutality and cruelty on a daily basis. It is considered ‘normal’ to be uncaring, unfeeling and callous, ignoring those left behind, the mentally disabled, poor, and frail elderly.

What happened?

Our fellow Americans, with very few exceptions, adopted and believe in the Darwinian jungle values—survival of the fittest. Disabled psychologically and/or physically, this “consciousness” gives way to terrorism, war, theft, crime, hurricanes, droughts, earthquakes, violence, guns, etc. 9/11 could have been a wake-up call. Instead, society ascribed it to “an act of Nature.”

Any final words?

Keep your eye single on the “I Am” spirit within you. Be more caring, kind and compassionate toward one another, and yourselves. Create solutions that are win-win for all. A little healing goes a long way. “This too shall pass.” Planetary ‘cleansing’ and ‘scourging’ will provide humanity with a fresh start to use free will more wisely. If human nature does not transform to help one another instead of hurt one another, Nature will take its course.



Don't Miss Dark Encounters, Brandi Ferguson's New Book of Poetry

A Carl Blumenthal

It's So Raw It Hurts

"Trigger alert" is Brandi Ferguson's warning for several of her poems in *Dark Encounters: Poetic Dark Expressions* (available on Amazon). Upfront about her bipolar and borderline personality disorders, she fills her poetry with self-inflicted violence and revenge against her abusers. Brandi's verses sound like the confessions of a woman facing execution.

Despite dwelling on the dark side of existence, Brandi would no doubt agree with singer Gloria Gaynor's line: "I will survive, I'll survive." These 70 pages of verse are a testament to that determination.

As she writes in "What to Believe," "I ink to write the pain away/trying to leak out the hurt, in my heart is where it/shall stay" Or, "Sometimes I feel all alone in my gifted mind/My

words urge to be spoken, not hide" ("Creativity")

In *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*, Kay Redfield Jamison discovers that many famous writers, artists, and other creative folks lived with this diagnosis, whether they knew it or not. Some did their best work when up, others when down, a few swinging between highs and lows.

Living with bipolar disorder for 45 years, I do my best writing on the high side (hypo-mania). Brandi's work is more a euphoria of despair, like that of Sylvia Plath, who won the Pulitzer Prize for her *Collected Poems*, unfortunately, after she committed suicide.

"Always Believe" and "What to Believe" offer glimmers of hope in the end. But reading about Brandi's trials and tribulations requires the kind of trance state needed to walk on coals.

Here are some of the words she uses to prove she's "a modern-day female version of Edgar Allen Poe:"

"Indulging in my writing can leave you deeply disturbed/Complicated word play can leave you/slightly/perturbed" And, "Hearing ghostly whispers that is impossible to/contain/Positive thoughts get harder and harder to maintain"

Also, "Your sinful soul is what [evilness] desire/Angels on strike, not able to hire" And, in this allusion to Poe's "The Tale Tell Heart," "My demonic poetry left your once warm

heart cold/and maimed/There's no turning back now, there's no way for this illusion to be tamed...."

As you can read above, Brandi is adept at writing double verse rhymes, a tip of her literary hat to rap. The resulting thump, thump, of her words amplifies her frenzied feelings while keeping them from running riot across the page, as with free verse.

Here are some final examples of these one-two punches:

"Unable to speak my emotions so I write with this/pen/Unable to process neither my thoughts nor the/predicament I'm in...."

"Stuck In a place where I feel numb/Insecurities like a newborn sucking her thumb...."

