

SHARE YOUR
STORY
newyork-
cityvoices@
gmail.com

NEW YORK CITY VOICES

A Consumer Journal for Mental Health Advocacy

Fall Winter 2012-13



Vol. XVI, No. 3



APA Protestors organize in Philadelphia.

Photo Credit Angela Cerio

NOTHING ABOUT US WITHOUT US?

What's Inside...

- Melissa protested against the APA, p4
- Jenna teaches yoga for mental wellness, p5
- Andrew survived double trouble, p6
- Annie's garden of attachments, p6
- Andrew removed the drama from mental illness, p7
- Lisa is looking for lifelong love, p8
- M's journey through schizophrenia, p8
- Marvin deals with the issues facing us, p9
- Elisabeth vouches for art as a lifesaver, p9
- Bryan rages against the machine, p10
- Ashley's life was like a horror movie, p10
- Stefanie learned to love being happy, p11
- Tom pinned a guy in front of the whole school, p12
- Attend the next Mental Health Film Festival, p13
- Kurt succeeds as a consumer and a provider, p14
- Marilyn celebrates a special group's 75th anniversary, p14
- Michael distrusts the psychiatric establishment, p15
- Kurt reviews the Sugar & Salt memoir, p15
- Jack reviews a Jewish book of poems, p15
- SSD beneficiaries be aware, p16

Nothing About Us Without Us?

By Angela Cerio

Not at the American Psychiatric Association's annual conference

I went to the APA conference in Philadelphia May 5th and 6th 2012 as press, representing New York City Voices, in order to assess whether person-centered, recovery-oriented principles had filtered up to the psychiatrists. In my opinion, the answer is "no"—at least among most of the presenters. The only "consumer" presenter I am aware of was Dr. Kay Redfield Jameson. (See Melissa Farrell's article in this issue.) I was reminded of the NY State Office of Mental Health Annual Research Conferences which I had attended over 10 years ago. Ken Steele, the founder of City Voices and the Mental Health Voter Empowerment Project was the only one of "us"

(Continued on page 4)

I Quit Smoking by an Act of God

By Miriam Wexler

It's the toughest thing you will ever do

I started chain smoking at an early age when I was confined to a ten-month psychiatric hospital. I was concerned about my weight-gain so my thought was that if I smoked I would be able to lose weight. Initially I forced myself to inhale—at the start smoking was not very pleasant. No one at the hospital told me that the psychotropic medications along with the unhealthy bedtime snacks would increase my appetite and cause weight-gain. I left the hospital about 80 pounds heavier than when I came

(Continued on page 3)

MFY Legal Services, Inc. Announces New Legal Clinics to Assist with Obtaining Access-a-Ride

By Dinah Luck, Senior Staff Attorney, MFY Legal Services, Inc.

It's complicated, let attorneys help free of charge

Access-A-Ride (AAR) is an accessible transportation system operated by the Metropolitan Transit Authority (MTA) for people who cannot use subways and buses due to their disabilities. The Americans with Disabilities Act (ADA) requires the providers of public transportation to provide comparable public transit services to people with disabilities. People who are unable to take public transit due to a psychiatric disability are eligible for AAR, but they might face particular problems in the application, assessment, and appeal process.

(Continued on page 3)

Ward Stories

A column organized by Dan Frey, Interim Poetry Editor

This edition of Ward Stories features poetry from a couple of sources. We feature Claudia Krizay, who sent us a number of poems and images of her art via email. We include her potent poem on the experience of the ECT (electro-convulsive therapy) patient with an image of her art titled "Scared." We also include an untitled piece by Stefanie Tomasello, an adventure in visual art that will make you want to take up the craft yourself. You can read Stefanie's personal story in this edition.

ETC

by Claudia Krizay

In this moment I feel as if I am falling,
Into a prison from nowhere,
I see my shadow arabesque as
I watch my reflection appear
In a river of never abating madness
Hiding from all that is real,
Moments have passed since I lay upon
A cold metal table,
Drifting off to sleep, and
Upon awakening
I remember nothing, except for
The sensation of falling
From nowhere into nothingness
As I watch the sun rising,
Outside of a picture window,
I find myself alive in some different place
in time.
I feel my heart pounding
As if it were trying to escape
From a prison of iron bars inside of my
chest, as
My brain spins about
As if it were riding a horse on a merry-go-
round,
It's motor somehow
Rapidly accelerating
As that horse bobs up and down
Exacerbating my fear
I hear myself screaming
In the midst of deadly silence
The sun has now risen high over the
mountains outside.
Within my utmost fantasies,
I am climbing my own mountain,
Hoping to reach the sky although
I cannot escape that merry-go-round of
terror
Except that I know now
I cannot hide from all that is real,
I shall never touch the sky and as
I find myself falling off of this make believe
mountain
I can see my shadow more clearly and
As I fall into a river of my fantasies,
I swim to the bank of this river from
nowhere,
Leaving the madness behind



Untitled

by Stefanie Tomasello

She layered her soul, ultimately not knowing
who she was
She clings to strength, ultimately surprised
by her words and cause.
She looked with her eyes,
Kindly imaginative and vital for her
confidence,
She's always questioning her riveting life
dance.
She charcoaled her way back to her soul, in
a place as sour as a persevered, odd trance.
She continued to electrically get everything
off her chest and stood for something more
than what she knew. Colored her way
through life with a colored pencil or two;
Sharpened shavings piled up, She digs
deep to have the charcoaled black scent
imbedded on her hands. Hoping the left-
over color will seep through the pages of her
mind on pads. She thickens the movement
of her pencil through the gliding of her
positioned fingertips; reserved only for the
tearful, colorful misfits sips, always teaching
herself never to ignore the extraordinary use
of playful sharpened tips, almost like a whip
of courage from the inner strength of her
plentiful spirits kept down below in her soul
slowly embracing life as a departure for a
new world as a new cherished and vagrant
whole.

NEW YORK CITY VOICES

Founder: Ken Steele

Editor in Chief: Dan Frey

Business Manager:

Marvin Spieler

Treasurer: Melissa Farrell

Chief Information Officer:

Will Jiang, MLS

Layout Editor:

Jenae Stone

Coordinating Editors:

Julie A. Cipolla, Craig Bayer,

Kurt Sass

Columnists/Associate Editors

Legal Column:

Maro Constantinou, Esq.

Editor at Large:

Marvin Spieler

*New York City Voices: A
Consumer Journal for Mental
Health Advocacy* is statewide in
circulation and news reporting.

New York City Voices is
made possible through our
subscribers, advertisers, donors,
and a dedicated group of
writers, editors and volunteers.

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

Copyright © 2013 by
New York City Voices

To Reach Us:

New York City Voices
c/o Baltic Street AEH
250 Baltic Street, Floor 1
Brooklyn, NY 11201

Email:
newyorkcityvoices@gmail.com

(Continued from cover page MFY Legal Services, Inc. Announces New Legal Clinics to Assist with Obtaining Access-a-Ride)

Applications

Although the application can be found on the MTA website at http://www.mta.info/nyct/paratran/access_application.pdf, the MTA has told MFY that they only accept applications mailed to the applicant by the MTA. Therefore, applicants should call 877-337-2017 to obtain the application and an appointment for an in-person assessment. The application requests, but does not require, medical documentation. However, an applicant should provide a detailed letter from her treating psychiatrist or therapist describing the applicant's functional limitations. A letter stating a diagnosis is not sufficient; the letter should describe the symptoms that prevent the applicant from taking public transit. An AAR official reported to MFY that the MTA does not defer to a person's own doctor, but instead relies upon its own assessment. Nonetheless, it is optimal to submit a detailed letter from a treatment provider because it will increase the applicant's chance of being approved.

All applicants are required to undergo an in-person assessment that primarily involves testing for physical disabilities. AAR's reliance on in-person observation over reports from a person's doctor can make it very difficult for a person with a psychiatric disability to be found eligible. For example, while a physical test can be given to an applicant who claims that a physical disability prevents her from climbing stairs, it is more difficult to ascertain how an applicant's anxiety disorder impacts her use of public transportation. An applicant with a severe anxiety disorder, for example, can appear calm at an assessment, leading to a denial of the application even if she provided a compelling and detailed letter from her treating psychiatrist or therapist about the functional limitations to her accessing public transportation caused by the disorder.

The Disability Rights Education and Defense Fund recommends that people whose disabilities are not easily evaluated by an in-person functional assessment tell the evaluator that their disability

cannot be assessed in that format. An applicant with a psychiatric disability should direct the evaluator's attention to her doctor's letter, and explain why her limitations cannot be observed during the in-person assessment. An applicant who cannot advocate for herself can bring someone—a friend, social worker, therapist, or family member—to help. Because the eligibility determination relies so heavily on in-person observations at assessment centers, rather than on reports of functional limitations from applicants' treatment providers, the AAR assessment may have the effect of discriminating against people with psychiatric and other invisible disabilities.

How to Appeal a Denial of an Application

If an applicant is denied AAR, she has a right to an appeal. But the AAR appeals process suffers from several procedural problems that prejudice appellants. The agency is required to provide appellants with a notice that states the reasons for the finding and "an opportunity to be heard and to present information and arguments." However, the AAR notices are not individually tailored to the applicant. The AAR notices simply provide a laundry list of denial reasons. For example, the denial notice for a person who applies due to an anxiety disorder may include a list of irrelevant and confusing statements about physical disabilities, such as "You are able to go up/down subway

(To obtain Access-A-Ride) A letter stating a diagnosis is not sufficient; the letter should describe the symptoms that prevent the applicant from taking public transit."

steps. You are able to travel three to four blocks to fixed-route bus/subway station." It is difficult for an applicant to prepare for an appeal based on a notice that contains only conclusory and possibly irrelevant statements.

The difficulty in preparing an appeal is exacerbated by the fact that the MTA does not provide the applicant with a copy of the record of her case prior to the appeal, nor does it have a process for the appellant to secure the record prior to the in-person or written appeal. In fact, the

an appellant cannot examine the assessments or other evidence relied on by the agency when it denied her application. This leads to an applicant being confronted at the hearing with evidence she's never seen, depriving her of the opportunity to prepare a challenge to the evidence.

Finally, although the MTA offers two options for an appeal—in writing and in person—it has no publicly available written procedures that describe its appeal processes. Based on the information we have been able

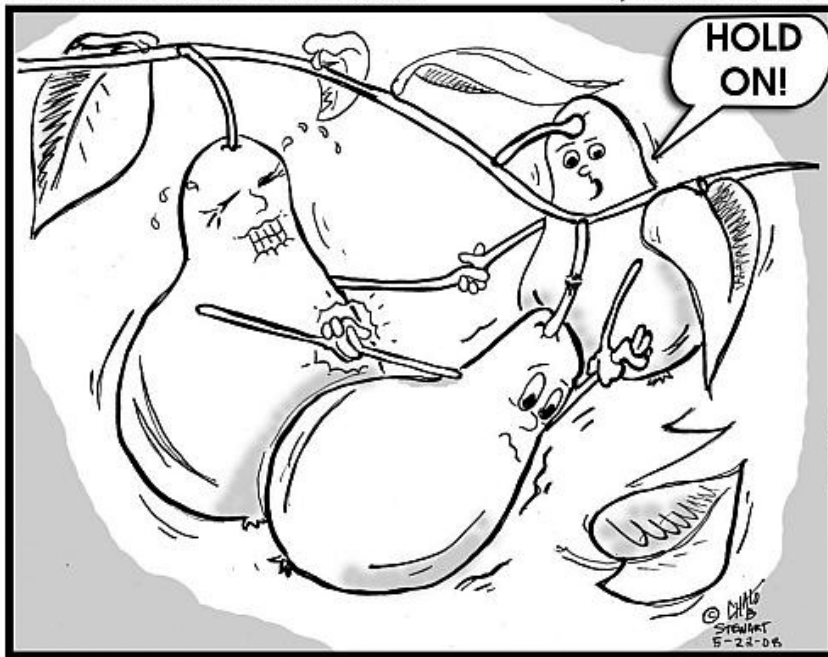
were my best friends. At one point I realized that cigarettes would kill me if I continued smoking. I focused my energy on kicking the habit, using many methods both alone and with the help of others to stop. For me perseverance was strength.

