

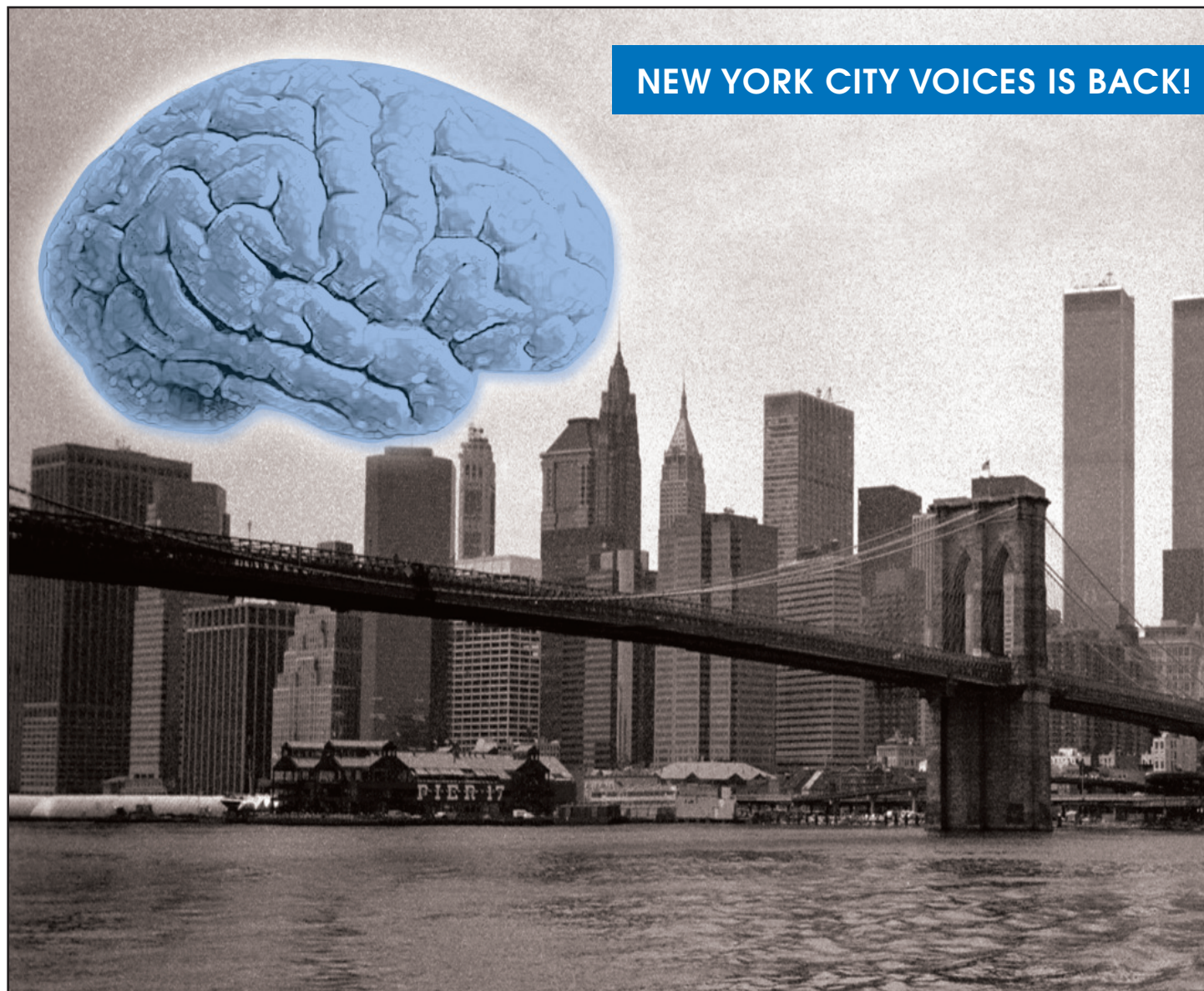
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NEW YORK CITY VOICES

A Consumer Journal for Mental Health Advocacy

Spring Summer 2012

Vol. XVI, No. 2



ART BY WILLIAM JIANG

New York City Voices is Back!

We apologize for the big delay—it's been at least a year—since we published our last newspaper. There are many reasons why we did not publish. Among them are lack of staff: all of the work falls on the shoulders of one, maybe two people who are also coping with mental health issues; financial problems; and technical difficulties: learning new technologies and coordinating production in a technologically sensible way has always been difficult.

We are back and starting off humbly with a smaller budget and a smaller newspaper. Still, we intend to print on a regular basis while we get our house in order.

Marvin Spieler, Voices' current general manager, rehired Dan Frey as Editor in Chief. Dan was on hiatus for a while because he had a mental health setback, hospitalizations and so forth. He's back and in recovery with new wisdom, which is what recovery from relapse can bring to an individual.

Although the economy is having a weak recovery, we hope to raise enough money to continue publication because we know the value of sharing stories and important information within our community. We tried to get information on how our entitlement benefits may be affected considering the status of the economy and the politics in Washington and New York. We all know that mental health is one of the first things to get cut. We plan to continue to seek answers for you and to publish them.

We now have an Internet blog at newyorkcityvoices.blogspot.com and an archive of most of the articles that have ever been published at nycvoices.org. There is a retrospective documentary short that you can see by visiting youtube.com and searching for "videoguynumerouno city voices."

We are currently seeking a general manager and an advertising director so please write us if you or someone you know would want more information on these positions.

Here's to a long overdue issue. Thank you for being a loyal reader.

I Have Been Through the Valley of Death

By Akash Chat

Coming out alive and now benefiting others

My older brother believed in me, and my mother smothered me (usually in a loving way), but others could see that I was a little "off." My father was a rage-aholic. I later realized that he loved me in his way and maybe his anger towards me was due to fear that I would suffer because of my awkwardness. I don't know if it was his violent outbursts or just a fear of living that made me sink further into my inner fantasy world. My mom says I would tolerate other kids for a while and then go hide. In front of any authority figure, I would freeze in fright. I couldn't get a haircut because I would tremble at the sight of the barber, afraid to ask for his services.

Because I was so helpless, my mom and brother would guess my needs and take care of me. I grew accustomed to this treatment and had even less of a desire to create normal relationships or assert myself. I was afraid to sleep because of the terrifying dreams that haunted me nightly.

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Ward Stories

A column organized by Jack M. Freedman, Poetry Editor

This edition of Ward Stories features poetry from a couple of sources. One of those sources is Ted Wainer. This poem was written during a hospital stay. Many of us can relate to the sheer boredom that many experience within the confines of a psychiatric ward. This in turn inspired me to share one of my own pieces. This is a piece that outlines my current views on the practices of psychiatry. I have done a lot of self-discovery and now know that personally, I need alternatives in my life for my own treatment. With that said, I know there may be a lot of people who will not agree with my statements, but I hope that City Voices will outline a wide variety of views on psychiatry as a whole, so with that, I present one of my poems. I hope you enjoy this edition of Ward Stories, as well as the rest of the paper.

In These Chains of Boredom

by Ted Wainer

To aire, to reap, to sow , to sleep
To sleep within the air so fine.
To leap, to lash between the sheets
To hate the air that glistens through.

Yes glistening through yet not touching it.
Healing hands yet a smile without grace.
Without the grace to heal the hurt
within.
Without the power of empathy to
go that last stand.

Yes boredom resides here big time, you
know.
And yes Thomas, that's the way it is.
Today, tomorrow , and possibly in the
future it seems.

It leaps, it jumps, it escapes and it hits
you.
It kills at times and menaces with the
scales
of your mind.
Yet oh those scales so ponder deep.
Pondering deep within the realm of this
insane mess.
Yes the insanity keeps me here.
But how sane am I in boredom.

To laugh, to hold, to cajole and to
convince.
To try to see the light.
Yes reading away those hours
of contempt.
Holding onto future grains and learning
a lot
along the way.
Yes this field of contempt.
This hallway of horror.
Passing, passing through all this
nonsense.
As I'm bored , as I sit here writing these
passages.
Hoping for salvation, only time heals they
say.
I want immediate release, instant
gratification.
And so I wait in these chains of boredom.

Prescribe This

by Jack M. Freedman

I'm done with lurking behind
A marmalade bottle
Filled with false miracles
The ties that bind throttle
Therefore it is empirical
To free yourself
From the shackles
And the cackles of doctors
Dictating our treatment
Treating us like children
Kidding us into thinking
The pills we chase with drinking water
Foster recovery.
My discovery
Of myself
Leads me to shelf
All the things I used to know
And let it fall by my feet.
It would defeat me to entreat
Corrupt forces of mind control
Patrolling and enrolling me
Not in the school of hard knocks
But mental cell blocks
With electroshocks forced upon
By pigs carrying glocks.
We want rights without having to
demand them
Without day treatment programs
Where brains get programmed like
robots,
Reinforcing paranoia
Validating low self-esteem.
We've moved past possessing psyches
Of Phineas,
But can you gauge what the future
holds for us?
We've moved past our head structures
being analyzed
Past insulin catalyzing seizures
Leisurely knocking us unconscious at will.
The abuse must end
And we must suspend this systemic
oppression,
Before all of our rights undergo regression
And receive justice
At the sharp end of the ice pick.
FREUD CAN SUCK THE FAT END OF MY
CIGAR!

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poetry

Keeping Your New York City Housing Authority Apartment

By Runa Rajagopal, Senior Staff Attorney, MFY Legal Services

Tips that you can follow

The New York City Housing Authority (NYCHA) provides affordable housing for low to moderate income families throughout New York City. It is the largest public housing provider in North America with approximately 404,000 residents. This means that NYCHA is home to about 8.4% of the city's population.

