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NEW YORK CITY VOICES

A Consumer Journal for Mental Health Advocacy

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CARL'S BEEN BACK!

Carl Blumenthal

Photo Credit: Elizabeth Saenger

It's Not Only in My Head: Physical Health Implications of Mental Illness

By Carl Blumenthal

Where I Have Been And Where I Am Today

In mid-2006, I fell off a manic cliff into a deep depression—the worst of my life. Through 2010, I couldn't work, socialize (including barely talking to my wife and other family members), pursue any hobbies, any creative or spiritual practice, and my activities of daily living (ADL's) became minimal. My physical health declined too.

Plus, two psychiatric hospitalizations left me over-medicated. I was no longer

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Are You Ready for the World of Work?

By Sharon Goldberg

Consider Some Things First

There is a lot of talk lately about consumers getting off the disability track and going to work. Well, it is a lot easier said than done. This is especially so if you happen to have an emotional disability like I do. I feel as if I have spent my entire life preparing for work and living my life through work.

(Continued on page 3)

Plans Underway to Get Mental Health Consumers Out of Adult Homes

By Jota Borgmann, Senior Staff
Attorney, MFY Legal Services, Inc.

And Into Other, Hopefully Better,
Housing Options

Many New York City adult home residents with mental illness are unsure what opportunities they have to move to community housing. In 2009, a federal court held that New York's practice of segregating thousands of people with mental illness in large adult homes is discrimination in violation of the Americans with Disabilities Act. In April 2012, that decision was vacated on appeal on a technical ground, but the trial court's finding of discrimination was not questioned.

Two important things have happened in the last year. First, in August 2012, the State Office of Mental Health issued a request for proposals for supported housing providers to create 1,050 housing units for adult home residents in Brooklyn and Queens. The supporting

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Ward Stories

A column organized by Dan Frey, Interim Poetry Editor

It is my pleasure to present the poems of Sarah and Gil. Sarah has been very eager to get published by City Voices and sent us many an encouraging email. She has written many fine poems but alas we only have room for one. Gil's poem highlights his experiences in a psych hospital where they sent him for treatment of his drug addiction.

Bughouse Birthday

by Gil

Days before I turned 24,
I told my family doctor
I had a heroin habit
and blinking like a mosquito landed
in his eye, he sent me to Fairfield Hills
State Hospital.

There was no group therapy,
no individual sessions,
no psycho-education,
no 12-step programs.
The attendants communicated
with grunts and hand gestures
behind shatter-proof glass.
When I complained of withdrawal
symptoms,
the nurse said junkies
have a low threshold for pain.

A patient who memorized
Edgar Allen Poe
kept me up nights ranting:
"Ghastly grin and ancient raven
wandering from the Nightly shore..."
Another, called me paesan'
and said a Mafia hit team
was out gunning for him,
smashing the TV against a wall,
inches above my head.

My roomies boasted
how they played the skull doctors
by faking psychiatric problems
to avoid jail time
fantasizing out loud how much
dope they were going to shoot
the minute they hit the streets.

When I was discharged,
they gave me the phone numbers
to their connections.

Sobered by my hospital stay,
I stuck to wine coolers and reefer
for three months.



Autobiography

by Sarah

I've lived my life on an island
A round one, green and plush
Where my white feet shift all the white sand
And the salt makes my pale face flush

I sing with the island fairies
And make walls of tiny stones
And pretend that the clouds make me
merry

And pretend that I'm not alone

Every now and then someone will float past
On their way to some far-off place
And I wave as the current sweeps by fast
While I memorize each smiling face

But my stone walls have started to totter
And the clouds are falling down
Still I dare not go out in the water
For then surely I will drown

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(Continued from cover Plans Underway to Get Mental Health Consumers Out of Adult Homes)

housing providers who were awarded contracts include: Jewish Board of Family and Children's Services, FEGS Health and Human Services, Institute for Community Living, Transitional Services for New York, Comunilife, and Federation of Organizations. Those providers, along with Health Homes and Managed Long Term Care Plans, should be reaching out to residents in Brooklyn and Queens adult homes soon and some have already begun.

January 16, 2013, the State

least 25% of the residents have a serious mental illness. The new regulations say that these adult homes cannot admit new residents who have a serious mental illness. They also require the homes to create compliance plans. An adult home's plan must set forth how the home will reduce the number of residents with a serious mental illness by placing them in housing in the community. The plan must also identify how the home will meet the needs of its residents while implementing the plan, including how it will help residents develop independent living skills and ensure they have access to mental health services.

for it. The DOH has to review the plans and decide whether to approve them by August 14, 2013. Once approved, adult homes must implement the plans over a reasonable period of time.