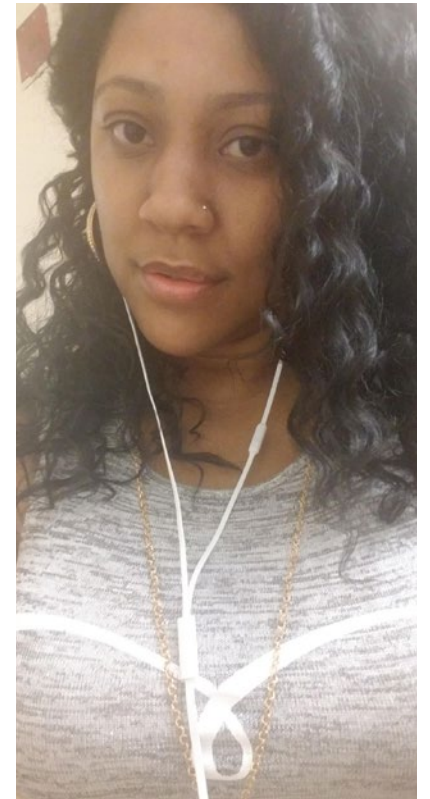
"My life story is something no one would want to/plagiarize/Feeling how I feel you would want those thoughts/vaporized...."

"@14 I was already outta my mind/By 16 I was ahead of my time...."

Brandi Ferguson's *Dark Encounters* is a hell of a way to go, but, who said hell can't be entertaining! (Just ask dear old Edgar Poe)...."

A few words from Brandi Ferguson:

Hi, I'm Brandi aka babiluv. I'm a 32-year-old married woman and a mother of two beautiful children, a six- and one-year-old. I was diagnosed at 14 with bipolar and borderline personality disorder. I began writing at the age of nine. Dissociating from the grim reality of this world I began to pour my heart out on paper using dark expressions



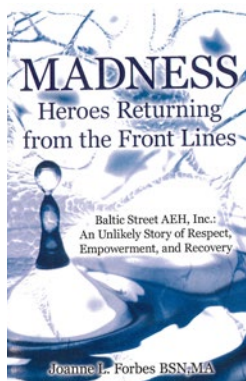
as a genre. I was later found on social media by a publisher who published my first book called "Dark Encounters" (you can find my book on Amazon.com).

Fast forward to the present day, I still struggle with my bipolar and borderline personality. It's tough juggling school, being a mother and a wife and I have good and bad days. But I have a support team and the willpower to not give up! This poetry book is only part of my testimony and I hope whoever reads it will know that they aren't alone.

Madness: Heroes Returning from the Front Lines

By Joanne L. Forbes BSN, MA

Baltic Street, AEH, Inc: An Unlikely Story of Respect, Empowerment, and Recovery



Instead of being defeated by madness, the Baltic Street Advocacy, Employment, and Housing staff in New York City built an agency that understands how to help those diagnosed with mental illness. In *Madness: Heroes Returning from the*

Front Lines, author Joanne L. Forbes shares the story of Baltic Street AEH, one of the oldest and largest peer-run organizations in the United States, a unique agency whose success stems from knowing what it takes to come back from madness and how to show others the way.

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Jayce's Answers (Cont'd)

5. to me. How do I get into the right frame of mind? I paint when I feel like it—it could be for only a few minutes or hours. Music is always on in my house. It more than helps.

Laura Anne's Answers (Cont'd)

3. during my high school and college years, but those years were mainly

about my actual physical survival. I did little or no art the whole time I taught in the 80s and early to middle 90s. I started creating art again in 1996. My paintings have been sold to Patch Adams, MD; Kim Cattrall; a hospital in Connecticut; and to many people along the way whose names I don't remember. I'll always remember the African American boy of about 13 years of age who came to my

solo exhibition in Soho in 2006. He brought his mother to see my art. I felt quite honored! I love all of the people who have either come to see or even purchase my artwork.

4. I like to make art anywhere and everywhere because of my uncle, who used to draw portraits of people on the Avenue of Americas in NYC between 3rd and 4th Streets, outside of the park there, in the 1950s and 60s.

And because of the man in my photo, "Painting at a Beach in San Francisco, California in 1971, who reminded me of the same uncle. Unfortunately, I have no photos of that uncle who was rootless. The last time I saw him he was across the street from that park. I was about 8 or 9.