Getting into public housing entails a long and extensive process. Some families wait five, ten sometimes fifteen years to get into NYCHA housing. In fact, right now there are over 135,000 families on the waiting list. Once a tenant obtains a NYCHA apartment, she is required to follow its rules and regulations; failure to do so can jeopardize a tenant's housing.

MFY Legal Services, Inc.'s Mental Health Law Project is contacted daily by mental health consumers seeking legal help regarding their NYCHA apartment. Often they are on the verge of losing their NYCHA apartment due to misunderstanding the rules, being unaware of their rights and even due to discrimination, among other reasons. Considering how difficult it is to obtain a NYCHA apartment and with the ever-shrinking stock of affordable housing in New York City, it is increasingly important for mental health consumers who live in public housing to be able keep their homes.

The following are some useful tips when living in a NYCHA apartment:

Know the Rules

It is important for tenants to familiarize themselves with NYCHA's rules and regulations. The first place a tenant can start is with her lease, which outlines tenant rights as well as responsibilities. A tenant can also go to the management office to obtain additional information regarding NYCHA rules. Lastly, several community and legal services organizations educate tenants and provide additional literature regarding tenant rights. For example, MFY has several fact sheets about NYCHA housing on our website (see www.mfy.org to "Get the Facts").

Put It In Writing and Get a Stamped Copy

Any requests made to the management office should be documented in writing. Additionally, any letters or other documents you submit to the management office should be copied, stamped with the date and marked as "received," and the copy should always be retained for your files.

Often times I have had tenants say they went to their management office several times about a certain issue and that management never responded to their requests; when I follow up management usually says this was the first time they heard about the issue. By following up with written requests, you are memorializing conversations you have had with your management office.

By being aware of your responsibilities, invoking rights and accessing services, mental health consumers who live in public housing can continue to enjoy and maintain their affordable homes."

NYCHA management will be unable to say they have not heard about a certain issue if they have received three letters from you about it.

Grievances

There are some issues that cannot be resolved by the management office. Where a tenant has a dispute regarding an action or failure to act by NYCHA which adversely affects the tenant's rights, duties, welfare or status, the tenant has a right to pursue the grievance process. The tenant can ask orally or in writing for the housing manager to informally address the dispute. If the tenant is not satisfied with the manager's decision, the tenant can request in writing within ten days that the matter be reviewed by the Borough Management Office. If a tenant does not agree with the Borough Management Office decision, the tenant can make a written request for a hearing before an impartial hearing officer within ten days.

Add Family Members to the Household

Unlike in private apartments, when a tenant wants a family member to

live with her permanently, she must get permission from NYCHA first. To do this, the tenant must request the form to add a family member from her management office which is filled out by the tenant of record and the family member. Within 60 days of submitting the form with all requested documentation, the housing manager will either approve or disapprove the request. If the request is disapproved, the tenant may pursue the grievance process. If approved, the family member can move in.

If the tenant of record ever vacates the apartment or dies, the family member will get a lease in her name if she lived with the tenant of record for a full year after being approved.

Get Repairs

Tenants have complained about how difficult it can be to get repairs fixed in their NYCHA apartments. The first step is to notify your management office about conditions you have and how they are affecting you. Follow up in writing to document complaints you have made to the management staff and ask that they follow up by a certain date. NYCHA tenants should also call 718-707-7771 to make complaints, to schedule emergency repairs and to get an emergency work ticket. MFY has a fact sheet on how to obtain repairs in NYCHA housing (see www.mfy.org to "Get the Facts").

If after taking these steps, NYCHA has failed to make repairs, you can take NYCHA to court. There is a special proceeding in Housing Court called an HP Action, which allows tenants to sue their landlords when they fail to make repairs.

Request Reasonable Accommodations

If there are things you are required to do as a tenant but cannot do because

of your disability, fair housing laws allow you to request a reasonable accommodation. A reasonable accommodation is basically an exception in rules, policies, practices, or services when such an exception may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling. MFY has fact sheets on the issue of reasonable accommodations (see www.mfy.org to "Get the Facts").

Reasonable accommodations can be helpful to assist a tenant in complying with her obligations. Residents can also contact the Services for the Disabled Unit at NYCHA at 212-306-3652 regarding reasonable accommodation requests.

Report Discrimination

Where a tenant believes she has been the subject of unlawful discrimination because of a disability or other reason, the tenant has several options. If a tenant wants to work with NYCHA to report discrimination, she can contact NYCHA's Office of Employment and Fair Housing Investigations at 212-306-4468 or can visit 250 Broadway, 27th floor, New York, NY 10007.

Access Resources

Where a tenant has a possible legal issue regarding her NYCHA apartment, she should remember there are several resources where information, advice or even legal help may be available. It is important to communicate issues and problems with your housing manager, who then may be required to make referrals and connect tenants with services where necessary. Also, reaching out to organizations like MFY as early as possible will enable the tenant to strategize about potential issues, to obtain advocacy regarding problems and may even help to prevent eviction from her NYCHA apartment.

The above are just a few tips to keep in mind with respect to living in NYCHA housing. By being aware of your responsibilities, invoking rights and accessing services, mental health consumers who live in public housing can continue to enjoy and maintain their affordable homes.

attorney column

How Alimony Payments Affect SSD and SSI

By Maro Constantinou, Staff Attorney, MFY Legal Services

Question: Do I have to report an award of alimony to the Social Security Administration if I receive Social Security Disability (SSD) or Supplemental Security Income (SSI) benefits?

Answer: The reporting requirements are different for SSD and SSI benefits. If you only receive SSD benefits then there is no obligation to report to Social Security because SSD is not a needs-based program.

If you receive SSI, you must report the amount of alimony you are receiving to Social Security.

Since SSI is a needs-based benefit, Social Security looks at all sources of income to determine eligibility for SSI benefits. Alimony is considered income and will impact a beneficiary's SSI payment.

You can notify Social Security orally or in writing, but it is better to do so in writing. You should send a letter by certified mail, return receipt requested, to your local Social Security Office. Keep a record of your letter and save proof of mailing. Include your name, social security number, the amount you received and

the date you received it. You must report the receipt of alimony within 10 days after the close of the month in which you receive the monies. For example, if you receive an alimony payment on July 3rd, you must report it to the Social Security by August 10th. Social Security can impose a penalty and deduct money from your benefits if you do not make a timely report.

Question: How will receipt of alimony affect my SSI benefits?

Answer: Social Security considers alimony to be unearned income and will reduce your SSI benefits. The

amount of the reduction depends on the amount of alimony you receive. Generally the first \$20 is disregarded and then Social Security will deduct the amount of alimony from your SSI benefit dollar for dollar. For example, if you receive \$60 per month in alimony, the first \$20 may be disregarded (if no other income is disregarded) and the remaining \$40 in alimony will reduce your SSI total amount by \$40. If the alimony amount is high enough, you may cease to be eligible for SSI benefits all together.

(Continued from page 1)

My mom went to college, my brother got involved with girls, and I hit puberty. Confused by my newly discovered sexual impulses and the abandonment by my caretakers, my fantasies took a darker turn, and I turned to voyeurism. I also stared off into space for hours while my peers played, studied, and dated.

I won a full scholarship to college, where I blossomed into an alcoholic. I had run-ins with the police, hospitals, and mental institutions, either after cutting my wrists, breaking and entering, or committing arson.

Hard drugs took me to sordid places, and I caught many diseases from prostitutes, but when I was selling drugs, I felt like a man for the first time. People were coming to me and I had what they wanted. My brother died with a needle in his hand, bought by the money I had made selling drugs to others. I, myself, was beaten unconscious and left for dead on the street. Despite losing my sense of smell permanently, I recovered most of my brain function, and then I picked up

a book on meditation.

I started attending spiritual and addiction recovery groups, where I was driven by terror, contempt, and infatuation towards the senior members. As a kid, I had a different personality for each family member.

“I started seeing that in addition to all my pain, I was also loved more than I had realized.”

I still reverted to a child-like state in front of women and I froze up in front of male authority figures. I had tried therapy but it brought out a rage that I couldn't contain. Some members of my religious community liked my dedication and wanted me to become a formally ordained member, while others were afraid I'd kill myself at any moment. Amid the chaos around my ordination, relationships shattered and before attacking myself or anyone else, I went to a trauma program at a mental institution.

I wrote down everything I could remember. Until then, I was juggling

my memories and couldn't see the whole picture at once. The doctors asked me if I ever played with other kids growing up, or if I ever dated anyone, and I cried when I realized I was different. I later learned that many people are different in some way, and

each person has a unique beauty too.

I started seeing that in addition to all my pain, I was also loved more than I had realized. I learned to appreciate moments of connection with others, and to tolerate the persistent discomfort. People asked me to mentor them, which made me feel special, but after a while I realized that I was putting myself above others instead of making a real connection. I still mentor others, including prisoners, but I try not to take myself too seriously. When I do, someone usually knocks me down and reminds me to chuckle at myself.

I have some happiness today because I'm determined to tolerate the pain of being with others, for the modest benefits that come from it. It's hard for me to get any help when I'm hurting, because I don't relate well to people, even when we share the same experiences. But I pick up the phone, pray, attend groups, write, meditate, read, walk, and listen to music, and somehow the support seeps in, even though none of the above are as satisfying as I would like.