If you live in a transitional adult home and you are a person with a serious mental illness, the adult home's compliance plan should provide you with other housing options. This process could take several years. Note that the regulation does not require the adult home to move all residents with serious mental illness, but merely to reduce the percentage of residents with mental illness below 25%.

Residents at some adult homes have reported receiving misinformation from adult home staff about the regulations; for example, they report that they have been told that homes will soon close or that they will have to be transferred to a nursing home. No adult homes have closed as a result of the regulations and the regulations do not require that residents be moved to a nursing home as part of any compliance plan.

Note: Adult home residents in New York City who have questions about supported housing or the transitional adult home regulations can call **MFY** toll-free at (877) 417-2427.

"If you live in a transitional adult home and you are a person with a serious mental illness, the adult home's compliance plan should provide you with other housing options."

Department of Health (DOH) issued new rules about certain adult homes, which it calls "transitional adult homes." Transitional adult homes are adult homes with 80 beds or more where at

The selected (see sidebar) adult homes must come up with compliance plans by May 16, 2013. If a transitional adult home fails to submit a compliance plan, the DOH will make a compliance plan

The DOH lists the following New York City homes as transitional adult homes that are subject to the new regulations:

- Belle Harbor Manor
- Brooklyn Adult Care Center
- Central Assisted Living, LLC
- Elm York LLC
- Garden of Eden Home
- Harbor Terrace Adult Home and Assisted Living
- Kings Adult Care Center
- Lakeside Manor Home for Adults
- Mermaid Manor Home for Adults
- New Gloria's Manor Home for Adults
- New Haven Manor
- Oceanview Manor Home for Adults
- Park Inn Home
- Parkview Home for Adults
- Queens Adult Care Center
- Riverdale Manor Home for Adults
- Rockaway Manor HFA
- S.S. Cosmas and Damian Adult Home
- Sanford Home
- Seaview Manor, LLC
- Surf Manor Home for Adults
- Surfside Manor Home for Adults
- Wavecrest Home for Adults
- New South Shore Manor
- West 74th Street Home
- West Side Federation for Senior and Supportive Housing

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(Continued from cover page Are You Ready for the World of Work?)

After I graduated from college, I found myself ill-prepared for the business world. I needed skills. The type of skills needed to succeed in the business world are as follows: clerical skills be it math, computer, typing, word processing, bookkeeping, accounting, etc. All skills not acquired in a liberal arts college.

More important than the above skills is the ability to deal with people in a personable, social manner. If you are not a people-person, you will have many problems.

You must be flexible and able to adjust your attitude to the politics of the office community. You must be pleasant, non-combative, and able to take criticism without taking it to heart.

You have to be able to combine all these skills into a reliable, likeable,

capable and workable employee in order to succeed in the world of work.

What are prospective employers looking for? From my own experience, I recall many an employer's want-ad. "Must be a people-person. Must be diligent and detail-oriented. Must have computer skills. Must be well organized. Must be able to take direction. Must be a self-starter. Must be able to multitask. Must be willing to work overtime."

Some ideas I would suggest in order to decide whether you are ready to work is to decide what you are good at. Are you good with numbers? Do you like to write? Do you like people? Are you artistic? Are you good with computers?

Do you need some type of skills-training? Perhaps you need to sit down with a job counselor. Maybe you need to take an aptitude test. Perhaps you want to start with a volunteer job. Maybe you want to start working part-time.

All of these suggestions would have

helped me a great deal but I did none of them. To make it easier, please do as I suggest.

Are you ready for the world of work? Think long and hard about it before you jump in.

Editor's Note: Please don't be frightened of the possibility of work after reading this article. There are ways of getting your feet wet before you decide whether or not to take the plunge.

For instance, you can join a clubhouse and participate in their temporary employment program and get paid for doing work that is at or below your potential. Or, you can go to a consumer-friendly employment program and talk to a working peer who can counsel you about employment based on your needs.

Two such programs are Network Plus (718) 797-2509 or Network Plus West (718) 377-8568. Tell them City Voices sent you and receive a wink and a nod.

suicidal. I could sleep. But, my hands shook so badly, I couldn't write nor feed myself without using a big soup spoon. My concentration and memory were poor.

The list of other physical conditions/symptoms included anorexia (105 lbs. for a 5' 7" frame); psoriasis, acne, rashes, skin cancer (2nd stage); tooth decay and broken teeth; elevated cholesterol and blood pressure, chest pains (including what seemed like two mini-heart attacks); hemorrhoids, constipation, diarrhea, bloody stools, gastritis; urinary retention (from an enlarged prostate); deteriorating vision and "floaters" (spots); a disabling ankle/foot injury, arthritis of the knees, and lower back pain.