Here are some of the ways I tried to kick the habit:

1) Binghamton University in upstate New York had a 24-hour warm-line for people trying to quit that I called and found very helpful;

2) I went on two tobacco withdrawal retreats that were failures because I was too socially inept to connect with other smokers who probably never had to deal with mental illness;

3) I tried the patch, smoked despite the patch, so I stopped it;



Pear to Pear Support

to gather, MFY recommends the in-person appeal because testimony from the applicant and, if possible, a mental health professional can be more compelling than a paper review. In addition, a paper review suffers from the same defects as the initial assessment—the decision will be based primarily on the AAR in-person assessment, which the MTA weighs more heavily than an assessment by the applicant's own treatment provider.

MFY Legal Clinic to Assist AAR Applicants

MFY Legal Clinic to Assist AAR Applicants

To try to remedy these and other problems, MFY Legal Services, Inc. and Pillsbury Winthrop Shaw Pittman LLP are launching a pro bono project to help people obtain and maintain eligibility for AAR services. We'll be holding AAR Legal Clinics at independent living centers, senior centers, and other community locations. During those clinics, volunteers will provide a range of services, including helping people fill out the AAR application, request MTA records regarding an adverse eligibility determination, appeal a denial of AAR services to the Paratransit Appeals Board, appeal a suspension of AAR services, or file a complaint about AAR services with the MTA. To find out the details regarding the next clinic, please call 212-464-8110 or go to www.mfy.org.

I Quit Smoking by an Act of God

(Continued from cover page)

in. I was obese and a chronic chain smoker. My self-esteem was below rock bottom.

In total I chain smoked for thirty years. The first time I stopped I used hypnosis; it was relatively easy. I told everyone at work that I was going to stop and used candy (lifesavers) to curb my appetite. I used lifesavers as a substitute for tobacco. I lost weight and stopped smoking for about five years. I never thought I would smoke again but unfortunately I did.

(Continued from cover story
Nothing About Without Us)

among the presenters. Yes there was definitely an “us and them” atmosphere, both back then and at the APA.

One big difference between “then” and “now” is the reduction in value of the “freebies” the pharmaceutical companies are allowed to use to lure the psychiatrists to their displays. One workshop “Psychiatrists and Pharma: How Should They Interact?” addressed the issue of “samples” left by pharmaceutical representatives when they visit the psychiatrists. It was suggested that these samples should be “pooled” for use by all physicians within the practice or agency. Press was not invited to the special “educational dinners” at swanky hotels in the area sponsored by the various pharmaceutical companies.

There was an “Ethics Tract” and I attended an interesting workshop: “Ethics and Diagnosis: The Medicalization of Predicaments.” It was sparsely attended compared to all the workshops on medication, diagnosis, and the financial considerations of psychiatric practice. I knew I was in the right place when the presenter stated, “Those of you who came to this session are probably not the ones who need to hear what we have to say.” They spoke about how distressing life events are often diagnosed in order to justify billing for medication and treatment, and how that diagnosis can lead to lifelong interaction with and dependence upon the mental health system.

I had originally planned to go to Mind Freedom International’s protest over the new DSM5. And I did. (See photos.) On Saturday, I marched with my peers from the “Society of Friends Center” to the Philadelphia Convention Center. One marcher dressed up as a psychiatrist, complete with a huge hypodermic needle. This protest was widely advertised as “Occupy the APA”, and there was obviously a lot of security in place at the convention

center to prevent us from doing so. The march included an event outside of the convention center in which people who had been diagnosed by psychiatry held

rights activist”, “advocate”, or whatever words they wished to use to identify themselves. George Ebert of the Mental Patients Liberation Alliance in New

“...distressing life events are often diagnosed in order to justify billing...that diagnosis can lead to lifelong interaction with and dependence upon the mental health system..”

signs in front of them with the diagnosis they had been given, tearing them up and holding up new signs with labels of their own choosing such as “human being”, “wounded healer”, “human

York State, provided motel rooms for those who stayed over until Sunday to hear speakers Robert Whitiker, author of Mad in America and Jim Gottstein, Esq., founder of the Law Project for

Psychiatric Rights from Alaska, a well known human rights activist. An entire bus of protestors came in from Albany, so New York State was well represented. Spearheaded in Philadelphia by Susan Rogers of the National Mental Health Consumers’ Self-Help Clearinghouse, this protest was widely covered on the Internet by Mind Freedom; Lauren Tenney and Dan Hazen on Youtube, and on websites www.theopalproject.org and www.mindfreedom.org. Any event which brings together people who want to see change in the field of mental health, I find to be exciting and empowering, and this protest was no exception.



Photo Credit Angela Cerio

The 2012 APA Conference in Philadelphia

By Melissa Farrell

My perspective on the booths and presentations

I attended the American Psychiatric Association’s 2012 Annual Conference in Philadelphia on the weekend of May 5th through May 7th. I found the conference insightful in some ways, but lacking in many other areas. The areas that I found progressive included a Swami, who was also a psychiatrist, presenting his research findings on the benefits on alternate nostril breathing. A yoga instructor I had years back taught me to practice alternate nostril breathing. I was practicing this for a while when I was anxious and could not sleep at night; I did not want to give into the

temptation of popping a pill to quiet my mind.

My traveling companion Angela Cerio and I spoke to a psychiatrist who agreed with us about the benefits of wellness, health and exercising. The psychiatrist even stated that she would rather her patients go to yoga than to have them medicated unnecessarily.

What I was really appalled by was the excessive number of manufacturers present pushing Electroconvulsive Therapy (ECT) machines. There were at least five manufacturers of ECT machines present. ECT is such a drastic treatment resort and the benefits are often questionable, not to mention the long-term damage that its use can cause to patients. In my eyes this machine should not be such a hot commodity and so broadly advertised. This type of therapy should not be publicized the way it is, because of its known side effects.

I also did not like the large presence

of pharmaceutical companies either. I spoke to a representative who was there to promote Equetro, a form of Tegretol. I told him that I noticed there are not many so-called mood stabilizers on the market and he agreed with me. I noted that there is an over-abundance of neuroleptic or anti-psychotic drugs that are being produced. It is known that these types of drugs are prescribed by psychiatrists to children and adults who do not have the disorders that the drug was originally intended for. There are a lot of lawsuits for off-label use.

Additionally, I did not see any services that promoted alternatives to drugs at any of these booths. I did not see any information on orthomolecular therapy. This type of therapy often involves high potency vitamins, supplements and proper nutrition.

I listened to a presentation by an Indian psychiatrist elucidating how our modern day Western psychotherapy is based upon the Bhagavad Gita, a sacred Eastern text. Highlighted

were the text’s moral statements and the laws of the Universe like treating others with kindness, practicing gratitude and being humble. All of these principles are applied to the Western psychotherapy we have today.

Throughout the entire conference, I did not hear anyone using the words “peer” or “recovery.” The only notion of “peer” in this conference was by a peer provider, Dr. Kay Redfield Jamison, a prominent researcher and clinician and an authority on bipolar disorder. She was the only individual at this conference who disclosed about her lived experience with mental illness. She teaches and researches at the very prestigious Johns Hopkins University. I found Dr. Jamison very inspiring. She spoke so eloquently and openly about her life. She spoke about the difference between clinical depression and grief. She revealed that her spouse, another famous researcher and clinician from Johns Hopkins had died about 10 years ago and although

(Continued on page 5)

(Continued from 2012 APA Conference
in Philadelphia on page 4)

it was very difficult for her to deal with, it was grief and not clinical depression that she was experiencing. Dr. Jamison spoke about how we need to normalize our experiences and not accept a clinical label to what

are simply normal emotional states. She also spoke about the difference between clinical depression and other normal life experiences.

I would have loved to see peers involved in the conference. I thought

it would be really out of place for me to disclose to anyone at the conference that I have a mental illness. I would have liked to see less emphasis on pharmaceutical drugs and more on integrative-type methods used in

treatment. In conclusion, I believe that treatment is not about making money at another person's expense but about doing what is morally and ethically right and true.

Adapting Ancient Techniques to Help Cope With Mental Illness

By Jenna Ritter, Founder
and Senior Teacher at
DHARA

Yoga for Mental Wellness

We are fortunate that Yoga has become mainstream. Contrary to popular belief, Yoga is actually about healing more than it is about exercise. Yoga is one of many alternative modalities that offer a very real and cost effective solution to current health care needs. Yoga inspires a ripple effect of health that starts within each of us. The sign of a healthy Yoga practice is when the practitioner experiences a sense of flow and harmony. When there is flow and harmony inwardly the conditions necessary to cultivate a healthier, more positive relationship with the self and others are created and supported outwardly, and vice versa. With practice over time the Yoga student's life gets better, then their interactions with other people get better, and, as result, society gets better. At its central core, then, Yoga is a cultivated lifestyle rooted in

relationship.

In itself mental illness can be very isolating. On top of this, the restraints of stigma can keep individuals hidden creating a container of fear, anxiety, depression and anger to stew. Learning how to apply effective and practical techniques to break out of isolation and move into various degrees of relationship is highly desirable. Today there is an abundance of information available on alternative treatments. When one becomes interested in exploring something like Yoga it is easy to become overwhelmed and confused. For special needs populations navigating this terrain can be even more challenging. In efforts to clarify and keep things simple I have developed my work through my nonprofit project DHARA. DHARA accesses and teaches foundational elements essential to a healthy and safe Yoga healing practice. Classes nurture sustainable empowerment within a safe environment for those living in highly stressful, chaotic, and uncomfortable life situations.

I have been studying Yoga for 12 years, teaching for 8 years. As part of my personal healing and training I

lived in India and China studying with master teachers. Before Yoga, I was an early childhood special education teacher very interested in inclusion models of education that highlighted resiliency and empowerment. Reflecting on my journey and integrating my knowledge, I have come to understand Yoga to be about accessing and working with prana or qi, the vital life force energy which is in each one of us. It is my personal experience that the body has an innate wisdom to heal itself when we learn to work with it. Yoga enables serious students to come out of their shell, to realize the gift that they are, and to offer that to the world effortlessly.

Knowing that some Yoga can be unsafe and actually harmful, I utilize my special education background and unique training experiences to develop curricula that provides clear foundational practices—something like the “ABC’s” of Yoga healing—to support people in their recovery and reintegration. The breath is central to a good Yoga practice: the breath provides an indicator as to our mood at any given time, as well as is an effective vehicle to begin the shift into a more desired state of mind.

In my classes I teach practical and effective ways to build inner strength through using easy to apply tools of breath and gentle movement. With practice over time a greater harmony and joy in life is experienced. As students begin to fall into a rhythm with their practice I see them begin to return to the rhythm of their lives. Students begin to more easily show up for themselves and each other in a way that wasn't possible before attending classes. Students emerge more centered, grounded and whole. There is a new enthusiasm—a joy—that simply is. I suspect with continued practice the ripples of these effects will impact the larger communities around us all.