I've been diagnosed with PTSD, schizoid personality disorder, major depression, generalized anxiety disorder, sexual disorder N.O.S., impulse control disorder, and chemical dependency; with “rule out” diagnoses for mood disorder N.O.S., dependent personality disorder, and antisocial personality disorder. I get overwhelmed easily and my mind turns to dark places. I'm also determined, caring, resourceful, and funny. I work as a research scientist. I write and perform skits and songs for kids and adults, which are amusing and educational. I make a difference.

I Never Gave Up On My Dreams

By Megan “Meg” Torre

Working through school while getting my diagnosis straight

My dad is a pigeon flyer and I can remember always being surrounded by pigeons when I would go outside and play. I never got involved with the pigeons though. It was sad losing my mom when I was eleven and she will always be in my heart. My dad got involved with his current girlfriend Lynne in 1999. Lynne is like a mother to me. She and my dad are always on top of me to get things done. I love my parents and they have always been there when I needed them.

I started my education at Calabro Primary School in Hoboken, New Jersey. While there I was diagnosed with Asperger's syndrome. With this diagnosis I was sent to The Forum School, a school for children who have special needs. While there I participated in the Special Olympics and was heavily involved with the swim team. The Forum School gave me skills that will help me for the rest of my life.

My dad decided to pull me from Forum when I was in the eighth grade and send me to Academy of the Sacred Heart, which was an all-girls Catholic high school in Hoboken. I was always in trouble for my behavior and acting up. I signed up to be the sophomore class historian and because of my shenanigans, I had to resign. When junior year came I was hit hard with an overwhelming depression and was always in the guidance counselor's office. In 2002 I was hospitalized for the first time in the child psych ward. I straightened up just enough in my senior year to be accepted to Rutgers University in New Brunswick.

When I started Rutgers I really did not care about my grades. My motto was get a “C” and go. I was more interested in frat parties. I loved alcohol. I started to write for the Rutgers' newspaper *The Daily Targum* and that is when I decided to major in journalism and media studies.

I began to care more about school and made Dean's List, my proudest achievement in college. However, in the summer between sophomore and junior year my drinking was picking up and I was beginning to think that I had bipolar disorder.

I went to see a Rutgers' psychiatrist and she confirmed that I had bipolar disorder and told me that I was an alcoholic. The bipolar part I was totally down with, but being an alcoholic I wasn't. At this point I had stopped writing for *The Targum*. I had my first hospitalization as an adult during the second half of my junior year. I was out of control with my illness and drinking. I did however study abroad in Spain in the summer of 2006, one of the greatest experiences of my life that opened me up to a new culture. I lied about how serious my mental illness was when I applied for the study abroad. I had an insane manic episode in Spain where I picked up a huge sidewalk block and swung it at people and a car. I wound up in the emergency room in Spain, but calmed down and was able to finish the trip.

I came back home and started my senior year and that is when the trouble with my illness started kicking me in the ass. I was

hospitalized at least 20 times. I was asked to take leaves of absence by Rutgers' counselors and people from residence. I cut my course-load down to part-time because I was not able to handle a full load or live on campus. I finally got sober July 8, 2008 and I am very proud to have 3 years of sobriety.

When I returned to school, I was able to get good grades in the two classes I signed up for. I would have semesters with mostly two classes only. I also took two semesters off. I wound up being committed twice in hospitals and would even spend a month in Greystone, a state hospital of New Jersey.

I had also been in various day programs. I was given a diagnoses of borderline personality disorder, which was incorrect. At Roosevelt

and Peter, my therapist, was one of the best therapists I've ever had.

I returned to school in spring of 2011 part-time. During that time I wound up in the hospital twice. However, my professors were understanding and gave me extra time on my work. I have found that when I told professors what was up they either went out of their way to help or just didn't care. My professors gave me enough confidence to take two summer courses in the summer of 2011 and finish my college degree. I was able to participate in the May 2011 commencement, one of the high points in my life. Taking the train home that day I could not believe that I was finally done with my BA from Rutgers. The only thing I need now is a job. I have not been in the hospital since late April and I'm hoping that I

“I never give up in achieving my dreams, just like I never gave up on getting my BA.”

Hospital I was given the diagnoses of schizoaffective disorder: bipolar type and I believe this diagnoses is correct. I would not tell the doctors that I was hearing voices and seeing things. I thought that people would think that I was insane. With the correct diagnoses, doctors are able to provide me with the right meds and care.

I took another leave of absence while I was at the Roosevelt program because I wanted to give my attention to the program. I believe that the Roosevelt program helped me a lot

will not be for a long, long time.

I do now currently have a job working at the Garden of Eden grocery store in Hoboken as a cashier. I am hoping that I will be able to do something more geared toward journalism in the future. I am thinking about going back to school to become a licensed clinical social worker. I will be looking very hard to get a job in either of one of these fields. I know I can do it, proving to myself already that I never give up in achieving my dreams, just like I never gave up on getting my BA.

Don't Tell Me That I Am Sick

By Jennifer Ray

Coming to terms with my mental illness

I glanced at the clock on the opposite wall, taking a break from staring at a worn patch in the carpet near my feet. It was nearly 5 p.m.; the last time I looked up was about 1 p.m. My only motivation was to determine where we were in the rhythm of the day, to see how much longer I had to bear before I could retreat to my room. There, my eyes heavy from sleeping pills and emotional exhaustion, I could succumb to the only thing that brought relief from my depression: sleep. It had not taken me long to discover that the most time-consuming activity on psychiatric units was doing nothing other than waiting for something to happen. Waiting to see your psychiatrist, your social worker, your nurse or waiting for a therapy group, for art therapy, pet therapy (if you're lucky), waiting for a shower, to brush your teeth, waiting for morning meds, afternoon meds, evening meds, night meds, breakfast, lunch, dinner. How did I get here?

My depression during my sophomore year in college was not my first episode. I had gone through periods of depression twice during high school, received antidepressant treatment and counseling, and recovered. I took having a depressive disorder seriously and was diligent about seeking and getting help. I did not share my condition with other people, but I did not feel stigmatized. In an age of depressed Zoloft balls

family and friends became concerned. I became increasingly depressed and despondent over a matter of weeks, and even though I recognized the symptoms and was educated about treatments, I did not want to admit that I was experiencing a relapse of the disorder I thought had ended with my adolescence.

Ultimately, a close friend realized what was happening. Fearing for my safety, he made an urgent appointment with a local psychiatrist; I did not have the energy to protest. The psychiatrist spoke with me about my history, my current symptoms and thoughts of suicide, and determined that I needed to be hospitalized. My recollections of this decision, my admission, and the first few days in the hospital are foggy. My primary emotional response was shock and bewilderment, tempered only by the deadening apathy that engulfed my mood. I couldn't quite get my head around how things had gotten "this far."

I was on a locked unit with severely disordered men and women, many acutely psychotic. I was watched constantly by an aide, denied access to my shoelaces, and allowed to make phone calls only from a pay phone in the Day Room. But despite the indignities and trauma of this experience, I can now say it saved my life. I was discharged after a few weeks, not completely over my depression but on the way to feeling

"I also met other young adults, through a support group, who struggled with the same disorder... they provided invaluable advice and support... allowing me to approach my own situation with more hope and strength."

bouncing on the TV screen, depression seemed common in society; a little like having mild asthma or high blood pressure. I never thought of myself as someone who was truly "sick"—I saved that term for people with schizophrenia or bipolar disorder, people I assumed spent most of their lives in secluded state institutions, receiving antipsychotics and getting "shock therapy." If someone suggested I would someday know what it's like to be in a hospital, to take a plethora of drugs, and to be considered severely and chronically disordered, I would have found the notion bizarre and comical, if not impossible. That was not me.

Near the end of my sophomore year, I noticed some familiar feelings that, in the past, heralded depression. Over the course of a few weeks, I lost my appetite. Things I normally found engaging—reading, being with friends, participating in groups on campus—had no allure. I lacked the concentration to read more than a page or two or even follow a conversation. As my mood sank,

well again. I had started treatment and began to feel optimistic about my future. Within a month of getting back to school, I truly felt all this sadness and strife was behind me, and I never imagined that things could become even more challenging and complicated.

Right before my junior year I experienced symptoms that, unlike those during my depressions, I did not find troubling. I was always someone who needed a good nine hours of sleep to feel well rested, but I started getting by on dramatically less. Some nights I would not touch the bed (if I was even home), other nights I would fall asleep for 2-3 hours and then jolt awake, energized and ready to go. My waking hours became filled with frenzied activity—I never felt smarter, more able, or more confident. My thinking was swift and sharp and seemed to reach near superhuman perfection. These feelings continued, but the ecstasy soon devolved into agitation. Every annoyance seemed like a concerted, even conspiratorial, effort to thwart my plans. When my

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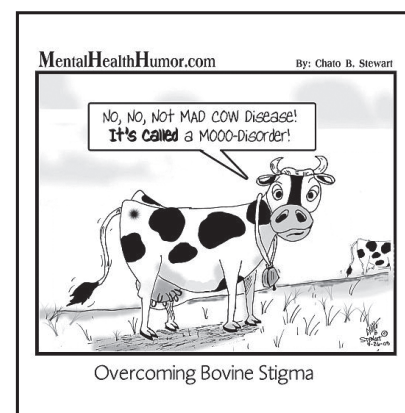
psychiatrist saw me in his office, he knew immediately what was wrong. I was experiencing a manic episode. I was enraged but eventually acquiesced to treatment. New medications—antipsychotics and mood stabilizers—were used to control my mood. Most of my symptoms abated within a few weeks, but the medications left me sedated and feeling somewhat dull. New medications for a new diagnosis: Bipolar I Disorder.