Granted, I was in my late 50's at the time. But I had always been physically fit, eaten well, taken all my meds (including dietary supplements) and seen my doctors regularly. During the depression, I stayed indoors (even when the weather was nice), took only psych meds, and avoided treatment for my physical ills. I struggled to eat; comfort food was all I could tolerate.

Between 2011 and 2012, my physical health improved as did my mental health, and vice versa. In other words, I'm here to testify: "The mind and the body are connected!"

Unfortunately, this is a lesson the psychiatric and medical professions are still learning. When psychiatrists notice that major, especially chronic depression often "presents with somatic (bodily) features," it doesn't mean the sufferer is just a hypochondriac. I became over-dependent on an air brace for my injured ankle/foot. Otherwise, I "denied" the existence of my other physical symptoms because knowing my body was "falling apart" deepened my depression. Such neglect creates

a vicious cycle which most medical doctors don't understand either.

There's a lot of talk about "mental and physical wellness" these days. The new Medicaid Health Homes

"Damned if I'm going to die 25 years prematurely—the average for folks living with mental illness."

program is predicated on integrated case management. Peers are even being trained, and in some cases, hired as "wellness coaches" to "encourage" holistic healthy behavior in others with mental illness. But, until clinicians "get the connection" in medical school, consumers face an uphill battle. That's why the personal case for mind-body interactions is so political. We must advocate for changes in medical education while taking responsibility for our own wellness.

So how am I doing with my case?

I've gained 30 pounds because my appetite returned and I now enjoy cooking healthy food for myself (and my wife). My skin has cleared up. I shower more regularly and had a dermatologist remove the cancer. A dentist fixed my teeth with root canals and crowns; I floss and brush more often. I'm back on meds which have reduced the cholesterol and blood pressure to safe levels. Diagnostic tests by my cardiologist showed my heart is still in good condition. And I walk vigorously for half an hour most days.

An endoscopy and two colonoscopies have removed potentially cancerous polyps from my stomach and colon, respectively. The endoscopy also identified the cause of my gastritis as a common bacterium, successfully

treated with antibiotics. I now take meds which have improved urination and a sonogram of my kidneys revealed cysts that need monitoring. I got new prescription glasses, reducing eye strain,

and the floaters proved to be benign (no retinal detachment). As for the aches in my bones, exercise and better sleeping posture have minimized them.

I take fewer and smaller doses of psych medicine—a combination of two mood stabilizers, an anti-depressant, and synthetic thyroxin for an under-active thyroid, a contributor to depression. Ironically, 25 years of taking lithium caused this hypothyroid condition, damaged my kidney function, and gave me a permanent case of the shakes. (Thanks to a vigilant psychiatrist, I stopped using lithium 10 years ago, before it could do further harm.) Even with reduced medication, my hands still tremble, but I only need a teaspoon to eat. My concentration is tip-top. However, when you get to be 61, memory could always be better.

This physical re-birth was possible because my wife's private health insurance covered me. Even so, for a long time I failed to take advantage of it because I didn't think life was worth living (well). If the problem didn't hurt or bleed too much, I ignored it. However, the better I felt emotionally, the more initiative I took looking after my physical health. At first, I would schedule doctors' appointments and cancel them at the last moment, or not follow through on recommended

treatments. Next, I showed up regularly and did what the docs told me to do. Finally, lately, I do my own research, make suggestions about what I need, and reach a consensus with the professionals about what to do.

As for my mental health care, I was in day treatment in 2007 and 2008. Since then I've been a weekly outpatient. It took three years to find the right social worker and psychiatrist, and even longer for me to be willing to work with them. A lot of resistance had to wash beneath the dam of denial before that happened. Fortunately, a breakthrough came, at the beginning of 2011, when my social worker (therapist) challenged me to write about a film I admired. "An Angel at My Table" is the autobiography of Janet Frame, who survived eight years in mental hospitals during the 1950's, including 200 electro-convulsive shock treatments, to become one of the best New Zealand writers of the 20th century. I entitled my article "Saved by the Imagination."

During the last year and a half, I've gone back to writing about the arts for a local newspaper. I'm also working as a peer advocate again. I volunteer for a political group and worship regularly. I stay in touch with my family and old friends. I take care of our cats and car. (The computer is my wife's responsibility. We split the other household chores.) These activities are what psychologist/peer Patricia Deegan terms "personal medicine." Mary Ellen Copeland, another consumer turned professional, includes them in her "wellness toolkit." Whatever you call them, they keep me alive and lively. Damned if I'm going to die 25 years prematurely—the average for folks living with mental illness.