Note: Jenna Ritter, Founder & Senior Teacher at DHARA, teaches low-income adults living with various emotional and mental health issues self-healing through ancient Indian and Chinese lifestyle systems adapted to modern-day living situations. Programs and trainings are also available for service providers www.dharanyc.org. Contact jenna@dharanyc.org for more information on classes and special workshop offerings.

alternative healing

Effective Stress Relief & Wellness Practices for those Living with Mental & Emotional Health Issues

Pathways to Wellness

Open ongoing classes. No registration required.

Thursdays 1:30-3pm; Fridays 6:30-8pm

Fee on Sliding Scale based on income: \$5, \$10, \$20.

Upcoming Training to Teach Techniques

Open to social workers, peer educators, administrators, psychiatrists, therapists, nurses, caregivers and others who work with mental health populations

Mondays in March (4, 11, 18, 25) 6:30-9pm

Fee: \$250/\$175 early bird special.

All Classes Meet At

**The Breathing Project, 15 West 26 Street, 10 Floor
Between Broadway & 6 Avenue, Manhattan**

**For more information on classes and programs,
contact jenna@dharanyc.org www.dharanyc.org**

Mental Illness & Addiction is Double Trouble

By Andrew Roberts

Dealing with both is a challenge

My name is Andrew and I'm 28 years old. I was born and raised in New Jersey. I have a sister who is slightly younger, and both my parents are still living and are together. I was asked to write my story, because I am living with mental illness. I am sharing my life story in the hopes that it can inform and maybe even prevent someone from unknowingly making a negative decision that will forever change them and their families' lives.

I had a generally happy childhood. When I was 8 years old or so, I was diagnosed with ADD (Attention Deficit Disorder) and prescribed Ritalin. Though my grades improved, I did not like or accept that I was different. It was at this time that I first began therapy. I grew up participating in the Boy Scouts, and eventually attained the rank of Eagle Scout in 2001. I started playing guitar when I was 12 and I still play to this day. I got decent grades and was accepted early into college. I had an apartment on campus, which was

normally filled by older students.

I started college when I was 17. It was also the age I stopped taking my Ritalin. I had always heard stories about how people went to college, partied hard, but still did well. My roommates were older and all friends with each other. They were into drinking and drugs. My first drink was on my first day on campus. It was only about a week afterwards that I tried drugs. Soon after that I would be sitting in class thinking about the party afterwards. I stopped going to class and focused on "mind exploration," as I called it. One day there were none of the usual substances around. A friend had told me about drinking cough syrup. Had I known that this would be the act that would eventually have me sleeping on a park bench, I would not have done it.

My descent into depression was quick. It didn't take long before I started drinking cough syrup early in the morning and just remaining lying in bed. After a few more weeks I knew I was failing all of my classes. Rather than using substances as a learning experience or recreationally, I began relying on substances as a way to escape my misery.

To properly describe my state of mind, I feel I must go into the effects of Dextromethorphan (DXM, the active ingredient in cough syrup). When I took it, my thoughts went out of my body. I could barely walk and often would fall and hurt myself. My speech would slur and I eventually just stopped talking. It

is a substance that while ingesting it, it is not possible to function at all in daily living.

To summarize, I dropped out of college and moved back home. My using escalated, as my depression deepened. While I was at home, my friend from high school killed himself. Aside from my mourning for him, I began to obsess about the idea of doing the same. When I was under the

are very different and much better. My recovery process was and still is gradual, but beneficial to my survival and peace of mind. In the last few years, I've gotten involved in volunteer work with people like me, living with psychiatric disorders and in recovery from addiction. I have a steady and very nice place to live. I will be starting school in about a month to become an electronics technician. I still play guitar

"My past has made me not only a stronger person, but also a much better person in the areas of patience and understanding."

influence, I voiced that I was going to jump off a bridge. This was my first introduction to the mental health unit of the hospital. I began to see a psychiatrist and I was diagnosed with bipolar disorder and an anxiety disorder. Again I had issues with self-acceptance and took the news of these diagnoses like it meant that I would no longer be able to do anything in life. I was using DXM everyday and the idea of harming myself brought my drug usage to my parents' attention. I was asked to leave their house. While the weather was nice, I slept on a bench in the park or in the woods. As time went on, I just "drifted" with various people around New Jersey. After hitting my bottom, I finally decided to seek treatment for my addiction and psychiatric disorders.

It is now 10 years later, and things

and on the side I give lessons. My past has made me not only a stronger person, but also a much better person in the areas of patience and understanding. My bipolar disorder still surfaces with mood swings and I still have panic attacks from the anxiety. The education I receive in therapy as well as consistently taking my medication has made the severity and frequency of these symptoms manageable.

Although I have this illness, I do not define myself as ill. The complexity of life, its challenges, and the ability to overcome them are what I believe make me who I am. I am Andrew, I am 28 years old; I live with mental illness and I am happy. Thanks for reading.

The Garden of Human Attachments

By Annie Elizabeth Martin

My parents were always there to support me



Oftentimes, we find ourselves wondering why particular relationships we had nurtured and maintained for so long could suddenly become so dried out and desolate. It's like discovering the carefully grown garden that you had patiently sowed had one had day become an empty, dry desert.

Growth and evolution between two people is inevitable. It is sad inevitably when best friends don't stay best friends; when lovers don't stay lovers, or even when a family doesn't always stay close. I believe that all people are different and that everyone evolves.

But what if the changes in your relationships are not fully under your control? What if the differences between

individual persons developed out of shame or misconstrued assumptions? And, what if it were a mental illness that produced such isolation?

Mental illness is not easily understood. Even with 1 in 4 people affected by a mental illness at some point in their lives, it's something that many people still deeply suppress. With

mental illness comes into play. Not only do we feel alienated from ourselves, but we feel the love from others we had slowly built, dwindling as well.

However, by continuing to isolate, we notice that our garden which had once been filled with the blooms of fellowship with others become starkly alien. We ask ourselves: If supportive

"Sometimes all it takes is finding the courage to go back outside to the broken pots and plant oneself anew in the midst of the desolation. Once there, we must recognize that everything begins with ourselves. Only then can we begin to notice just how much room there is for growth."

shame comes silence, and with silence comes distance between people. We fear what others might think of our emotional difficulties. We fear that no one could ever possibly grasp the complexity of mental illness. We fear being seen as abnormal in the eyes of others. We fear being rejected outright by the ones we love. Many other times our worst fears are realized by inconsiderate and careless people. So we remain hidden and isolated, fearing others' judgment.

It's easy to feel abandonment when

people are not here now, were they ever really there in the first place? We may make excuses for our friends due to the drought and weathering these relationships have endured. We may wish to repair the garden, but we realize that it takes more than one person to grow a friendship.

There may be times when we believe that others are looking down at our empty gardens. But it's crucially important to remember that a barren garden isn't our fault. Hard work often falters due to the caprice of Nature,

and sometimes no matter how much patience you have, some relationships will never be the same. Sometimes all it takes is finding the courage to go back outside to the broken pots and plant oneself anew in the midst of the desolation. Once there, we must recognize that everything begins with ourselves. Only then can we begin to notice just how much room there is for growth.

If the gossiping of others returns at any time, recognize that these murmurings do not belong within your field of personal growth. Realize that these people see what they want to see. But if you allow yourself to be the gardener, you will have the skills and tools to plant a new garden and evolve a vision of what you want to be.

Water this new growth. Remember that it is okay to allow old seeds that wish to bloom once again. Some people may have moved on to be replaced by new relationships. Once in a while it is okay to look back on how it all used to be. But just remember not to stare too long, because you now have a whole new budding garden under your feet.

To see more of what Annie is up to, visit <http://waitinginthedarkproject.tumblr.com/>

Coping with life
can be difficult.

Getting help is easy.

www.800LifeNet.org



www.800LifeNet.org
1-800-LIFENET (1-800-543-3638) [English]
1-800-AYUDESE (1-800-298-3373) [Spanish]
1-877-990-8585 [Chinese]
1-877-8HOPENY (1-800-846-7369)
[Addiction + Problem Gambling]

- Search LifeNet's network of care behavioral health services database on Mental Health, Substance Abuse and Problem Gambling.
- Post on the Community Calendar - including professional and community workshops, trainings and support groups.
- Review the vast library of resources about mental health, addiction, parenting, relationship issues, physical health and other topics.
- Create a Confidential Personal Health Record - allows you to store your findings and personal information.
- Get an advocate by reviewing an extensive list of organizations that assist people with mental health or substance abuse problems.
- Research insurance options; low-cost or private, medication assistance programs, resources for the uninsured, and help for veterans.
- Take action by following local, state and national bills focused on behavioral health, and by contacting elected officials to voice your opinions on how to improve the behavioral health care system.



www.Facebook.com/mhaofnyc



@mhaofnyc

The Depressed Donkey and the Manic Monster

By Andrew Wolf

How I took the drama out of my mental illness

The Depressed Donkey: 2002-2007

I felt like shoving a shotgun into my mouth and clicking the trigger, but the thought of splattering the wall with crimson raw hamburger was too much—that, alongside the unknown afterlife consequences.

Living with grey, gloomy lenses made life stale, cold and so lifeless. My brain was stone, like living encased in a rocky underground cavern. This persisted from the eighth grade to my freshman year in college. Due to my depression, I had no friends: people just didn't acknowledge me. I played this role of the dark, twisted wannabe serial killer, listening to Slipknot and Marilyn Manson alone in my car before class. I was locked into this persona of the dark drama king. I loved reading Stephen King, as well as Edgar Allen Poe's Raven, which spoke to me. It was like I could dwell with a bird pecking at my skull, never to experience romantic or any form of deep heart love, for "evermore."

Occasionally, the "Manic Monster" busted out its horned head, provoked by excessive energy drink consumption, but it could not ram all the way out from the cavern. So the glazed-eyed, hazy-brained donkey played its part for the majority of the drama.

The Manic Monster: 2007-2009

But the depression did not last forever. In the winter of 2007, the year I became a college dropout, the Manic Monster broke through. So I became like the naturally over-caffeinated Tigger from Winnie the

Pooh, a total transformation from being the lethargic monotone donkey (also from Winnie the Pooh).

I boomed such absurdities as "I am God!" or "Stick it in your ovaries!" Now, I knew, even when possessed by the Manic Monster, that I was not actually God. Rather, I was merely imitating Robert De Niro from the

"I am now attending the same college where I had both dropped out and had roared out the hard rock music. Last semester, I took 12 credits, retaking the classes I had previously failed... bringing my GPA up from the original 2.5 to 3.48."

film Men of Honor, gripped by his sense of deluded, carefree and unrestrained arrogance.

Due to my colossal arrogance, I got arrested three times. The first time, during the first manic spree, I had kicked in a door at the Village Pharmacy, spurred on by the deluded image of being abandoned by my peers during high school. I spent time locked up in isolation for two weeks. There was no charge due to "incompetence" during the time of the offense. The judge deemed me mentally unfit in that moment of kicking the door—I was seen as too insane to be charged with a crime.

The second time I was arrested for yelling out a hard rock song while listening to it through headphones during midday, in the middle of a college campus! Before I knew it,

I was being frisked by the chief of police, who told me to leave the premises, but I refused. Hence, I was arrested, though luckily not tossed in jail. Instead, I was given a ticket for disorderly conduct. The third time I was arrested occurred when I scared my sister into punching me with two full blows to the face, but I had not

touched her. I called the police on her, clearly with the malicious intent of giving her jail-time experience. Yet again, due to my being the primary aggressor, I was arrested and spent one more night in the same isolation cell as I'd stayed before.

Now

I am now attending the same college where I had both dropped out and had roared out the hard rock music. Last semester, I took 12 credits, retaking the classes I had previously failed. The tuition is fully paid by government grants, and I have earned all A's, bringing my GPA up from the original 2.5 to 3.48, and I will attend classes next semester. This was made possible by my previous success at a community college which I left with a GPA of 3.5.