I came away from this traumatic experience dismayed and disheartened, my self-image shattered. I had already come to terms with being a "psychiatric patient." But during my first manic episode, I was publicly sick in a way I hadn't been before. I was embarrassed and humiliated. Being told I had a disorder only other people had—"other people" being unfortunates who lived their lives in drug-induced stupors in institutions or group homes compounded my feelings of defeat.

As I recovered, I reevaluated some of those feelings and saw things more realistically. I also met other young adults, through a support group, who struggled with the same disorder. It was enlightening and heartening to hear many of their stories, and they provided invaluable advice and support. My ideas as to what it meant to have a mental disorder shifted largely as a result of these conversations, allowing me to approach my own situation with more hope and strength. I began to see medications and therapy as my toolbox for maintaining a stable life in which I could achieve my goals. This involved tinkering to find the best combination of medicines and trade-offs in terms of putting up with

some side effects if my overall health was good.

Coming to terms with having bipolar disorder, and learning how to effectively take care of myself, has been a process of peaks and valleys. After three years of feeling well, I relapsed and experienced episodes of mania and depression. Both required hospitalization and medication changes. Experiencing relapse after a few years of feeling great was a wake-up call. I secretly felt I was somehow past that sort of thing. Since then, I've tried to be optimistic while still recognizing that I have a chronic disorder, and the chance of having more episodes in the future is very high for me despite taking medication faithfully. Thankfully, when am stable I have no lingering symptoms. My goal is no longer to avoid getting sick again, but to keep myself stable and healthy for as long a stretch as possible. Despite my disorder, I've graduated college and graduate school. I've had lasting and meaningful relationships. I live on my own and have travelled widely. My disorder hasn't defined my life, and despite the inevitable challenges ahead, I don't believe it ever will.



personal stories

How I Keep the Demons at Bay

By James Mullaney

Therapists, the Goddess and meds

I've found psychotherapists to be the only persons I can trust when talking about my mental issues, largely because I don't feel rejected by them when I open up and describe my thoughts and feelings. It's impossible to do this with nonprofessionals. My problems are aberrant and abnormal even by DSM-IV TR standards, and would be too disturbing to discuss with anyone other than a mental health professional. No one else is trained to handle it.

When a therapist is kind, open minded and nonjudgemental toward me, I internalize and assimilate her attitude toward myself, so that I'm not torturing myself with constant shame, feelings of inadequacy and deviancy, fear, self-loathing, and despair. This alone has been a lifesaver for me. My therapists have given me the courage and the confidence to face and embrace the part of me which Jung called "the Shadow": The secret desperado lurking in the backalleys of everybody's psyche, who happens to make inordinate demands on my conscious attention and who must be placated somehow in order for me to avoid ruining my life in a mad crescendo of violent self-destruction.

Psychotherapists "give me permission" if you will, to explore my own darkest feelings and desires, and to express them in a dialogue with the therapist, without having to act on them. This has been a safety valve for releasing pent-up psychic pressure and tension which otherwise would have exploded in some unthinkable act of self-harm.

For instance, with the moral support of my therapists I have learned to sublimate certain problematical and dangerous sexual fixations into a religious practice, e.g. worshipping the Goddess and practicing earth magic. In 1987, at the age of 24, I experienced a sudden, spontaneous, and involuntary vision of the Goddess, who appeared to me as a beautiful,

wise, and omnipotent Witch, right in the middle of my bedroom, where I lay in darkness with the lights off. In Tantric Buddhism this is known as the "vision of Vajrayogini," a rare and highly prized experience. A Jungian psychotherapist might explain it as an exteriorization of the unconscious

"Mental illness is a cross. Mine doesn't finally end in some cure: It has to be managed for the rest of my life."

Anima; for a Catholic, this might be a mystical vision of Saint Mary Magdalene. In any event, it was a major turning point in my life, really the most important one. I knew from that day forward that I must dedicate my life to worshipping and serving Her.

To me the Goddess represents both the deepest unconscious levels of the psyche and the vast expanse of the Universe; moreover, the two worlds, inner and outer, are mirror images. So to worship the Goddess I meditate in profound silence for one hour daily, as I have for 22 years, on the mystery of my inner being (Buddhist dharma helps with this); then, several times a week, weather permitting, I gaze into space and praise the Goddess in spontaneous, heartfelt prayers, in her incarnation as the constellations of the Milky Way Galaxy and every other galaxy in the Cosmos. Often I praise her as Diana, (the full moon) and as the planet Venus, the Morning and Evening Star. She is the intelligence underlying all life and space. The Earth is her incarnation as our Mother, the source of all life, so I honor her by keeping a small herb garden during the spring and summer months and by staying current on the ecological and environmental emergencies we face, such as deforestation, species extinction and global warming. The

climate change conference recently concluded in Durban, South Africa was a time of special urgency.

All this has kept me grounded in an actually existing reality.

I often marvel at the endurance and resiliency of my therapists because I know it's not easy to sit there and

absorb this stuff. They offer me feedback and insights, reality checks, faith and encouragement, empathy and compassion. The way I often put it is this: A psychotherapist is a unique person in your life, because she isn't a friend who you'd invite for dinner and a date, but she's more than a casual acquaintance who'd be put off by taboo or eccentric disclosures. I can share my most naked emotional conflicts, fears and desires with my psychotherapist and know that she'll still be there with a smile and a kind word the next time. That gives me the safe and secure feeling I need to carry on.

Now, psychotherapists have to pay bills just like everyone else, so they need to draw a salary. That's why the neighborhood clinic where services can be paid for with Medicaid is so critical to the welfare of society and its less than affluent members. The clinic I attend is run by Catholic Charities. The care they offer is first rate, you don't have to be a Catholic to belong, and they don't proselytize. The staff are competent and courteous, the premises are clean and well maintained, and it's a very pleasant experience to go there.

I've been to some other clinics that were run-down dumps, and the effect that that kind of environment creates on me is the depressing feeling that

nobody cares how I feel here, nobody respects me. I've never been able to feel mentally well in places like those. So the environment where I've been receiving psychotherapy is also crucially important. There has to be a level of quality and decency to the place, or I'll simply be too discouraged to continue attending therapy. Only Medicaid makes this kind of operation financially viable, so it's imperative that our elected officials not decimate Medicaid spending in their current deficit reduction mania.

Finally, with antipsychotic medication, taken daily and for life, I'm not twisting in some bottomless pit of devils and chimeras, shouting obscenities at me, making dire threats and issuing prophecies terrifying enough to chase me wildly through the streets. But I've found that not every medication works for me. I'm fortunate in that I have an experienced and concerned psychiatrist at Catholic Charities who solicits my input and feedback regarding the medication and the effects it's having on my mental and emotional equilibrium. If adjustments are needed, we make them. If the medication just doesn't work for me, she prescribes something different. The important thing is that my doctor listens to me and partners with me in my treatment. My Medicaid insurance pays for the medication that helps keep me in reality. I could never afford to pay for it myself; another argument for buttressing Medicaid.

Mental illness is a cross. Mine doesn't finally end in some cure: It has to be managed for the rest of my life. With the help of a good psychotherapist at a neighborhood clinic that accepts Medicaid and provides psychiatric treatment so that I'm able to combine therapy with medicine, and express my religious longings without being made to feel like a heretic, I can wake up in the morning without the dread of being swallowed up in a wolfish maw of madness by noon.

Celebrating My 10th Anniversary!

By Kurt Sass

Ten years since my last ultra-serious depression

February 13, 2008 was a big day for me. It was my 10th Anniversary. Not your usual anniversary, mind you. It was exactly 10 years to the day that my worst depression ever began. This depressive "episode" would end up lasting two years, involving numerous hospitalizations, cutting myself up to 70 times a day, daily suicidal thoughts, double digit medications and 22 ECT (electro convulsive therapy) treatments before even beginning to return to any form of normalcy.

What triggered this most acute of attacks on February 13, 1998? Just like all my previous depressions, absolutely nothing at all. I was

just sitting at home, watching TV. Everything was going along just fine at home and work. No pressures, no anxieties, no warnings. All of a sudden, it was as if someone just stuck a pin in me and drained all my life out. I was suddenly frozen with fear, lethargy depression, you name it.

I mentioned that this depression was by far worse than any of the others I've ever gone through, which began for me way back in 1979. All the others had a life span of about eight weeks, and would usually die out. This one decided to become a senior citizen, however. Not a single medication worked. Month after month passed

with absolutely no change. It would be a constant struggle just to get out of bed, to eat, bathe or go to the bathroom. I would sleep for days at a time and suicidal thoughts were constant. I would curse out loud that I only lived on the 2nd floor. And for the first time ever, I started cutting myself, since the physical pain would provide a respite (if only brief) from the constant emotional pain I was going through.

After two additional medications were given their eight-week time periods with no success, the head psychiatrist at the clinic (my case had been deemed so serious by this point

I had "graduated" to him) suggested I get ECT treatments. Like many others, the only thing I knew of ECT "shock" treatments was from watching "One Flew Over The Cuckoos Nest." I initially said "No, Way!" but after two more months with no improvement whatsoever, along with reading about 20 articles on ECT and viewing a video of the procedure, I decided to go ahead.

I was scheduled for a series of eight treatments. Just as many of the articles stated, I started to feel better after the 3rd or 4th treatment. And just as many people on medication who start to feel better do, I stopped treatment.