5. All I have to do to get in the right frame of mind for making art is to put my pencil or brush to the paper.

My Therapist, My Self

A Stand-Up Comedy Routine Performed by Carl Blumenthal

Editor's Note: Carl performed a different version of "My Therapist, My Self" at the July 19, 2018 New York City Peer Specialist Conference.

Carl: Welcome everyone. Welcome. It's an honor and a privilege to perform at the NYC peer specialist conference. I call this skit "My Therapist, My Self" because my therapist, Nina, and I are as tight as...well, Michelle and Barack. But don't take that the wrong way.

First a disclaimer: No mental health workers were harmed during the making of this comic routine. I really love my therapist and psychiatrist.

You'll hear today a sample of what Nina and I talk about during our therapy sessions. Because Nina's big on patient-centered care, she's going to let me say a thing or two about my recovery. Right, Nina?

Nina: I can't promise you anything. That's because I'm a refugee from the Soviet Union, a socialist turned social worker. I left when the KGB wanted to lock me in a mental hospital for demonstrating against the regime. Now I'm afraid the CIA is following me.

Carl: Aren't we all paranoid? Thankfully we live in a democracy with separation of church and state. That means we can choose between

possession by the devil and surveillance by OMH. God bless America!

Nina: Here's something else to celebrate: Due to the insanity of global warming, the National Weather Bureau is changing the names of hurricanes to brands of psychotropic medication. Now, we'll have every drug from Adderall to Zoloft to thank for our destruction.

Carl: On a lighter note, have you heard this joke: If New York doesn't drive you nuts your therapist will.

Nina: That's right Carl. So, take a hike—if the subway's late. Grow your own—if the food's rotten. And pay the price—if Medicaid won't. For God's sake, take responsibility for your recovery."

Carl: Talk about responsibility. Do you remember the day I found you in your office tearing up your abnormal psychology textbook?

Nina: Yes, I thought some smarty pants doctor had discovered a cure for mental illness. Thank God he was wrong. Just think how bad that would've been for business.

Carl: Even if you were ready to throw Freud out the window, there's no denying the importance of childhood trauma? I remember one of my mother's religious fits, when she tried to drown me in the bathtub—a test of whether I could walk on water like Jesus.

Nina: Forget your mother. You'll learn a lot more from my books: How to Take the Mad out of Madness, Why Therapists Make Lousy Lovers, and

Medical Marijuana is the Best Thing Since Thorazine

Carl: Self-help is great. But what about empowering peers with mental illness? When discussing my case with doctors you're all about my poor insight, low competency skills, and lack of impulse control. Sounds like I need toilet training.

Nina: Don't worry. I'm no fan of shrinks. They're like tour guides showing you a foreign country where the language is impersonal and condescending. To them you're just a broken machine that needs fixing.

Carl: As far as I'm concerned, my treatment team analyzes me as if they're picking meat from my bones. If only they'd invite me to lunch, I'd bring my homemade barbecue sauce. The secret ingredients are lithium and Prozac.

Nina: At least I'm interested in your dreams. Not the ones about becoming a chef. The nightmares about losing your health insurance. Who will pay me for putting up with your craziness?

Carl: If you need money so badly, why did you become a social worker? I hear you wanted to be a doctor but flunked anatomy. I hope that doesn't mean you think my mind is a compound fracture.

Nina: Are you worried I don't take your bipolar disorder seriously? My job is to keep you from doing anything foolish. If you fly without a parachute and land in a garbage dump, I'll kick your butt.

Carl: So, what's your reaction to this



dream? I'm in heaven. The American Psychiatric Association and the big drug companies sit in judgement next to God. Donald Trump and Vladimir Putin both demand admission. While the Donald claims he'll make America great again, Vlad swears Russia already rules the world. God's diagnosis: "You're both deluded. Now take your Risperdal."

Nina: Doctors think they're gods and God thinks he's a doctor. What's a social worker to do?