How did I manage all of this?

Medications: they work! It took a few tries to find the correct dosages of the right medications. I started with Lithium, but now I'm taking Lamotrigine and Depakote that help me to maintain mental stability. During my previous role as a Manic Monster, I was unemployed for about two years. Now I have been employed as a waiter since 2010. I still have difficulties with low confidence and lack of friends; but I am functional and I no longer experience symptoms of major depression, nor symptoms of mania.

To complement this medication, I work with a cognitive therapist and a psychiatrist, and practice meditation. In particular, I am investigating "mindfulness," which is being attentive to the awareness of the reality of things (especially of the present moment) which can be used as an antidote to delusion. Mindfulness practice, inherited from the Buddhist tradition, is being used in Western psychology to alleviate a variety of mental and physical conditions. Jon-Kabat Zinn is a major proponent of mindfulness. "Google" him or find him on "YouTube" to view one of his presentations. Eventually, I see myself becoming medication-free, but only in the next few years, after careful consultation with my psychiatrist and employing gradual dosage reduction.

Overall, I recommend getting professional help, taking the prescribed medications, and meditating to create the foundation to free yourself from bipolar madness.

personal story

From Confusion to More Stability

By Lisa Marie

How I faced my mental illness, found love, motherhood and studies I enjoy

The dark days of my illness started in high school. I was full of confused thoughts and insecurities, feeling that something was wrong with me but not knowing what. My mom would say how smart and lovely I was and that nothing was wrong with me. I rebelled against her denial about my condition and I acted out to try to get her attention so she would finally listen to me. I played practical jokes all the time; I fought with my sisters and called them nasty names. I insulted my mother—I was not very nice; but I could not fully control my behaviour. On the other hand, I was always depressed and I avoided people. I tried to kill myself with an overdose of Advil I found in the cupboard. When my mom found me and saved me, I told her I was just sick and I didn't know why.

I went on to university and I became a hermit, just sitting in class staring at the teacher, making disorganized notes and not bothering to socialize. I failed the first year and I was asked to leave. I was heartbroken that my dream of becoming an engineer was crashing and burning. I tried again and again to complete my engineering degree.

Finally, I gave up and pursued fashion design. My illness had not yet been diagnosed and I showed up dishevelled to class. The fashionable classmates avoided me, barely talking to me despite my pleasant attitude.

I found a job as a cook, which I loved. I could focus on one thing without needing to socialize; and I could

Later on, I did find love, which resulted in my giving birth to our first child. However, despite great determination, I was not ready to overcome the obstacles in my way. My husband and I ended up in divorce and he took custody of our child. It was a most devastating blow for me. I was in tears for months. I can't forget the

years—long enough to find love again and to figure out the kind of mother I really wanted to be. I am now taking Abilify and it has changed my life for the better. I receive additional support from a psychiatrist, social worker, my mom, my sisters, my husband, my in-laws and my friends.

I succeeded in taking myself off the streets and out of a shelter and moving into my own apartment in Montreal; and I began attending a prestigious university in the heart of Montreal to study computer science part time.

I hope to be a great mother to my second son, and to make up for the trauma my first son went through. I would like to get him back with me one day. I am not sure about my personal life right now, whether the man I'm with is with me because he loves me, or he just feels obligated to protect me. But I am happy that I am healthy and I can at least take good care of myself now. I'm working on that personal journey to discovering the riches of lifelong love, now that I have faced and have successfully treated my mental health issues.

"I succeeded in taking myself off the streets and out of a shelter and moving into my own apartment in Montreal and I began attending a prestigious university in the heart of Montreal to study computer science part time."

produce food very fast. It was good, honest work. Most of the employees laughed at me, but my boss was a great man and he protected me. My illness made me misinterpret this as romantic love, and I got myself in trouble with the law for harassment. This was at the lowest point in my illness. I just wanted a boyfriend to give me the kind of love which I had never felt before in my life.

mistakes I made that led to my losing my child. I will never make those kinds of mistakes again.

This experience led me to accept the reality of what I couldn't change on my own and I decided to seek treatment for my mental illness. Things improved greatly from there on.

I was started on medication that allowed me to live calmly for a couple

Almost Torn Apart by Psychosis

By M. Johnson

I finally have some hope for a life

My struggle with schizophrenia began with paranoia at college and at work. I began reading messages in litter and in graffiti, and eventually overhearing people I thought were tenants living adjacent to my apartment. I was a school dropout and lived through school with the (false) assumption of being infected with HIV and Methicillin-resistant Staphylococcus aureus (MRSA, a type of antibiotic-resistant strain of harmful bacterium). I also lived through what I believed were the monitoring of my actions, emotions, thoughts and sensations through what I thought were cameras and a microchip installed in me by an enemy sexual partner. I eventually stayed indoors except for work, afraid of being shot by people outside my apartment. I slept in the bathtub to avoid radiation from things I thought the apartment manager allowed to be installed in the walls—all part of an upper-class plan, I thought, to frighten me into committing suicide.

I was living alone, and I eventually fled my apartment late one night. I had awoken to a voice which said: "It smells like cancer..." A smell like a hospital seemingly dropped from the ceiling. I got up, opened the windows,



and left my apartment. As I left the apartment, I heard a voice say, "Let it out..." I had overheard talk of a propane tank being connected to something. Outside, cars made aggressive u-turns as warnings that I should not venture further. I had had enough experience with what was "outside," so I returned to my apartment and was hit by a wall of noxious gas as I opened the front door. I breathed it in and it stung my lungs. I fled the apartment in my pajamas, carrying only enough change to make phone calls as I was afraid of being tracked by my cell phone GPS. In my wandering for a pay phone, people would come out of the late-night bars, saying condescendingly, "It's just Mucinex..."

Several weeks later, my "technological" voices clarified, "Did we say 'Mucinex'? We meant 'Terminex'." I went to the hospital after

falling down unable to breathe two weeks later, which the doctors declared was an anxiety attack and asthma. I didn't return home for six weeks, thinking homeless people infected with MRSA were sleeping in my bed, and that biological weapons were being released from nozzles installed in the ceiling, spraying my belongings.

This type of story continued minute-by-minute for two years. No one but me knew what I was going through. Eventually, I was living with my mother, who had me voluntarily detained where I received a clinic phone number. She changed the locks, afraid I was going to poison her for her efforts at trying to resolve my illness through religious means. After my mother called the cops, I was homeless, couch-surfing, and still am. This was the reason that I said I'd have to kill her, because I would be homeless if I couldn't accept my mother's impossible, rigid beliefs, while at the same time not being able to be financially independent due to the financial issues which had accumulated during my illness.

While still living with my mother, I found some relief using a therapeutic dose of Eicosapentaenoic acid (EPA, from fish oil). This resulted in turning challenging, conversational voices into "thought echoes," which allowed my objectivity to recognize the possibility that I might be suffering from paranoid schizophrenia. I eventually moved in with a contact of my mother, a family which included a man under treatment for schizophrenia. His sister suggested I try medication, allaying my reservations by suggesting that I tell the doctor my concerns about side-effects.

I did this, and the doctor responded with several medication options, and the diagnosis of paranoid schizophrenia. Thanks to the medication, I no longer suffer intrusive symptoms. To me this has been a lifesaver, as I thought I would always hear voices.

I learned that faith in the pleasure of life, seeking out new goals, and remaining honest with myself while accepting help, has been the most beneficial stance taken in recovery. It is really just going with the flow, and taking the medication and being honest with the doctor about my concerns, while learning as much as possible, and at the same time remembering that I am a person, with a life outside of the diagnosis.

I am no longer fascinated by voices and delusions, because the medication has made them minimal. I can now concentrate, and have "my own" thoughts and ideas. A feeling of ownership of my person and my life has resurfaced, something I thought I would never know.

With my renewed hope in life, and a return to a sense of myself, I hope to make friends, while finding success in my endeavors appearing on the horizon. Schizophrenia ravaged my mind to the point of not knowing dream from reality. Now with the help of medication and the full acceptance and understanding of friends, I can live an active and relatively undisturbed life, with the hope of forgetting the delusions and voices which had become my constant fearful companions. Life, it seems, is possible again.

Editor at Large: As I See It

By Marvin Spieler

Some random thoughts about our plight

Government Cuts

I bragged to a new counselor about the length of time I've been hospital-free. In a way I want him to know who I am in this area. He related without mentioning a name a consumer who has been hospital-free an extremely long period of time. However, this ended recently. Why? Through no fault of her own, Medicaid took her psychiatric medicine off the drug formulary, a list of approved drugs for the Medicaid program. She can no longer receive from her pharmacy the medicine that helped her stay hospital-free for so many years. The new medicine, I assume a generic or a much cheaper medicine, was prescribed. Unfortunately, this wasn't helpful and caused a relapse. This was a totally unnecessary consequence!

Hospitalizations can be costly in many ways. First generation psychiatric medicines are in generic form making them much cheaper. The government's theory is this: a hospitalization is cheaper than the higher monthly cost of the newer second generation of psychiatric medicines. However, from personal experience and that of my friends, the effect of the newer medicines are much better. You can

stay out of psychiatric hospitals and have a higher quality of life. Besides, to have symptoms return by taking generics usually is detrimental in a number of ways. Your quality of life can hit an all-time low. Paranoia or depression or manic episodes can reappear. One's functioning may stop altogether unfortunately.

A hospitalization may be recommended to readjust to a new combination of medicines. This would be an ego-deflator. Also the shock of a ward's environment can be that of "a house of horrors." We may have put the idea of a possible hospitalization behind us. Also, we may lose our self-confidence as well as a held job. Income will probably be lost. Every day enjoyable activities may stop as well. Our high quality of life can be lost unnecessarily.

We have regressed through no fault of our own. The government's theory of saving money put us back in a hospital. This is a downer. Other means of saving money should be found.

The solution may be for legislators to spend a week or more on a psychiatric ward. If they personally knew what it was like on a ward their current policy would stop and a sane policy of help

will occur.

Penny wise and pound foolish. However, the disruption to our lives supposedly to save money is extremely severe. I feel we are receiving cruel and unjust treatment as a result of government financial policies.

Training of Psychiatrists

Under Obamacare there is a provision for doctor training. I propose that doctors be offered scholarships to go into geriatric psychiatry to meet

know, trust and are friends from the provider's residence program if they have one. Also if a bad match exists in a supportive or supported apartment, the consumers should not be forced to coexist. Literally putting consumers together with no consideration of individual lifestyles is definitely wrong. Consumers are human beings with feelings and emotions. Showing no regard for an individual's needs in apartment programs is cruel and should

"The solution may be for legislators to spend a week or more on a psychiatric ward. If they personally knew what it was like on a ward their current policy would stop...."

the need to alleviate the shortage that now exists. I propose a 10% refund in college loans per each year of service as a geriatric psychiatrist not to exceed five years of loan forgiveness.

Apartment Programs

More of an attempt should be made to join consumers together who will share an apartment. This can more easily be done if consumers

be avoided.

Note: How would you improve the mental health system? Let me know. Write to me at newyorkcityvoices@gmail.com or snail mail me at the address on page 2. Include a way to communicate with you if I think it is necessary to do so. All correspondence will be kept confidential.

Expressing Yourself Through Art Can Save Your Life

By Elisabeth Bailey

Being creative more effective than meds

I have always been a creative person and seen life and the world from different eyes. It was quite apparent just how different I was at a very young age. After turning five years old I first verbalized suicidal ideations. Later the same year I announced I would not believe in a God which allowed so many horrors to occur in this world. Psychiatric appointments have been a part of my life for as long as I can remember, and every morning and night, rainbows of pills wait to be swallowed.