(Continued on page 7)

**Coping with life
can be difficult.**

Getting help is easy.

www.800LifeNet.org

MHA-NYC
Innovations in Mental Health

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.

f www.Facebook.com/mhaofnyc

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Is Your House a Castle or a Toxic Dump?

By Chato B. Stewart

Discovering the Bible turned my life around

I grew up in a Toxic Dump! No, really, in the 50s, before the housing development, the area was a swamp and an illegal toxic dump site.

I grew up in an emotionally toxic environment as well. My father's uncontrolled rage and anger issues stemmed from undiagnosed bipolar disorder (dad was diagnosed shortly before his death). Along with this undiagnosed mental disorder, he was also heavily medicated on painkillers from a work accident that happened when I was four years-old. Needless to say, this added more pain to an already volatile and toxic home environment.

My father had twisted ways of expressing love. During my childhood he called me stupid, retarded, worthless, and a host of other insults. Best of all he showed me that a belt wasn't just for holding up your pants...it's a handy disciplinary tool.

I learned hate, rage, and prejudice as part of my toxic education. Escaping, fleeing that toxicity seemed insurmountable! Entering my teens, I already had a nickname in the projects: "Psycho Stew" with a troublemaker reputation during my grooming to be a thug. My lifesaver was Bible study.

When I say the Bible saved my life, I really mean it. Studying with a local religious group for the first time had a purpose and it made sense. Learning that stealing, lying, and hurting others physically and emotionally was wrong seemed foreign to me. Growing up I was taught "deny, deny, deny and lie, lie, lie!" That was part of my toxic education. Learning negative coping skills such as self-injury and violence was second nature. Even though I was studying the Bible, I wasn't totally getting the concept that stealing was wrong. I think this is where the mental illness took over.

Believing that I was some type of modern-day Robin Hood, I stole and gave everything away. It was my delusion that I was doing something good by stealing. How wrong I was! Through what I learned from my Bible study, I gradually began detoxifying my life. I stopped getting high and stealing, found control for my violent temper and adjusted my attitude towards others, slowly detoxifying myself physically and mentally from my toxic childhood. I did a complete 180 from my old, troubled way of life. And at the age of 18, I dedicated myself

to my new biblical training.

Leaving that toxic environment behind, I was on a new road that was cleansing my old ways. You see, my faith was a shield from the world's toxicity and hate. My faith was the detoxification from my former hate and rage. I was able to keep my self-loathing and self-hatred controlled to some degree. My hypo-manic mood swings and even depression was appeased by my faith. I rely on it. My faith got me through my deteriorating sanity.

Moving forward to my thirties, I had what some would call a major psychotic episode. I totally lost touch with reality and my faith; my shield, was lost and many toxic emotions erupted like a volcano! I sank into a very deep depression with moments of psychosis and attempted suicide multiple times. Ever since then, I've been trying to detoxify and recover, making small steps forward on my continuing journey. I kept trying to "recapture" my faith, holding on to it with just my fingertips, often wanting to let go and end the suffering.

What pains me most is what my mental illness has done to my family. I re-created a toxic environment for my

own children because, for part of their life, my symptoms went uncontrolled and un-medicated. I'm now working hard to better myself and create a loving, non-toxic home environment for my children.

"If it ain't broke don't fix it." What worked when I was 14 was building an appreciation for the Bible and the practical, life-saving principles found therein. So, ever since July 2011, I implemented a family Bible-study once a week. I can't tell you how much this has helped our family detoxify and build appreciation for God and spirituality!

Mentally, I continue to detoxify, recover and fortify my faith. Recently, a wave of depression engulfed me with suicidal ideation, negative thinking and self-loathing. After sharing my emotional turmoil with a trusted friend, he shared with me an encouraging biblical verse. I read it and cried tears of joy.

"Do not be afraid, for I am with you. Do not gaze about, for I am your God. I will fortify you. I will really help you. I will really keep fast hold of you with my right hand of righteousness." (Isaiah 41:10)

personal stories

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I did so because I became fearful of the anesthesia. Lo and behold I had a relapse. I had to start from the beginning and go through the full course of eight treatments again. After the treatments, I felt so much better. I wasn't back to my old self, but I would say about 80%. I continued to have monthly maintenance treatments, the last being in 2000.

Once I was feeling better, I had to slowly re-integrate myself back into society. After all, I had practically been a hermit and a mute for two years! I started by doing a lot of volunteer work and going to a lot of support groups. I then, with a lot of rejections along the way, eventually found work as a home health aide, then as a service coordinator for Community Access, helping fellow

mental health consumers.

I'd love to say that everything is 100% peachy-keen now, but it isn't. I still wake up with suicidal thoughts each and every morning, but fortunately they fade almost everyday within an hour or so and don't come back for the rest of that day. But with that being said, I am feeling so much better than 10 years ago. I have all the reason to

celebrate my "Anniversary."

Note: Although ECT helped the author, he only recommends it as an option of last resort, and only after options such as medications and talk therapy have been exhausted. Kurt Sass suffered some minimal memory loss from ECT, but approximately 5-10% of patients suffer major, permanent memory loss.

Published Author Battles Schizophrenia

By William Jiang, MLS

New York City Voices helped me along the way

New York City Voices was founded by Ken Steele in 1995, 17 years ago. I was recruited by Dan Frey in early 2000, shortly after Ken died and left Dan at the helm of the newspaper. I shared my own personal story of recovery at that point in 2000 with the paper, and now, in 2012, my personal story of recovery continues.

A lot has happened in my life since then. When Dan recruited me I was fresh out of library school with my Masters, and I was excited to work with a newspaperman. The internship at City Voices was a good idea to get some job experience. Dan got me to work as a grant writer, webmaster, advertising manager, and freelance journalist. I parlayed the City Voices experience into my first career position as an adjunct lecturer at Kingsborough Community College as a librarian. The Kingsborough Community College position led to a seven-year position at the prestigious New York State Psychiatric Institute as the chief librarian of their Patient and Family Library. At New York State Psychiatric Institute I wrote my autobiography titled *A Schizophrenic Will: A Story of Madness, A Story of Hope*, which, recently, has outsold Sylvia Nasar's *A Beautiful Mind* on Amazon.com. I

am now in the process of returning to university part-time to study German at Hunter College, and to keep myself busy. I am currently tutoring people who seek further knowledge in Spanish, French, math, Photoshop, video editing, and book design.

However, life has not been an easy, straight road. I continue to struggle with clinical depression, physical aches

to try me on Saphris or Fanapt as a mood stabilizer. My doctor put me on Saphris as a mild mood stabilizer, and the good news is that in addition to regular exercise, the Saphris seems to be helping me to stabilize my mood.

Another thing that has helped me, over the years, is my power of insight and my ability to fine-tune my medicines, with my doctor's ok, to keep me out

"I feel I am playing as a worthy opponent against a formidable diagnosis."

and pains that I have accumulated over the years, as well as the schizophrenia that I have had since 1992. I was lucky to survive 2011 as I had two hospitalizations in November that involved suicidal ideas and urges. In November I welcomed the institutional halls of Columbia Presbyterian in White Plains because in that hospital was a measure of safety. I was afraid of what I might do to myself if let go without a medication regimen that did not work. After the mood stabilizer lithium failed, I was scared that nothing would work. The doctors were going to try Depakote on me. After an empowering conversation with a mental health therapy aide, I convinced my doctors

of the hospital and out of trouble. For some odd reason, when I start losing touch with reality, I sense it happening. I am able to take a little more of my antipsychotic, Navane, when this happens, and by using this technique, I have been able to keep myself out of the hospital for many years. This apparent control I have over my medication and neurochemistry has been a blessing for me because I've been able to take less of the antipsychotic than otherwise, and I have had the benefit of less sedation than if I were on a consistently higher dose. I feel that I work as a team player with my psychiatrists in my recovery. The game plan is to stay in therapy and keep an eye on

my medication so we can beat the unbeatable opponent that is in my head: the schizophrenia. Although, I have not beaten schizophrenia for over 19 years now, neither has my competitor beaten me, and we continue to play the game. I feel I am playing as a worthy opponent against a formidable diagnosis.

My great regret is that I have had few girlfriends over the years and that none of them have stuck. That is the one thing in life that I feel that I am missing right now: a good girlfriend to share the highs and lows, the good times and the bad, in this drama that is life. I know I'll meet her someday, and the figurative hearth burns with a steady, warm flame.

In the meantime, I work, I hang out with friends, and I study. I salute New York City Voices for their continued role as the oldest, and largest free newspaper for the people of New York City who suffer from the slings and arrows of mental illness.

Note: The author does not suggest that you manage your own medications as he does unless you talk to your psychiatrist and decide together that it is a safe and practical thing to do. As always, the medical advice of your doctor or your pharmacist should be heeded. To contact Will email fishmonger1972@gmail.com.

The World of Work

By Steve Duke, LCSW, CPRP, Director of Employment Services, Baltic Street AEH

Step 3: Goal Setting

"'Tis the set of the sail that decides the goal, and not the storm of life."
-Ella Wheeler Wilcox

So let me ask you a question, What is it that you would like to do for a living?

Ever since we were first asked "What do you want to be when you grow up?" We have all pondered this question at least a million times at different points of our lives. Being a grown-up does not mean that you can no longer have dreams, or "occupational day-dreams" as they have been called in the "biz". It is never too late to find ways to earn money and be personally satisfied at the same time. So take some time and ask yourself what your dream job is. (Remember, keep it clean, legal and realistic!) Start there and you are ready to begin the Goal Setting Process.