Carl: How about joining the peer movement for better mental health? Admit it. Social workers are in denial about their own mental illness. Jump on the bandwagon before psychiatrists claim they're sicker than you are.

Nina: Does that mean we get to counsel each other?

Carl: Of course. I'm sure you have a recipe for ribs you're dying to share with me.

fighting stigma through comedy

Myers-Briggs, Educational Path, and Career

By William Jiang, MLS

As an educator and librarian, I have often heard the question, "What should I do with my life?" To know what to do, one should, as Plato, the ancient Greek philosopher said to "Know thyself." If you do not know yourself in terms of who you are or in terms of personality then talk to friends and family, think about your own personal history, as well as your strengths and weaknesses, as well as upcoming opportunities such as free education for full-time students at CUNY and SUNY, and threats, such as badly controlled mental, social, or economic issues.

After one does all that thinking,

maybe with help, one can take a self-test that can give you even more guidance: the Myers-Briggs. Although not a perfect tool, it can be helpful to help guide an educational and career path. When tested on the Myers-Briggs, everybody scores somewhere on the following scales of extraversion/introversion, sensing/intuition and thinking/feeling, judging/perception.

So, what? If you are an extrovert and you want to be a librarian because you respect learning, this may be a problem. Extroverts draw power from socializing and other people. Librarians generally need a quiet environment to allow their patrons to do their research and study. Being a librarian for someone who scores high on extraversion is a clear mismatch for basic lifestyle.

On the other hand, if someone is a INTPs (Introverted Intuitive Thinking Perceptive) type you may make an absolutely great mathematician. Why? Working at a high level of math, you

need to spend many disciplined hours alone studying, memorizing, and conceptualizing abstract concepts (introversion, Perceptive, Thinking, Intuitive).

The Myers-Briggs Type Indicator (MBTI) is an introspective self-report questionnaire claiming to indicate psychological preferences in how people perceive the world around them and make decisions.

The MBTI was constructed by Katharine Cook Briggs and her daughter Isabel Briggs Myers. It is based on the typological theory proposed by Carl Jung, who had speculated that there are four principal psychological functions by which humans experience the world—sensation, intuition, feeling, and thinking—and that one of these four functions is dominant for a person most of the time. The MBTI was constructed for normal populations and emphasizes the value of naturally occurring differences. "The underlying assumption of the MBTI is that we all

have specific preferences in the way we construe our experiences, and these preferences underlie our interests, needs, values, and motivation," Kaplan and Saccuzzo's Psychological Testing: Principles, Applications, and Issues (7 ed. 2009).

One can test oneself for free. Just Google "Myers-Briggs test" and maybe learn something about yourself. The Myers-Briggs can be a useful tool for education, but it is just a tool and it is imperfect. You are your own best captain.

Note: William Jiang, MLS is the Author of 63 books, including the bestselling books "Guide to Natural Mental Health, 3rd ed" and his critically-acclaimed autobiography "A Schizophrenic Will: A Story of Madness, A Story of Hope". You can see a selection of his books about mental and physical health nicely laid out on his blog at <http://www.mentalhealthbooks.net> or check out his Facebook at Mental Health Books. NET

IMPORTANT INFORMATION FOR WRITERS

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

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

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KADIMAH CLUBHOUSE, 4510 16th Ave (718) 686-3180
METRO CLUB PROS, 25 Chapel St (718) 596-8960

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

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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 published poet/editor Rev. Lisa Roma. Twice monthly meetings, convenient locations, online instruction. Option to publish work and do public readings. Contact morellabynoe@aol.com

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

DOUBLE TROUBLE meeting for anyone with a mental health challenge and chemical addiction. Gouverneur Clinic, 227 Madison Street in lower Manhattan. Enter at Clinton Street and take elevator to 12th floor, conference room A. Come join us for Coffee and discussion. Email Petersa9@nychhc.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