I wasn't a happy child and my home environment was anything but stable and safe. I grew up with a bipolar, megalomaniac, abusive father. I feared and reviled him from the start. My mother was submissive, and often seemed blind to his abuse, so I was left to deal with these situations on my own much of the time.

As I grew older, I often lived without any close friends or had a typical social life at all. My depression worsened greatly and I began experiencing irrational fears. I often comforted myself, daydreaming of different ways to end my life, to stop the exhaustion of my existence

As I entered college, things began to look up, but new problems arose. I learned how to make friends and create a social life, but stress leapt upon me

with ferocity. I punished myself for failures, and the negative self-talk that had been my shadow for so long grew louder and more powerful.

As mania of my own began to surface more and more, I took drugs, drank more, and soon found myself utterly exhausted and depressed. It was early in my college years that I first spent time in a psychiatric hospital.

After dropping out and starting school again and again through the years, I gave up. My mental health was poor and it controlled my life. Either the pain was so great and endless, or mania and hallucinations warped my logic and self-control. I burned and cut myself on a regular basis, and suicide attempts became almost a schedulable event. Soon, I tried electroconvulsive therapy, and was left in an even worse place than before. I was lost. Lost to my family, my friends, the life I once lead, and most of all, lost to myself.

Through all the insurmountable struggles and disasters, I turned to art and creative pursuits. It was not until about a year ago that I realized that expressing myself creatively helped me more than any medication I had been on, any psychologist or therapist I had seen, and any treatment I had gone through. It had always been a positive part of my life, and it was always there.

I have embraced the life of an artist,

and find that being an artist gives my life a sense of purpose. It has always been there for me, and will always be there. Now I know that when things are awry, I have something to turn back

You don't have to earn a living or have works in shows to be creative; in fact it really doesn't matter who you are and what you do. One needn't paint the ceilings of a church, write a song

"...expressing myself creatively helped me more than any medication I had been on, any psychologist or therapist I had seen, and any treatment I had gone through....Tap into it, and you may find that, just as I have, art may be the best medicine for us all."

to, something to re-direct my focus on. When I am manic, it gives me positive activities to pour my energy into. When I am depressed, it helps distract me. Though I have always loved art, it is only now that I realize I have been an artist all my life.

We each have creativity within us. The hard part is learning to find one's own way of expressing it, and even harder is embracing that we are each artists each in our own way.

that hits the top of the charts, or re-create an image of a can of soup. You are a creative being. Explore that part of you which is hidden. Try different media. Paint, write, dance, sculpt, sing, whatever! It really does not matter what you try, it is the process that counts. Nothing you create has to be seen or judged by others, it is just there for you. Tap into it, and you may find that, just as I have, art may be the best medicine for us all.

personal story



**USE YOUR BRAIN
CHECK OUT
newyorkcityvoices.blogspot.com**

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

Rage Against the Machine

By Bryan Clampitt

Screaming helps me to calm down

I always thought the word ‘mad’ to describe mental illness was archaic. That is, until I got sick myself. It happened to me when I was working toward a Master’s degree in psychology. Ironic, isn’t it? I had done all my work, handed in a 30-page paper, and there was

reading all the things that could usually calm me down only fanned the flames now. And then something in me “clicked.” I felt that I had to go up to the college and demand my tuition back. So, I went up there (it was 1990) and I started yelling at the professors that I wanted my money back. The yelling continued; it escalated, and it was the only thing that gave me solace in a sea of

nose buried in a book.) A structured, conscientious life helps a lot.

The doctors on a ward I was in once suggested Zen exercises and I do those. But Zen only calms you down somewhat; it doesn’t take away the rage. I don’t blame other people for what I’m going through—

I was hospitalized a lot. I was in jail once, and I’ve lost a couple of jobs when it happened at work. Over the years though, I’ve yelled less and less.

I think human beings are wired to feel rage and injustice, especially at a world that treats us more and more

“I think human beings are wired to feel rage and injustice, especially at a world that treats us more and more like a cog in a machine—something completely expendable.”

not my boss for piling on more and more work, and not the professors for ignoring all my efforts—because blame shifting only makes it worse by taking the matter out of your control.

Recently, I felt inundated at work; I felt I would never get out from under the work, not even on weekends, which seemed like only a momentary pause in the stress. Then, I came home one day, and I felt like I had never left work. It felt like work would never cease; that no matter how hard I worked, I would be perceived as incompetent, and either lose my job or have to quit. I felt like I was losing my mind. My blood started boiling. I felt like yelling, the walls started closing in on me. Then I took out my journal and wrote down what I was feeling. This helped, every little thing does, but in the end, yelling is the only thing that puts me past the rage. Yes, I do yell at work. It happens a few of times a year ever since graduate school for the past 22 years or so. It sounds dangerous, yelling, but it is the only thing that works. It sounds like it could end up in violence, hospitalization or even jail. And yes,

like a cog in a machine—something completely expendable. I think we are wired to fight back though, and getting mad is totally appropriate even called for in the industrialized and competitive world we live in now. I know that if I didn’t yell, I’d take my own life; the rage is intolerable.

So, yes, I get mad, not all the time, but every so often when my blood boils and I feel that I can’t take it anymore. I get mad when work piles up and I feel like I’m being buried alive; when talking to my doctor or my friends doesn’t help, and when reading a book only makes me angrier. When I feel that way, fighting back, not physically, but vocally, is the best medicine. Like Peter Finch in the movie “Network,” sometimes you just have to stand up and shout that life isn’t fair and that you’re mad as hell and you’re not going to take it anymore. And this can work. It may not be the most diplomatic way of doing things, but we are basically animals and some primal urges just can’t be sublimated or medicated away.



no response. The professors seemed to be avoiding me. The harder I worked, it seemed, the more I was going backwards, and the more I was expected to work. I even unplugged my phone that last semester, so I wouldn’t be interrupted by phone calls. I cut off all my friends so that I wouldn’t be distracted from finishing school. It seemed everything was conspiring against me reaching the finish line. And yes, that word ‘mad’; I was going mad.

There seemed to be no outlet for me—writing the paper didn’t work;

indifference. My blood was boiling, my mind was on fire and my only thought was to get to the other side of this rage.

Yes, I was hospitalized on and off for that entire year and I was tried on every medication available. But medications only slow you down; they don’t cure the circumstances, or the way your brain is wired. So to this day, yelling is the only thing that seems to work to help me feel better. I’ve tried cognitive strategies. For instance I am learning calculus and chemistry. (I always have my

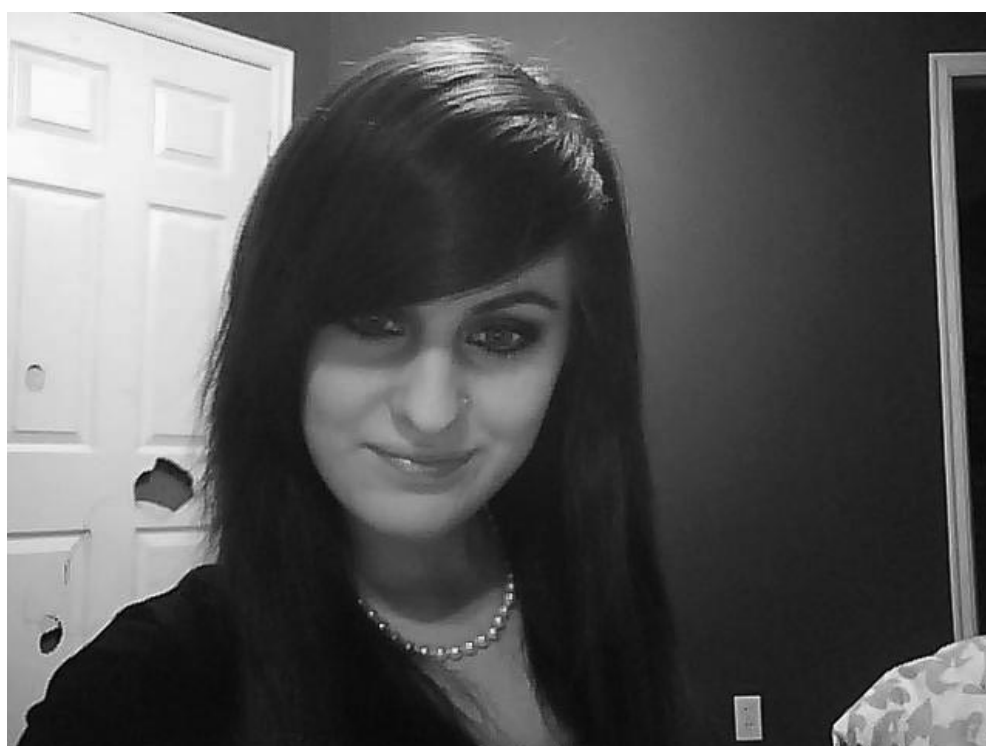
Living in a Horror Movie

By Ashley Popoff

I still hallucinate when the sun goes down

My name is Ashley Popoff and my story starts when I was 10 years old and was attending 5th grade in public school. For some reason, I was having thoughts of suicide. At 10 years old, no child should be suicidal. It was terrifying for me and my parents. No one knew what was wrong, and some people thought that I was cutting myself just for “attention.” So I was left untreated and suicidal until I finally went to a doctor at age 14. This was during my first year of high school. In my home town, high school starts in the 9th grade and goes through the 12th grade.

I was starting to wonder what was wrong with me. So I went to see a doctor who thought that I was bipolar, so he started me on different types of medication. I went to the doctor every Friday for about 2 years. He was trying to get my meds straight and couldn’t figure out why it wasn’t helping. It made things worse for me, always being on some type of medication. My eyes got blurry; my hands would shake; I would go into catatonic states of not speaking or moving;



(Continued from Living in a Horror
Movie on page 10)

and I got gallstones which had to be removed when I was 16. That same year while I was in 10th grade, I was being home schooled because of my symptoms of paranoia, depression, delusions and hallucinations. I was unable to go to public school because I missed so many classes due to my symptoms. I thought that every one hated me and that every one was out to get me. It was terrifying to walk down the hallways at school and all of the teachers thought I was a bad student because my grades were bad from missing so much school. I wish I could tell them now that I wasn't a bad student, that I just had an illness. I still can't walk into a school-like building because it creates so much anxiety for me.

I was later diagnosed with schizophrenia, and put on antipsychotic medication to help with some of the symptoms. The

way that my illness affected me was terrible; my doctor told me he believed it must be like living in a horror movie. I couldn't go outside

following me. It affected my life to the point where I couldn't do things that I wanted to do and I did things that I wished I had never done.

"I have never been violent and I hope that with this story I can create awareness about schizophrenia."

because I was afraid all the people were watching me from outside their homes and were out to kill me. I couldn't walk past something that was a potential for people to hide behind: things like parked cars, bushes, trees, hallways, doors, fences; things like that terrified me. I couldn't ride in cars because I was afraid that we were always going to crash and I was doomed to die. I didn't like going into stores because I was afraid all of the security cameras were there to watch me and to make sure I couldn't get away, and that the other shoppers were

Now I am 18 and cannot work because I still have fears of people. The fears aren't as bad as they were, but talking to strangers still makes me go into a panic mode, and I freak out. I tried working once but the time came that I had to talk to someone I didn't know and I panicked. I couldn't speak, I couldn't move, my heart was racing and I was just shaking. I am unable to work because of my schizophrenia and I hope I can live on disability for the rest of my life. I had a dream once to be a baker and open up my own pastry shop, but my fear of people

and schools keeps me from going to a college to train and keeps me from dealing with people if I were ever to open up my own bakery. I still hallucinate, and when the sun goes down and the house is quiet I see things that aren't there and they terrify me so badly that sometimes I can't sleep. Sometimes I see aliens at the foot of my bed watching me or dead people staring in the windows at night. The things that I see are absolutely terrifying. I have never been violent and I hope that with this story I can create awareness about schizophrenia. Until about a week ago my best friend of 8 years found out that I have schizophrenia and she didn't even know what it was. Not a lot of people know what it is and I always wish that somehow I can create awareness, so people aren't afraid and so that people are more accepting of people with severe mental illness.