Setting a first rate and high quality goal takes a lot of time, patience, and thought. It can seem overwhelming and confusing at times and you may find yourself procrastinating about making important decisions because of uncertainty, conflicting values, negative past experiences, and feeling that you lack the skills, supports and resources you need to be confident.

There will always be times when we need to make important decisions and making these important life decisions will always begin with a goal. The

decisions you make will determine the course or direction your life will take. Sometimes, circumstances that are not in our control force us to make decisions that we would not necessarily make if we had a choice. For the most part, however, we are usually afforded the opportunity to make decisions that are born out of a desire to move forward, improve ourselves, and achieve greater satisfaction in our lives.

Setting a realistic employment goal is the most crucial phase of employment

"It is never too late to find ways to earn money and be personally satisfied at the same time. So take some time and ask yourself what your dream job is."

planning. A well thought-out goal will steer you true and set you in the right direction. It will help you stay focused on what you want despite the many turns and challenges that may arise along the way.

If you are currently seeking employment, regardless of whether you have a clear goal or not, it is at this point that I highly recommend you contact an employment program to assist you with professional support and guidance. That support will help you stay focused and structured, and assess and organize your thoughts

and feelings in a way that will enable you make well informed decisions and begin working on your goals with planned strategies for taking action.

Although I do understand how dreams can sometimes be seen as goals, without a realistic action plan and a lot of hard work, they will simply amount to wishful thinking. "A goal without a plan is just a wish."—Larry Elder.

Remember that when you set a goal, set it based on your preferences and not on your skills. Once you decide

what it is you want to accomplish, you can begin planning and getting the essential skills needed to achieve your goal as you go along. Getting to the end zone and attaining your goal will depend a lot more on planning and developing than it will on luck. People who set goals that are specific and realistic are usually the ones who succeed.

A professional employment specialist can guide you through a systematized process of making a goal decision and once you learn this major life-skill, the benefit will

be that you can use this method whenever you have to make other important decisions in your life. This process involves exploration into the following areas:

Clarifying Values: Understanding and prioritizing what is most important to you;

Analyzing Past Experiences: Understanding the positive and negative aspects of your past work experiences;

Developing Personal Preferences: Identifying and prioritizing the main factors that will contribute to success and satisfaction;

Exploring Alternative Environments: Finding the best match for you; and

Formulating Your Goal Statement: Knowing what you intend to do, where you intend to do it and, when you intend to do it.

Let me end with some choice words from a Chinese fortune cookie: "If you can imagine it, you can achieve it. If you can dream it, you can become it." So follow your dreams and start setting goals that can make them come true.

Note: If you need referral assistance or if you have questions or comments about employment that you would like to discuss, contact us at Network Plus (718) 377-8568 and we will assess your situation and help you get the assistance you need.

Life-Threatening Effects

By Nancy Solomon, Saint Louis University

Mixing supplements, herbs, over-the-counter medications and prescription drugs

People are mixing supplements, herbs and over-the-counter medications and prescription drugs to cure themselves of ills, unaware that they could be making themselves sicker, says George Grossberg, M.D., director of the division of geriatric psychiatry at Saint Louis University.

Dr. Grossberg is about to change all that. He is the co-author of a new book, "The Essential Herb-Drug-Vitamin Interaction Guide," which is a comprehensive listing of what various herbs and supplements do, possible side effects and how they might interact with other medications and foods.

"People think if it doesn't require a prescription, it's got to be safe, and that's not true. There could be life-threatening effects."

Dr. Grossberg first became interested in the topic after a routine six-month visit with a patient he had successfully treated for depression. He had been seeing the patient for four or five years, and asked if the man was dealing with any new health problems.

The patient mentioned that he was scheduled to go in for cystoscopy in a couple weeks because there had been blood in his urine. The procedure involves inserting the pencil-thin tip of a probe through the urethra, up to the bladder to detect the cause of the problem.

The patient had undergone thousands of dollars of MRIs and CAT scans of his lower abdomen and pelvis, which had not revealed the reason for the bleeding, and the test was the next diagnostic step.

Dr. Grossberg asked if the patient had changed anything—perhaps had started taking a new medication.

No new medicine. Then the patient's wife pulled from her purse a vial containing a supplement she had purchased from the health food store to enhance memory. Both husband and wife had started taking the herbal memory enhancer, which largely contained ginkgo biloba.

"One of the side effects of ginkgo biloba is an increased risk of bleeding. He had no awareness of this. I told him to stop taking the herb and get rechecked before having cystoscopy. The bleeding stopped, and he didn't need the test."

Dr. Grossberg ticks off other common herbs that people take without realizing their side effects or how they might interact with medications.

St. John's Wort sometimes is taken for anxiety and depression. Those who also are taking antidepressants or anti-anxiety medications, such as Prozac, Zoloft or Paxil, should beware. Mixing St. John's Wort with these medicines can cause serotonin syndrome—with

symptoms that may include agitation, rapid heartbeat, flushing and heavy sweating—that may be fatal.

Dong quai, which some women take for menstrual disorders and to ease symptoms of menopause, has been linked to cardiovascular problems, such as irregular heart rhythm and low blood pressure. If a patient takes the herb along with an antihypertensive drug, her blood pressure could plummet, putting her at risk of stroke.

Some people take echinacea, which enhances the immune system, for the common cold. However, those who also take Lipitor, Celebrex and Aleve face an increased risk of liver damage. Echinacea also can be harmful for those who have multiple sclerosis, diabetes, HIV infections or allergies.

Dr. Grossberg and his co-author Barry Fox make it clear that they're not anti-herb or anti-medicine.

"There just are a lot of things people can take that have a lot of bad interactions. And on some level it makes sense for them to think that what they're doing is safe. They associate natural remedies with nature and think if the supplement wasn't safe, they couldn't pick it up without a prescription.

"Hopefully this will get them to

think more about it so they look before they leap. People can look up what they're thinking of taking and see if there's efficacy. And they should always talk to their doctor about everything they're taking."

Many doctors don't know much about herbal remedies, which have been used as medications for thousands of years.

"When I trained, there was nothing like this in our medical education," says Dr. Grossberg, who graduated from medical school in 1975. "The younger doctors are more likely to know this than older doctors."

Elderly people, he says, use herbal remedies and don't always tell their doctors and pharmacists. They should.

"A lot of our older patients are buying herbals and botanicals. In addition, while those over 65 represent about 14 percent of the population, they consume 40 percent of over-the-counter medications," he says.

Note: Article adapted by Medical News Today from original press release. Article URL: <http://www.medicalnewstoday.com/releases/66399.php>. Any medical information published is not intended as a substitute for informed medical advice and you should not take any action before consulting with a health care professional.

Rainbow Heights Club Helped Restore My Soul

By Julie A. Cipolla

It's important to have a special place to go

8 ½ years ago my life was very different than it is today. I slept 15 to 18 hours a day and saw no one (I live alone and have no family).

I'd been on Social Security Disability for depression and post-traumatic stress disorder for 7 years already. I was not doing anything with my life. I was merely existing in the haze of semi-suicidality so common to people with my diagnosis and family abuse history.

The one bright spot in my life was a monthly group I started and ran for Lesbian, Gay, Bisexual and Transgender (LGBT) people with disabilities, called "Disabilities Who Need Each Other." The group was held the second Sunday of the month from 2-4 p.m. at the LGBT Center on 13th Street in New York City.

One day a nice young man attended the group and told us about a club for LGBT folks with mental illness that he worked at as a peer specialist. I was so intrigued by his description of the Club that I decided to go.

I walked into the building at 25 Flatbush Avenue in Brooklyn, saw the sign for Rainbow Heights Club and I went to the 4th Floor. There I met a smiling young man who introduced himself to me as Christian Huygen the current executive director of the Club.

I was given a tour by the peer specialist who had come to my group

that Sunday. I was impressed with what I saw. There was a gorgeous, huge kitchen, a cozy, sunny club room with a huge rainbow flag and couches. There was also a computer room with newly installed Internet access as well as a large art room with a real kiln for firing ceramics. All around the room were pieces of artwork made by club members. "Ah!" I thought, "I am home!" Then there was the day room which I was informed was referred to as the "Gay Room," by members.

I was handed an application for membership and on it was the following question: "What can you offer the Club?" I was floored! Here I was being asked what I could contribute—I was not to simply be a passive recipient of help from higher-ups who were "wellies."

So I mentioned my Karate skills (I am a first-degree black belt, acquired before I got sick). I also put down my writing skills, and that I was a good listener.

Then I went to the kitchen where Christian was preparing the 4 o'clock dinner. I was encouraged to participate in preparations, so I put some mild spices into the Black Bean Soup and I felt very happy that I was trusted to add the spices and that my input was wanted.

That day I sat in on a group that was constructing a "Code of Conduct" for the Club. I made some suggestions

about the wording which the group adopted into the final version.

Next, I sat in the kitchen and talked with a member who seemed to need a listening ear. We talked for an hour before dinner and resumed the conversation afterwards.

When it was time to leave the Club at the end of the day, I felt so happy because I felt I'd helped somebody and I'd contributed in a meaningful way to the Club. That was on January 28, 2003.

I returned to attend such groups as the Assertiveness Group, where I learned strategies for setting boundaries with people, and expressing my needs. There were (and still are) other groups such as Thoughts and Feelings, Lesbian Group, Art Group, etc.

Eventually, I offered to lead various activity groups at the Rainbow Heights Club and in my 8½ years there, I have variously led the Stitch n Bitch Group, the Writing Group and gave a short course in Karate.

I've also served on the Community Advisory Board, I've prepared taxes for the Club members, cooked at some of the Club barbecues, and I also took a turn working at Rainbow Heights as a peer specialist, which was very rewarding.

Currently, I'm no longer a peer specialist, but instead I'm a regular member. I'm not leading any groups

right now. But I do attend several groups every week, including the Alcohol and Substance Abuse Recovery group because I have an eating disorder which is now in remission.

Today, I no longer sleep 18 hours a day, just 8 or 9. I have a whole host of friends at the Club. We support one another. The staff is outstanding and is very responsive to our needs, whatever they may be at any given moment. Just the other day, before Hurricane Irene blew into town, I asked to sit in the director's office while the director did some paperwork. Just sitting there with her helped to quell my fears about the impending storm.

Rainbow Heights Club is family to me—it's my second home. It's where I go to share all of my tragedies and triumphs. It's a place where I feel heard and loved and I extend this to the other members—we do this for each other. The staff provides an atmosphere of mutual respect and belonging for us members. And we have a heck of a lot of fun, with Bingo and movie nights, karaoke, birthday parties, open houses and barbecues. We also have outings to such places as the Brooklyn Botanic Gardens.

Yes, my life is radically different and better because I *belong* to Rainbow Heights Club.

Give Us a Fair Shake

By Kathryn Fazio

Give us incentives equal to that for the blind

I learned from a group meeting at Lighthouse Inc., an organization for the blind, that the mental health disability population was the most feared disability group. Statistics showed people would rather be blind then cope with our challenges.

I engage in advocacy work so that one day I might see work incentives changed to encourage economic advancement, social compassion, and

our dissatisfaction in case law.

If we collectively and in an organized, responsible fashion enlist the help of psychiatric rehabilitation organizations in this issue instead of asking for expenditures that are far-fetched, we would crush the misuse of fear against us. I know that we and our skills are awesome. Our country must do what President Obama once stated, "Let's recommit ourselves to building on the

to the Social Security office, Medicaid office, Medicare office, or Food Stamp office. It is stressful to see a line of foot soldiers working like adversaries behind plastic, just waiting to mess me up with some mistake I made due to my disability.

When I become disorganized because of mental illness, or when I am afraid of people I know can harm me, I feel displaced or unsafe in my environment. The last thing I want to hear is I did not keep the budget or receipts I was supposed to and that the onus of proof is on me. I am insulted at the disregard intelligent people have for our disability and our struggles. Why punish people with such a challenging disability involving the brain?

It is our time to create a collective standard through case law, which is as important as the Americans with Disability Act. We need opportunities on the ground level, accessible conversations with people who have power over us in government or federal agencies; communication with government representatives who have a real desire to propel us forward so we can live more dignified lives in a safe and predictable entitlement environment. We should not have to beg for this or be chased from one phone call to another with non-ending computer loops. These are safety issues as we manage erratic life-threatening

disabilities. We need assistance that works instead of filling the disability issue with mixed messages as it pertains to employment, accessible work incentives, and organizational help.

I require access to true equality. I want the promise of appropriate employment goals and dreams fulfilled, without putting myself or my family's assets in jeopardy, because I already know I have burdened my family and those I love by the simple fact that I am a person who copes with a persistent mental/emotional illness. Upward mobility with dignity, without discrimination or disparity equal to that of the blind community is overdue. Our population should have access to the benefits that the Americans with Disabilities Act is supposed to insure.

The way to begin is through compassion. The way to document it is through case law, and the way to implement it is to harness genuine economic incentives and opportunities. The onus of responsibility to provide these life-affirming economic opportunities must be on the federal government as it has been for the blind. We owe it to ourselves and our families to stand up for our rights as people, and to snuff out the long accepted practice of discriminatory budgets, unequal budgets, and poor work incentives.

"Upward mobility with dignity, without discrimination or disparity equal to that of the blind community is overdue."

a realistic budget on par with the blind.

It is unsafe and unrealistic to be bound by out-dated Social Security Income resource limits (\$2,000 is a disincentive to work), punitive rules and outdated Social Security law and practices that make it impossible to advance in "good faith" because of the complexity of managing our disability group. We require the additional supports that have been given to the blind population. The President of the United States needs to address this issue and replace old incentives with new more practical and achievable work incentives.

It is our collective duty to change case law and how rules govern Social Security so the President can measure

promise of Olmstead by working to end all forms of discrimination, and uphold the rights of Americans with disabilities, and all Americans."

Have any of you ever experienced a hang-up, or just a constant loop of arduous ringing tones when trying to communicate with overloaded agencies who claim they want to assist us in recovery? Due to case law, better communication practices exist for the blind.

I require an open-hearted system, without unnecessarily harsh guideline barriers. I need motivators and human beings capable of kindness working in social or human services, not people who crack gum in my face and say the computer cannot be changed when I go

City-Wide Consumer Advisory Board Created

By Angela Cerio

Borough Mental Health Councils stripped of their role in the Federation

The New York City Department of Health and Mental Hygiene's (DOHMH) Division of Mental Health (DMH) has changed its longstanding process for obtaining information and feedback from the community on matters of mental health planning. The five borough mental health councils will no longer be recognized as part of the Federation of Borough Mental Hygiene Councils. This change does not affect the borough councils on developmental disability or substance abuse. Most borough mental health councils have decided to continue to meet, but will no longer be supported by DOHMH as part of the Federation's planning process *tell us more about what the Federation does and what the impact is of not having a voice with them.* They still provide a forum where providers and consumers interact as colleagues to discuss mental health issues and needs unique to their borough.

Trish Marsik, Assistant Commissioner for Mental Health, felt that the consumer voice was being drowned out in provider-dominated borough mental health councils. In consultation with the Office of Consumer Affairs (OCA), the department has started a new city-wide Consumer Advisory Board (CAB) for mental health in order to get direct feedback from the people who actually use mental health services in the city.

Application forms for this new advisory body were widely distributed. Of these applicants, about 20 people, representing the diversity of our population, ethnically and geographically, were selected. They also represent a wide range of experience with the various programs which are funded through DMH.

As of this writing, the group has met once. They were given an overview of what DMH does, how the funding streams work, and how their concerns, experiences and expertise can help improve mental health services in New York City. The CAB is expected to help the department develop methods of educating the people who use mental health services about the variety of program options available to them, and how to access these services. Projects to inform peers about changes which impact on benefits and services will also be addressed as the CAB develops.

The Office of Consumer Affairs continues to provide training for consumers of the three divisions of mental hygiene in forums held at their new headquarters in Long Island City, Queens.

Note: For further information or to get on their contact list, call 347-396-7194 or write to them at: NYC DOHMH Office of Consumer Affairs, Gotham Center Queens Plaza, 42-09 28th Street, 19th Fl, Long Island City, NY 11101.

Social Security's Continuing Disability Review

By Maro Constantinou, Senior Staff Attorney, MFY Legal Services

Question: I was found eligible for Social Security Disability Insurance (SSDI) starting in May 2002 and had a Continuing Disability Review (CDR) in October 2008. When do you think my next CDR will occur?

Answer: It all depends. SSA conducts a CDR to determine continuing eligibility for both SSDI and Supplemental Security Income (SSI) beneficiaries.

The frequency of review depends on the permanency of your disability. If your medical condition is expected to improve, SSA may review your case any time within 6 to 18 months. If your medical condition may improve, but improvement cannot be accurately predicted, your case may be reviewed about every 3 years. If SSA believes that your medical condition is permanent, it may conduct a CDR every 5 to 7 years. SSA will determine the frequency of a CDR based on the information it obtains during your application or most recent CDR. SSA may waive the frequency of these reviews when there is a backlog of cases and often asks the beneficiary to fill out forms about his or her work and daily activities.

A CDR can also be conducted when your condition improves, you return to work, increase the amount of work you perform, or increase your earnings. Both SSDI and SSI beneficiaries have an obligation to report these events to SSA.

The Eye of the Storm

By Robyn Carrothers

Even tornadoes pass eventually

My life is like a tornado—that strong powerful wind that causes death and destruction. I live in a chaotic situation where my mental illness has taken its toll. It's a funnel cloud just waiting to touch down and wreak havoc. I just want to be in the eye of the storm.

It was a beautiful day in the city of my mind. I felt the day was peaceful except for the wind. It was a little breezy. Then suddenly, the wind got stronger. "Wow," said the elderly man. "I never felt wind like this."

"Sometimes the wind gets stronger than this," I said

Then the mailman came along. "It's starting to rain."

"Ain't you supposed to be delivering mail?" asked the old man.

My mind was going crazy as the tornado began to swirl. The mailman and the old man began to argue. I'm on the outside with this F3 tornado in my head. It is getting bigger by the minute. Then at that moment came the rain and thunder. I thought I was

losing my mind.

The tornado was getting stronger. The old man and the mailman were still arguing in my head. Then it happened. The damage was beginning: depression, seeing and hearing things. This was a F3 tornado.

Then suddenly, there it was: the eye of the tornado, calm and peaceful.

I saw the mailman and the old man. They were calm, no fighting; the serenity of the eye. It was weird that a wind of 200 miles-per-hour had a calm center.

All of a sudden the twister picked up again. The depression came back, along with seeing and hearing things. I grabbed my head. I wanted this tornado to stop. There the wind suddenly stopped. The damage was done: broken relationships, drama and a lot of chaos. The old man and mailman disappeared. Everything was all in my mind, yet I survived. I was able to pick myself up, and go on with life. I looked back and said, "I will be ok."