Happiness At Last

By Stefanie Tomasello
Finding a doctor who listens and the right combination of medicines makes all the difference

I'm bi-polar and stumped; I'm stumped today with what I have to share. What does one with bi-polar even say? My story includes the dramatic highs and lows of the illness, as well as the pestering urge to slit my wrists when I am being emotionally abused. I had asked myself: "When does it get good again?" I remember two summers ago at nightfall, sitting by the pool on a ledge, having a cigarette, just plotting my suicide and precisely how I was going to do it. I didn't really want to kill myself, because somewhere deep down, just waiting to get out, was happiness.

As a teenager, I was on Zoloft and anti-anxiety medication, and I held a job throughout my teens and twenties with a vibrant smile on my face. Nothing could hold me back. It was in my late twenties that I noticed that I had started to become very manic. My moods were up and down and I was crying all the time. My depression and work pressures had

that didn't work; and the worst part was that none of them listened to a word I had to say. It was very stressful with all the side effects that I experienced from the medications. It was especially hard having my family see this roller coaster of my illness.

My father has schizophrenia and unfortunately went to prison for murder of another family member. I could not deal with this. It was far too much for a girl like me to handle. I received no support concerning the incident, so I had to learn to survive on my own. This was very hard considering the pressures of being bi-polar as well as there being a death in the family. Later on, I went back to my father's apartment, lit a candle and said a prayer. I needed closure and I think that this was one thing that I could do for my family member. Just thinking about her, I remembered her smile and the way she always laughed, big and loud. It fit her and her laugh made me happy.

I was hospitalized four times for my illness and due to not being on the right medications. Nothing seemed to work for me. A year ago, I was talking about my father with my counselor and it opened a floodgate of emotion. I was in the state of mind in which I believed that any man would hurt me, rape me or kill me. This led to me thinking about my father; I was very paranoid, thinking

It had been spiraling out of control, like a enchanted spider web woven of silk thread. I stayed in the hospital for a week and they also put me on Haldol. A new diagnosis was revealed and I was considered to be bi-polar with hints of schizophrenia. I was able to accept this new diagnosis.

I finally found a new doctor who was heaven-sent for me. I have been with her for the past two years and I'm doing beautifully. I told her right away to put me on Zoloft because I was so depressed and the bi-polar medication was not enough. I needed something else; the combination of medications just didn't feel right to me. So the doctor put me on Zoloft and added Seroquel for my highs and lows which worked wonders. I noticed a huge difference. I had been aware of my highs and lows, and by letting my doctor know, the result was no less than a miracle. She upped the Seroquel a bit and I have been more balanced than I have ever been in my life. I was also put on Haldol which I felt in awe of, from the improvements I experienced. It felt like sunset at nightfall, or a like a colorful rainbow on a gloomy, misty and cloudy day. It just works for me. I haven't relapsed yet and I get a shot of Haldol each month now. The only side effect I experience now is tremors but that's why I take Cogentin.

I recently began receiving social security; but to tell you the truth I

love it! I get to do things that I never did in my teens because of working so much. Now I can sit in a cafe with a good cup of coffee and just enjoy reading a novel with the sun streaming in. I've never felt this great before in my life! I'm more creative; painting and writing, reading and getting out more. I'm so blessed. See, I knew there was happiness just waiting to get out - I think it was just waiting for the perfect time. At first it was a lot of work, but happiness gets easier and you learn to love being happy, and re-learn how to love yourself and not to feel sad all the time. It's not perfect but it gets better and you can be happy. I think we all want to be happy. Like I said happiness just waits for the perfect time to come out. I'm happy, one day at a time, and I hope you, too, can be happy one day at a time.

personal stories



"At first it was a lot of work, but happiness gets easier and you learn to love being happy, and re-learn how to love yourself and not to feel sad all the time."

taken a toll on me. I was burnt out and I desperately needed the right medication. The doctors put me on all different kinds of medications

there was serious harm coming my way. So I went into the hospital and right away the doctors put me on Ativan which worked wonders, because my anxiety had skyrocketed.

Wrestling with Myself, Alcohol and Mental Illness

By Tom Palmer

My parents were always there to support me

There have been a few strong influences on my life: alcohol, mental illness, and the sport of wrestling. For a while, the sport of wrestling was good to me. Several times I got to pin a guy in front of the whole school. Many of my matches



were executions. However, when I was fifteen I started feeling an intense, paralyzing fear in all social situations. It was agoraphobia with a vengeance. My sophomore year in high school was my last winning season.

I started to crave alcohol because it stilled the intense fear I felt around people. Alcohol allowed me to have fun at parties. It made me feel good. Before I got put on anti-psychotic medication, drinking a few beers had an almost narcotic effect on me. Alcohol is still a problem for me many decades later.

When I was eighteen, I shocked and dismayed my family by joining the army. I was a national Merit Scholarship finalist, and thus my family had a different vision for my future. Most of my friends were surprised when I joined the army, too.

Lately, I have realized how fear-based most of my life has been. When I was young, I had the same fear of monsters and the dark that most children have. I never really outgrew it. Even during my best years, I was very scared at night. I was afraid the devil was outside my window ready to come in and possess

me. The movie "The Exorcist" had a strong negative effect on me.

I can't tell an exact time to pinpoint as the beginning of my mental illness. The intense agoraphobia that started when I was fifteen was pretty pathological. Then, when I was at the University of Oklahoma, I started to think people could see through the door to my room. I would listen to them talk outside of my door, certain that they were talking about me. At the age of twenty-eight my parents

support by my parents.

All told, I would guess that I have been hospitalized for mental illness about twenty-five times. For the past ten years, I have lived in an assisted living center for the mentally ill. I have been living about as comfortably as I can with my mental illness. I don't know what would happen if I didn't have the support I have. I guess I might be living on the streets and eating out of garbage cans.

I can remember sitting in my

"I don't know what would happen if I didn't have the support I have."

decided that I needed to be admitted to the Timberlawn Mental Health System, in Dallas, Texas.

I've never been an autonomous, functioning adult. I've always been overwhelmed by the ordinary demands of life. I got out of the army with an honorable discharge, but just barely. After serving four years in the army, I got out with the rank of private E-1. I got a Bachelor's degree at the University of Oklahoma, but it was only made possible because of extensive emotional and financial

pathological psychology class at University of Oklahoma listening to the professor talk about the symptoms of various mental illnesses. I would think, "This applies to me...that applies to me... etc." I believe that I have three or four personality disorders along with my schizoaffective disorder.

However, I am grateful for the support I have. Of course, some things could be better, but that has always been the case, no matter what.

Mental Illness Can Seem Like Alzheimer's

By Kerri Dyan Gentine

Recognizing my illness, I lost friends but I gained myself

"(My good fortune is not that I've recovered from mental illness. I have not, nor will I ever.) My good fortune lies in having found my life."—Elyn R. Saks, from *The Center Cannot Hold*.

As part of my recovery from a nasty manic episode, I have been spending time with an elderly couple from church. They are lovely people and the woman, Sally, has Alzheimer's Disease. I spend two evenings a week with Sally and her husband, Aubry, eating supper, going for walks, and listening to Aubry's reminiscences about his life with Sally. He tells stories about her that he had learned from her family and friends along the way.

In her earlier days, Sally was a bookworm turned research librarian. She was also a forthright woman who became a community activist. She had a keen wit and a sharp tongue. She was known more for her intellect than her domestic skills. She "wore" her braininess proudly. Now, however, Sally's brain is her worst enemy. It is in the process of slowly destroying her and there is nothing that can be done about it.

Recently, as I was thinking about Sally's relationship with her brain, I remembered something I used to ponder concerning myself.

Seventeen years ago I was suffering through a serious depressive episode, one that made me realize that I probably needed to get help. I hadn't been able to identify such spells as depressive in the past. I took my moods for granted as did those around me. But this time I looked back and made sense of the fact that I had been experiencing such states of sadness and despondency since I was about eight years old (I was then 28). The dark moods went away but

"...I pondered the irony that while my brain was my dearest friend, it could annihilate me if given the chance."

always came back more intensely and for longer periods of time than before. In my mind, suicide had become an option.

I, too, had always been known more for my intellect than anything else. I was a child genius who enjoyed the benefits of a classical education and earned a Ph.D. in English. I am a former university professor and award-winning public radio journalist. I, like Sally used to, "wear my brain" proudly. During the aforementioned depressive episode, however, I pondered the irony that while my brain was my dearest friend, it could annihilate me if given the chance. Over the

years I had stopped thinking about this as much because the day-to-day reality of living with bipolar disorder tends to take away the luxury of existential ruminations. Sally's struggle, however, has again brought this awareness about myself to the forefront of my mind.

A while back, Sally's son-in-law asked me how I knew Sally and for how long. I told him that I had met her at church a couple of months previously. He responded "Oh, so

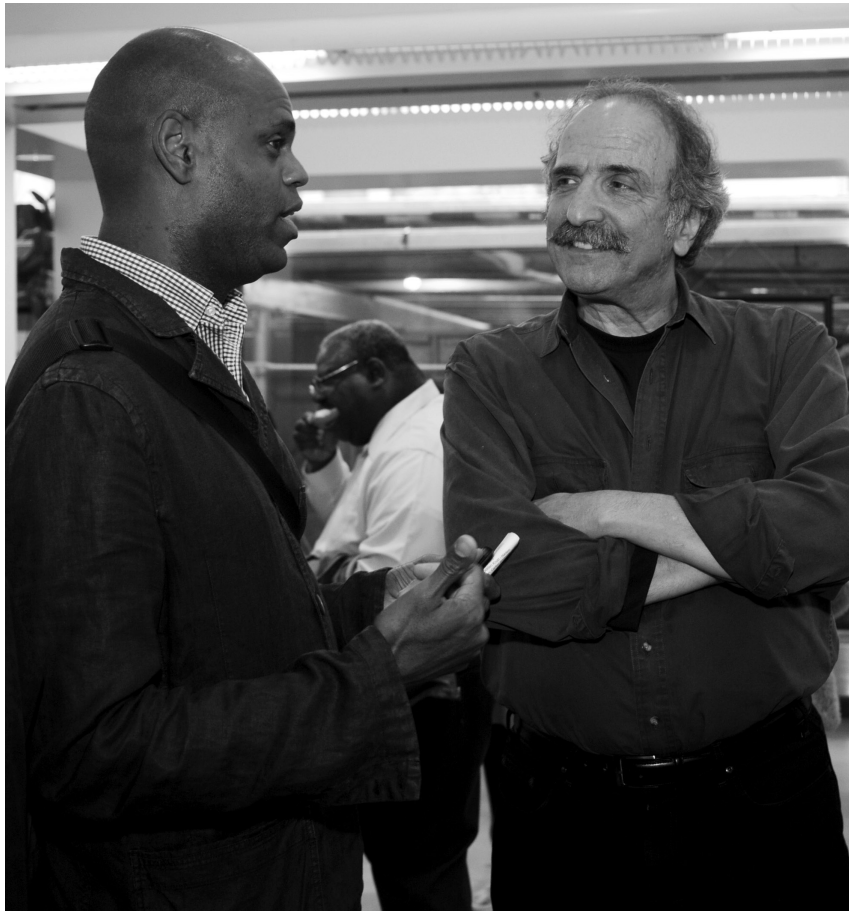
you never knew Sally." I replied, "She is still Sally." I think I made him a bit uncomfortable with this statement. His discomfort reinforced an awareness that the people who knew Sally before the onset of what Aubry calls her "condition," seem to be rather unsettled by her as she is now. I have come to the conclusion that this is because they have memories of Sally to compare her with as she is now. Sally, now is incapable of being that woman anymore—the woman who among other things, was devoted to fighting for the rights of others.

Again, this unsettled me, because there was a time when I was well

loved, admired and considered successful. People wanted to be around me, to get to know me, to spend time with me. My family in particular, (my mood changes excepted), saw me as the woman who could do anything I had set my mind to do, and I could do it all extremely well with a minimum of effort. I was, a golden girl, lovely, bright, sunny, smart and witty. When I finally did start seeing professionals during that depressive episode 17 years ago, the

people who knew me had to face the fact that I was in certain ways, a broken person compared to the vision of loveliness that they had pegged me as being for so long. I have, sadly, lost many friends because of my condition. And my family struggles along with me in light of it.

I am, however, much more at peace with myself these days. I have come to understand that everyone changes and grows, mental illness or not, Alzheimer's or not. Sally cannot win the battle she is engaged in with her brain. It will kill her. I only hope for those who know her that it won't be too soon. I, however, stand a fighting chance in my own struggle with bipolar disorder. It is one battle I intend on winning.



film festival

Mental Health Film Festival! 2012

The 8th annual Mental Health Film Festival in New York City took place last spring and was, as usual, a resounding success with a turnout of at least 150 people, among whom were consumers, family members, mental health professionals, advocates and students. The event was co-sponsored by Community Access, an organization that has been providing programs for consumers since 1974

and NYAPRS, a statewide civil rights advocacy group that has been fighting for consumers since 1981. The theme for this event was Crisis Intervention: Interacting with the Police, which sometimes ends tragically as with the death of Iman Morales in 2010 and Shereese Francis, more recently. Both deaths could have been avoided if the police were trained to deal more sensitively with situations involving mental health consumers. Carla Rabinowitz, festival organizer, said, "The festival shined a powerful light on the growing movement advocating for this and it also shared what too many people don't often get to see: people with psychiatric diagnoses just getting along with their lives like everybody else." Hope to see you at the festival in 2013.



Consumers Can Be Great Service Providers

By Kurt Sass

Peers have a special way of establishing trust with clients

There is a growing trend for the better in the mental health field to hire more mental health consumers, especially in direct care positions. As little as 15-20 years ago, this practice was relatively non-existent. During my most major depression 12 years ago I did not run into a single mental health “professional” who ever identified him or herself as a fellow consumer. Not a single doctor, therapist, clinician, or anyone else. I spent 2 years getting advice from people (though good-intentioned for the most part) who had no real first hand experience of what I was going through.

The closest I came was when I was already on the road to recovery, and my new therapist recommended that I start going to support groups in addition to seeing her. It was the way she explained it that really hit home with me: “Now I know we’ve made a lot of progress in the few weeks since we’ve met, but I feel you really need to talk to others

that have gone through exactly what you have. To be honest, Kurt, I myself have never had Major Depressive Disorder or Bi-Polar Disorder, so I can’t honestly tell you that I know how you feel.”

And she was so correct. How would most therapists or psychiatrists be able to relate to lying in bed helpless for months at a time, or having constant suicidal thoughts, or not being able to sleep for days on end due to non-stop, rapid, racing thoughts? With insight like that, no wonder she stayed my therapist many years.

Once well enough to work, I was

“After explaining briefly my mental health history....(my client) AB knew my story, (and) really started opening up to me.”

fortunate enough to find employment with Community Access, an organization that helps individuals with psychiatric disabilities. They also are dedicated to hiring at least 51% consumer staff, destroying the myth that mental health consumers are bad hiring risks. (Don’t worry, if you don’t have a psychiatric disability you can still apply—they don’t discriminate!)

My first position at Community Access was as a Service Coordinator, and I can’t begin to tell you how many times being a mental health consumer myself helped my “clients” (we actually use the term tenants as they each hold

their own lease in many of our housing programs) through a difficult situation. I can’t tell you how many times, but I’m going to tell you of two right now.

Tenant AB (HIPAA privacy regulations) came to the office one day (which is located in the same building he lives) and he looked awful. In fact, he had progressively looked worse over the previous few weeks. He kept saying his stomach hurt him very bad, but had no idea why. I brought up the possibility of side effects from his medications as a possible cause. He did not want to discuss his medications at all. I then mentioned to him that once

to convince him to see his psychiatrist, who ended up adjusting his medications to a level his system could tolerate. Without AB’s trust in me as a fellow consumer, he probably would have never revealed the information needed to get him the help he needed.

Tenant CD came into the office one day completely distraught. She felt that she needed to go the psychiatric emergency room (ER), but was afraid of what would happen if she was admitted, as she had never been there before. Having been in numerous psychiatric wards myself, I was able to tell CD both the good and the bad experiences I had there. CD said she felt very relieved after speaking to me, as she thought they simply tied most people to their beds, but felt much better about her decision to go to the hospital knowing someone who had actually experienced it as a patient. I was able to escort CD to the psychiatric ER and help ease and comfort her through the experience.

The bottom line is that clients (for lack of a better term) feel much more comfortable and empowered when at least some of the staff they encounter are their peers. Fortunately there are organizations such as Community Access out there that actually go out of their way to hire people with psychiatric disabilities, not just to give them an opportunity, but also because they realize what a valuable asset their experiences bring to their organizations.

I had very similar side effects when I took Lithium. “You took Lithium?” he asked in utter surprise. Why? He inquired. After explaining briefly my mental health history, I told him about the side effects I had experienced with Lithium, but that I had talked to the psychiatrist, who made a change to the medication whose end result was the disappearance of these side effects.

Once AB knew my story, he really started opening up to me. He told me all the medications he was taking and about the recent changes in these meds, which seemed to coincide with his severe abdominal pain. I was able

Recovery International at 75

By Marilyn Schmitt, Ph.D.

The effectiveness of a little known program

In 1937, a movement began to be shaped that would improve the lives of many thousands of people suffering from mental and nervous disorders. The movement became a group-based training protocol developed by a Chicago neuropsychiatrist, Abraham Low, M.D. In the heyday of Freudian psychoanalysis, Low saw his patients in the University of Illinois Psychiatric Research Hospital discharged and returning in a revolving door of relapse. He began to experiment with tools that would train them to manage their symptoms and develop resistance to the illness. And he founded an “association of patients,” choosing the word “Recovery” as its name. Today its name is Recovery International.

Fifteen years after that beginning, in 1952, the program was complete: a group-based, peer-led cognitive behavioral training program that has enabled tens of thousands of sufferers from mental and nervous disorders to achieve peaceful, productive, and normal lives. Today, with hundreds of weekly group meetings across North America and abroad, led without required fee by trained volunteer former sufferers, Recovery International is the “best kept secret” in the psychotherapeutic world.

The Recovery International System uses highly structured meetings in which participants describe a disturbing everyday event, their reaction to it, and their coping strategy, ending with acknowledgement of their improvement compared to the past. The group then comments on the story using the principles, concepts, and language established by Abraham Low. This deceptively simple format continually restructures the thinking and behavior of each individual at whatever pace that person can achieve. Readings and other resources reinforce this “getting well” process. Between-meeting practice of the principles is constantly stressed.

The Department of Psychiatry of the University of Illinois-Chicago has just concluded a study of 126 participants, most with long-standing serious disorders, attending Recovery International meetings. The study concludes that after one year of attendance, most subjects experienced significant reductions of depressive and anxiety symptoms as well as decreased domination by symptoms. They were using fewer mental health and social services, displayed increased coping skills, self-esteem, and feelings of hope. The more meetings they attended, the more benefit they experienced. See the report at www.lowselfhelpsystems.org.

In a 1973 issue of Psychiatric News, Karl Menninger publicly expressed regret that he had not paid attention to Recovery International. He spoke of

“legions of people whose lives were saved or fulfilled by” this self-help organization. How many more legions have been saved since then, and yet the Low System remains a secret to the vast majority of mental health professionals and the public.

As Recovery International celebrates its 75th anniversary in 2012, it is time for that disregard to come to an end, for consumers and

professionals alike. The Low System, as delivered in Recovery International meetings, offers a time-tested, broad-based, low-cost—and now verified—benefit to those suffering from mental and nervous disorders.

Note: Learn more about Recovery International and other Low System-based programs at www.lowselfhelpsystems.org.

www.NoLongerLonely.com

No longer do you have to fear the effects of stigma or the anxiety of disclosure!

Find friends or seek romantic relationships from the comfort and safety of home.

Everyone on our site has some form of mental illness.

We are a welcoming community that understands the trials and pitfalls of managing a mental illness.

With users from 46 states and over a dozen countries, we hope to make you no longer lonely!

Give us a try!

To help this site succeed please contact the webmaster at webmaster@nolongerlonely.com

Nutritional Psychiatry Blackballed by U.S. Psychiatric Establishment

By Michael Gottlieb, B.S.

Ask your doctor about minerals and supplements for your mental health

In 1945, two Canadians psychiatrists—Dr. Abram Hoffer and Dr. Humphrey Osmond—began treating Canadian soldiers returning from Japanese prisons in

treatment protocols for severe mental illnesses including schizophrenia and depression. They provided a healthy diet including avoidance of sugars and sweets with added minerals. They sought to publish their research and clinical experiences in the U.S. around 1955 but were blackballed by the medical and psychiatric journals who feared losing advertising dollars from the pharmaceutical companies who were bringing out their first generation of psychiatric medications.

By now some three quarters of a million Canadians have been successfully treated via nutritional psychiatry (aka orthomolecular psychiatry). It has virtually no side-effects vs. the metabolic poisons touted here in the U.S. and yet it remains virtually unknown and unused.

The foods we eat and the liquids we drink have a profound effect upon our brain chemistry. Certain supplements of vitamins (some in mega doses)

and minerals and amino acids have demonstrated remarkable healing effects upon severe mental illness. Often a nutritional psychiatrist will use nutritional psychiatry along with a sharply reduced dosage of traditional psychiatric medications. But here in the U.S. the psychiatrists and medical doctors have no education, no training in nutritional healing. It would be, alas, the blind leading the blind. And the consequences are severe toxic side effects (Toxic Psychiatry by Dr. Peter Breggin) along with the non-compliance of many patients due to these toxic side effects.

The brilliant, life saving work of Dr. Hoffer and Dr. Osmond appears to be virtually totally ignored here in the U.S. The consequences are severe.

If the mass media is either ignorant of nutritional psychiatry or muzzled by fears of retaliation from the powerful pharmaceutical industry, what happens to those who desperately need healing?

Apparently, making money and profits supersede any priority of bringing healing to the patients.

Short-term use of chemical medications may be appropriate for certain individuals. Dr. Carl Pfeifer added to our knowledge of the biochemistry of Schizophrenia and how to utilize zinc and manganese to control elevated copper levels. Some 70% of schizophrenics have elevated copper levels in their brains, 20% have depressed levels. The 2nd benefit is that symptoms are alleviated but not suppressed so patients are not drugged into submission.

Editor's Note: The team at New York City Voices encourages you to talk to your doctor and pharmacist about all possible treatments for your health, including minerals and supplements. Please always consult with your doctor and pharmacist before trying any new treatments.