A Prison of One: Another Look

By Larry Drain

A woman came recently to one of our support groups for the first time. She had never been to one before. More than anything she talked about isolation. In the midst of family and "friends" she had never—not once—opened up and talked about the issues she was struggling with. She talked about the fight to get out of bed. She talked about the pain of being alone in a crowd. She talked about the pool at her apartments and how she watched people go and wished she could go to. And she talked about how often she wanted to die.

She was alive because she thought her death might inconvenience other people. She talked about trying to find a month when no one had a birthday or there wasn't a holiday or a special event. She didn't want to make something good into something bad. She was thoughtful to the max, but didn't think she was worth a thought.

She talked. Then she cried. Then she talked some more. I think she really surprised herself with how much she had to talk about. It is hard to have faith in yourself if no one around you has. It is hard to treat yourself as important if no

one else does. Isolation isn't always about how many people are around. Sometimes it's about how you are around people.

We told her how she deserved more and how she was worth more and how much courage she had. She is not used to good news and although I think she liked what she heard I think it made her uncomfortable. She is sadly comfortable in the theater and feels awkward at the thought of being part of the movie.

I hope she comes back. I think she might. She at least said so. Mental illness for her has meant being alone. Always. She was married for a long time, but even then was alone. She talked about her husband for a while. "You know," she said, "We were together for years. I never even knew how much he made..."

Chronic isolation is a form of death before dying. For too many with mental health issues it is a death too easily found. Remember God gave us hands for reaching out to others. Say "hello" to someone today.

Note: Larry Drain runs a blog for mental health recovery that can be found here: hopeworkscommunity.wordpress.com/

"Surviving Mental Illness"

By Linda Naomi Katz, author of Surviving Mental Illness

It has been a while since I published my first article in New York City Voices, called, "My Fears in Overcoming Bipolar Disorder." Since that time I have published other articles such as, "How My Pregnancy Affected My Mental Illness", "My Experience with Getting Social Security Disability", etc.

I have done many things in my life that have helped me along the way through my recovery. For example, I used to have a hard time maintaining a positive relationship with someone. Now, I am married to someone who also has a mental illness which has given me the courage and support that I have been wanting throughout my life. I have worked as a peer counselor and employment specialist in mental health. I have helped consumers with mental illness find jobs as peer specialists and also have taught them how to maintain their wellness and ability to recover.

I have also done a lot of volunteer work. For example, I did public speaking engagements where I talked about my own recovery from mental illness. As a mental health advocate, I went to Albany once to promote legislation on certain policies that affect people with mental illness, such as mental health parity, keeping their Medicaid insurance, etc. I also was the first one who sponsored mental health events in my synagogue and around the Jewish community in which I live.

My latest accomplishment was writing and publishing a book about my personal journey with mental illness. The book is titled, Surviving Mental Illness. It offers help, hope and inspiration to others who are struggling with mood disorders. It also lists resources and organizations where consumers can seek help in developing positive relationships and maintaining employment in a field that they love. Surviving Mental Illness also shows how one can break through the fear and

"The Fool" by Jeffrey V. Perry

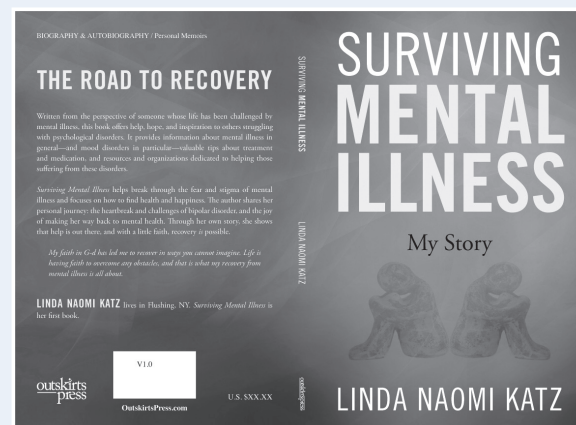
By Kurt Sass

I must admit, I was a little bewildered for quite some time while reading "The Fool," Jeffrey V. Perry's book of, by the book cover's own description, "Poetry and Other Works."

The reason for my initial confusion was because the book was given to me to read to review for *New York City Voices*, and for the first 95 percent of it I saw practically no writings concerning mental health. Most of the poetry and essays had to do with the topics of God and love. While these writings were very well written, with a style showing engagement, fluidity, strength and insight, I still could not fathom how a review of this book would benefit *New York City Voices* readers.

That is until I read what Mr. Perry called his "Bonus Material." Buried within the final 15 pages of the book are two essays about mental health peers, one in particular on the topic of the peer as provider.

After reading the essay, I would have no qualms in stating that I feel that Mr.



stigma that surrounds consumers living with mental illness in today's society.

Surviving Mental Illness will be available on a variety of websites such as Amazon.com and Barnes & Noble.com. There are two formats of this book. One is in paperback and the other is hardcover. My publisher is Outskirts Press. They are a self-publishing company that will have the book in their own bookstore. Their website is www.outskirtspress.com. If the book is not already on the market, it will be soon.

I encourage my peers to buy and read this book. Writing it has helped me and will teach you that you're not alone because there are others facing a similar situation. Always remember to have faith and hope and that recovery is about living the life you are meant to have.

Note: "Surviving Mental Illness" available at: www.outskirtspress.com/survivingmentalillness

Perry is so well versed on the subject the he could pen an entire book on the subject alone. As a mental health peer provider, many of his points truly hit home and got me thinking about items I haven't (but should) be thinking more about. He writes about the obligation and responsibilities we have as peer providers, and that we should not simply be satisfied in "getting in the door." He adds that we should also critique ourselves and be very careful not to fall into the same traps as many non-peer providers, such as acting with our peers only in a "clinical" mode, or forgetting where we came from.

Mr. Perry went on to give an example of what helps him as a peer provider. He wrote that when he sees someone going through a trauma he goes back to his days on the Bowery and remembers that what worked best in his own recovery were those who did their job well and with an open mind.

To sum up, if you like good poetry about God and love, this book is for you. If you want to read a great essay about mental health peers, this book is for you.

book reviews

What I Learned From the Psych Out 2011 Conference

By Melissa Farrell

event coverage

Seeking a new vision for mental health care, I attended the Psych Out 2011 conference at the City University of New York (CUNY)'s Graduate Center in Manhattan on June 21, 2011. The conference was sponsored by the PhD Program in Environmental Psychology at the Graduate School and University Center of CUNY. The main organizer of the conference was Lauren Tenney, along with Dally Sanchez and Eva Dech, and many others.

Robert Whitaker, a journalist, spoke about his monumental book, *Anatomy of an Epidemic*. Whitaker was critical of modern medication treatments for mental illnesses. Whether you're for medication or against it or whether you have found some kind of middle ground, Whitaker presented valid data about the subject. Whitaker's first book on mental illness was *Mad In America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* published in 2001. In it, he presented the history of the mentally ill in this country going back to the nation's beginnings. Whitaker argued that society does not have time for moral treatment. It is much cheaper and more time efficient to use medications even though they are not as effective as we would like to think.

Dr. Philip Sinaikin, through his

book, *PsychiatryLand* provided a raw assessment of the field of psychiatry and recommended that drug therapy be replaced by empathic talk-therapy. He gave us a handout that included the stories of individuals termed "Poor Pete" and "Helpless Bill." According to Sinaikin, no one tried to get to the root of their problems. Instead they were given medications and sometimes forced

"Whitaker argued that society does not have time for moral treatment."

to take them against their will. Dr. Sinaikin described *PsychiatryLand* as a Disney Land, which has been hyped-up as a great place, but in reality is just a hot, overcrowded, noisy and expensive amusement park. Similarly, PsychiatryLand is where millions visit to reap the benefits of a rapidly advancing "brain science" to identify and treat the underlying physical cause of painful emotional conditions. Since we don't know exactly how the brain works, let alone how to fix it, is this not also a case of "image" supplanting "reality?"

I also learned about Soteria House in Alaska, a home-like alternative to

hospitalization for people who are newly diagnosed or having their first break. The original Soteria House was created back in the 1970s in California by a psychiatrist named Loren Mosher. He advocated for a home where patients who were suffering from "extreme states" could heal as naturally as possible. The environment was meant to be a safe haven with caring workers who were

use of "Narrative Therapy." Narrative Therapy focuses on the stories of people's lives and is based on the idea that mental health problems arise in social, cultural and political contexts. Each person produces the meaning to their life, so critical for recovery, from the stories that are available in these contexts.

Darby Penney, one of the authors of *The Lives They Left Behind: Suitcases From A State Hospital Attic* presented a social history of everyday patients in a state hospital and what they went through. It chronicled various individuals' lives from what their lives were like before and what became of them after being admitted to a state hospital in New York. They were people with careers, ambitions and livelihoods at various points in their lives. These people "fell from grace" as so often happens in the mental health system. I am happy that their stories live on.

Hopefully, the Psych Out conference will promote the inclusion of alternatives to traditional mental health practice in a realistic and practical way that does more good than harm for patients' well-being.

Note: Melissa Farrell is an advocate and writer. You can reach her at mfarrell079@aol.com.

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

FEGS (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

not trained in the medical model. Research indicated that more patients were able to recover in this model without drugs, though some were not. If a person was not able to recover without drugs, attempts were made to help the person minimize their need for medication. The National Institute for Mental Health (NIMH) eventually withdrew funding for this project possibly because it is cheaper to give someone medication and discharge them then to allow them to heal naturally in this type of setting.

Ann Rider, MSW, CPRP presented and discussed many revolutionary ideas in mental health including the

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.

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