“Sugar & Salt-My Life with Bipolar Disorder”

By Kurt Sass

Sugar and Salt by Jane Thompson is her story of decades-long battles, setbacks and triumphs against bipolar disorder.

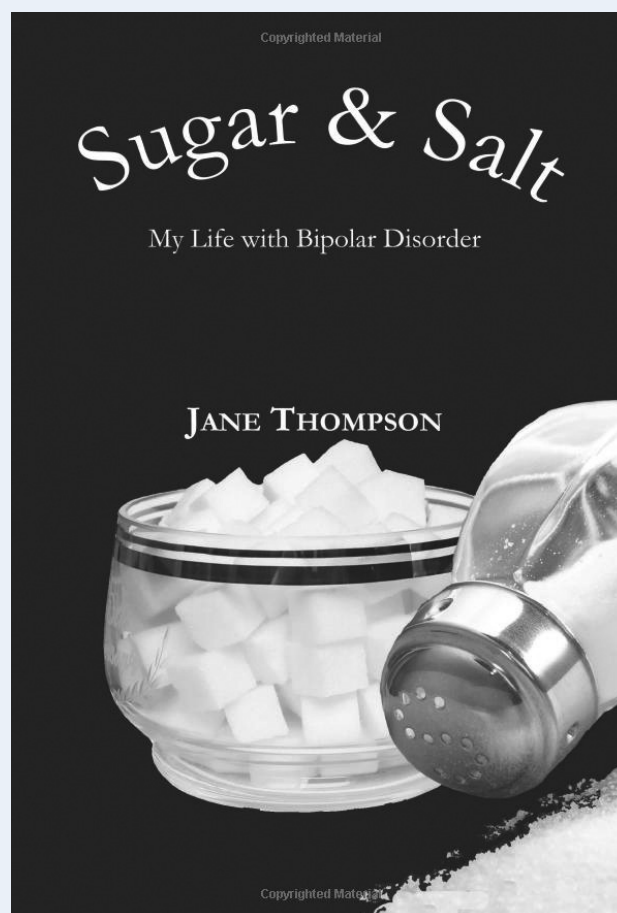
One thing that sets this book apart from other writings from people dealing with bipolar disorder (Manic Depressive Disorder) is that Ms. Thompson does not glamorize the manic phases of the disorder. I've read other people's accounts of their bipolar disorder in which the emphasis is so heavily on the manic phases and the deeds done during those periods (shoplifting, wild sex-capades, etc.) it almost makes the outsider crave for a taste of the experience of the mania.

While it is true that many people do

feel a burst of energy and creativity during a manic phase, Ms. Thompson gives the full picture of mania, inclusive of a constant state of confusion and inability to concentrate—she once went through a period having 27 jobs in 3 years—as well as extremely poor decision-making and its consequences. She does talk about hyper-sexuality during her manic periods, but not to glamorize it, yet to explain that during her mania she mistook this sex for love.

The other thing that sets this book apart from other writing from people with bipolar disorder is that she does not write only about her bipolar disorder. I have read other people's accounts in which every single sentence was in relation to illness. It was refreshing to see that Ms. Thompson's bipolar disorder does not define her, that it is only one part of her.

On a personal note, what really kept my interest was the many similarities between myself and Ms. Thompson. We both have battled bipolar disorder for decades, were both misdiagnosed for years, and both had parents that were never diagnosed. I am positive



that anyone dealing with bipolar disorder can relate to Ms. Thompson's story. I would particularly want to point out the appendix starting on page 155 for some very helpful advice.

In summary, I would recommend *Sugar & Salt* to anyone who would like an honest and accurate account of what it truly feels like to endure and live with bipolar disorder as well as anyone currently going through the disorder to see how a long-time member of the club has handled it successfully.

“Living for the Moment”

By Jack M. Freedman

I will admit that sometimes I fall victim to procrastination, which is why I am glad that I now have a spare opportunity to review a book of poetry. As a self-published poet myself, I can always appreciate work written by authors who genuinely enjoy the art of poetry. In many cases, we get to see the evolution of the poet as he or she progresses throughout the years and develops an astute maturity. This is the case of *Living for the Moment*, written by Stephen J. Fernbach.

This is Mr. Fernbach's third book of poetry. He has written quite a number of personal accounts over the span of his life. Oftentimes, while I read a book of poetry, I randomly turn to a page and read it instead of reading the whole book from cover to cover. While engaging in this process, I found a couple of poems that stuck out.

Many of these writings dealt with the Jewish experience. As a person of the Jewish faith, I was able to relate with many of the sentiments expressed in the book. Such poems include “Israel Is My Shambala” and “First the Dinner Bell, Then the Shofar Sounds.” The first poem expresses a deep love for the land of milk and honey. Such memories expressed include landmarks, such

as the Sea of Galilee and the Western Wall. My own memories of staying in a kibbutz for a couple of days and being moved to tears while praying against the oft-nicknamed “Wailing Wall” were evoked. The second poem includes some free-floating thoughts on the high holiday of Rosh Hashanah. For those unfamiliar with this holy day, Rosh Hashanah is the Jewish new year and a shofar is a ram's horn used as a musical instrument to ring in the new year in a somber fashion. I liked the memories expressed, including the Jewish customs and a dissenting message regarding Iranian president Mahmoud Ahmadinejad visiting Ground Zero and speaking at Columbia University.

I would make one friendly

recommendation though, which is for the author to flesh out his ideas a little bit more. This piece of advice is given for poems that sometimes ended abruptly. It takes a lot of talent to create imagery that inspires people and Mr. Fernbach definitely has that talent. However, in the words of Oliver Twist, “Please Sir, can I have some more?” That is, more complete thoughts that are wrapped up without leaving something to be desired.

Overall, I enjoyed reading this book. I personally hope that Mr. Fernbach writes a fourth book. I would like to see his craft further develop. Please write on, Mr. Fernbach. Keep poetry alive!

book reviews

SSD Trust Fund Projected to Run Out Of Cash By 2016

Edited by Dan Frey

The disabled become victims of a failing economy

I am summarizing a report written by Brian Faler for The Washington Post May 30, 2012. The Social Security disability program's trust fund is projected to run out of cash far sooner than the better-known Social Security retirement plan or Medicare. That will trigger a 21 percent cut in benefits.

Part of the reason for the rapidly increasing costs is that the 77 million baby boomers projected to swamp federal retirement plans will reach the

disability program first. That's because almost all baby boomers are at least 50 years old, the age at which someone is most likely to become disabled.

The growing costs are also a result of the failing economy. When people can't find work and run through their other benefits, many turn to disability benefits for assistance.

Applications to the disability

the combined annual budgets of the departments of Agriculture, Homeland Security, Commerce, Labor, Interior and Justice. That doesn't include an additional \$80 billion spent because disability beneficiaries become eligible for Medicare, regardless of their age, after a two-year waiting period.

The disability program is projected to exhaust its trust fund in 2016,

rejected can appeal to administrative-law judges, and statistics show some judges are far more likely to approve benefits than others. One reason is that the program, which once focused largely on people who suffered from strokes, cancer and heart attacks, increasingly supports those with depression, back pain, chronic fatigue syndrome and other comparatively subjective conditions.

Statistics show that once people enter the program they are unlikely to leave, with fewer than 1 percent rejoining the workforce. Many worked "menial" jobs that didn't offer health insurance, and the program gives them an opportunity to join Medicare long before they might otherwise qualify.

The agency faces a backlog of 1.4 million reviews it's supposed to periodically conduct to ensure beneficiaries are entitled to stay on the rolls. The agency has said it doesn't have the money to do the reviews.

Some government officials are more optimistic than others about adequately funding the disability program and avoiding this catastrophe.

"The (disability) program cost \$132 billion last year, more than the combined annual budgets of the departments of Agriculture, Homeland Security, Commerce, Labor, Interior and Justice."

program have risen more than 30 percent since 2007 and the number of Americans receiving disability benefits is up 23 percent.

The disability program pays benefits averaging \$1,111 a month, with the money coming from the Social Security payroll tax. The program cost \$132 billion last year, more than

according to a Social Security trustees report released last month. Once it runs through its reserve, incoming payroll-tax revenue will cover only 79 percent of benefits, according to the trustees. Because the plan is barred from running a deficit, aid would have to be cut to match revenue.

People whose benefit applications are

Working and Living Well

Job Opportunities/Special Notices/Roommates/Personals

Employment Agencies

JUST ONE BREAK, INC.
(212) 785-7300

NETWORK PLUS
(718) 797-2509

NETWORK PLUS WEST
(718) 377-8567

Legal Help

MFY LEGAL SERVICES (212) 417-3700
URBAN JUSTICE CENTER (646) 602-5600
NYC BAR ASSOCIATION (212) 626-7373
LEGAL AID SOCIETY (212) 426-3000

Housing

CUCS (212) 801-3300
COMMON GROUND
(212) 389-9300
OHEL (718) 851-6300
ICL (212) 385-3030
COMMUNITY ACCESS (212) 780-1400
SUS (212) 633-6900
FECS (212) 366-8400

Clubs and Clubhouses

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

Brooklyn

EAST NY CLUBHOUSE, 2697 Atlantic Ave
(718) 235-5780
RAINBOW HEIGHTS CLUB, 25 Flatbush
Ave (718) 852-2584
SEAMARK CENTER, 2559-65 West 13 St.
(718) 372-0450
KADIMAH CLUBHOUSE, 4510 16th Ave
(718) 686-3180
METRO CLUB, 25 Chapel St (718) 596-8960

The Bronx

BOULEVARD CLUB, 512 Southern Blvd
(718) 993-1078
CASA LA ESPERANZA, 717 Southern Blvd
(718) 893-0853

GEEL CLUBHOUSE, 564 Walton Ave (718)
742-9884

Queens

CITIVIEW CONNECTIONS, 42-15 Crescent
St. (718) 361-7030
VENTURE HOUSE, 150-10 Hillside Ave
(718) 658-7201
NEW CHALLENGES CENTER, 147-32
(718) 526-8400

Staten Island

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

Work and Volunteer Positions Available

BALTIC STREET AEH seeks FT/PT peer advocates. Computer/Office skills, peer advocacy or related experience a plus. Call Marianna (718) 855-5929. 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

LIFENET: Citywide mental health referral hotline 24 hours/7 days/week. Call (800) LIFENET (543-3638).

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

Advocacy

RIPPD: for family members, consumers and others who want to help consumers in jails, prisons, and forensic hospitals. Call Lisa (646) 260-6575 or email lortega@urbanjustice.org.

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

CONSUMERS SPEAKERS BUREAU: share your experiences with mental illness and how you achieved recovery. Inspire fellow consumers by telling your story of overcoming illness. Contact Marvin (212) 614-6335.

MHASC: coalition committed to providing advocacy to consumers in special housing units in jails and prisons. Call J.J. (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 (212) 414-0773 also kim@ritaproject.org

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

Free Support Groups

AWAKENINGS: living successfully with mental illness groups. Peer-run in Brooklyn. Call Anthony (718) 875-7744.

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.

SUPPORT FOR FAMILIES: Call NAMI NYC Metro helpline (212) 684-3264.

SCHIZOPHRENICS ANONYMOUS: group meets Sundays in Queens at the Long Island Consultation Center (718) 896-3400.

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

MALE SURVIVORS OF SEXUAL ABUSE: call Marvin (212) 614-6339 to join this support group.

SUPPORT GROUP OF NON-SELF CARE OF CRITICAL ILLNESSES contact Marvin (718) 488-7555 or Ray (646) 210-8882 for more information.