People With Serious Mental Illness Can Lose Weight Too

By Janice Wood,
Associate News Editor,
PsychCentral

People with serious mental illnesses—such as schizophrenia, bipolar disorder and depression—can lose weight and keep it off through a modified lifestyle intervention program, according to a new study. Over 80 percent of people with serious mental illnesses are overweight or obese, which contributes to them dying at three times the rate of the overall population, according to researchers. The leading causes of death are the same as for the rest of the population: Cardiovascular disease, diabetes and cancer.

Although antipsychotic medications can increase appetite and cause weight gain in these patients, it is not the only culprit.

Like the general population, sedentary lifestyle and poor diet also play a part. Lifestyle modifications such as diet and exercise should work for these patients, yet they are often left out of weight loss studies.

"People with serious mental illnesses are commonly excluded from studies to help them help themselves about their weight," said Gail L. Daumit, M.D., of Johns Hopkins University, and the study's lead author.

"We sought to dispel the perception that lifestyle programs don't work in this population. There's this really important need to find ways to help this population be healthier and lose weight. We brought a weight-loss program to them, tailored to the needs of people with serious mental illness. And we were successful."

The researcher noted that many people with serious mental illnesses can't afford or can't get to physical activity programs like health clubs.

Some also suffer from social phobia or have poor social interactions, and are simply afraid to work out in a public area, she said.

Daumit's group attempted to solve

"Our (study) results provide clear evidence that this population (mental health consumers) can make healthy lifestyle changes and achieve weight loss"

these issues by bringing the gyms and nutritionists to places most of these patients frequent — psychiatric rehabilitation outpatient programs.

Under the trial name ACHIEVE (Achieving Healthy Lifestyles in Psychiatric Rehabilitation), the researchers recruited 291 overweight or obese patients with serious mental illness. About half, 144, were randomly placed in an intervention group, while 147 made up the control group. The intervention took place at 10 Baltimore area outpatient psychiatric rehabilitation day

facilities that already offer vocational and skills training, case management and other services for people with mental illness not well enough to work full time.

While the control group received the usual care, which included nutrition and physical activity information, the intervention group got six months of intensive intervention consisting of exercise classes three times a week, along with individual or group weight loss classes once a week.

Both groups were followed for an additional year, during which the weight loss classes of the intervention group tapered down but the exercise classes remained constant.

At the 18-month point, the intervention group lost, on average,
(Continued on page 5)

(Continued from page 4 *People With Serious Mental Illness Can Lose Weight Too*)

seven more pounds than the control group.

Nearly 38 percent of the intervention group lost 5 percent or more of their initial weight, as compared with 23 percent of the control group.

More than 18 percent of those in the intervention group lost more than 10 percent of their body weight after 18 months, compared with 7 percent in the control group.

Participants also lost more

weight as the intervention went on. This suggests it took a while to make behavioral changes, but once these modifications took hold, the changes yielded positive results, Daumit said.

Of the people in the study, 50 percent had schizophrenia, 22 percent had bipolar disorder, and 12 percent major depression.

On average, each participant was on three psychotropic medications, with half on lithium or mood stabilizers, all known to cause weight gain. But no matter what they were on, they lost the weight, she said.

“We’re showing behavioral

interventions work regardless of what they’re taking,” Daumit said.

Daumit thinks the weight-loss program could be adopted by other psychiatric rehabilitation facilities.

“This population is often stigmatized,” she said. “This study’s findings should help people think differently about people with serious mental illness. Our results provide clear evidence that this population can make healthy lifestyle changes and achieve weight loss.”

The study was published in the *New England Journal of Medicine*.

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The Correct Diagnosis Can Make a World of Difference

By Anita

Hi. I have just been diagnosed with schizophrenia at the age of thirty-nine, which is a long time to be ill and not know it.

It all began at the age of fifteen. I was in foster care with my grandma and grandad after living with a horrid stepfather who, looking back, probably had mental health issues. I thought there were cameras everywhere and my every move was

being watched. I struggled through college and was unable to work because of my paranoia. I eventually had a baby, which seemed to really set things off.

I decided to go to law school but only completed the first year, as life had become quite difficult. I thought the house was bugged, the television was speaking to me and sending me messages, and I was being followed by the government. I also thought that I was psychic and had special powers.

The head teacher at my child’s school was very kind and would pick my son up to take him to school because I could not leave the house. Even though, being in a house that was bugged with cameras everywhere was not very pleasant either. There seemed to be no

escape. I was continually diagnosed with depression and went for cognitive behavioral therapy (CBT) but it was not helpful at all, having been misdiagnosed. My mum kept ringing the doctors telling them I

me with schizophrenia and gave me details about the medications they could prescribe and their side effects. I again went for CBT, only this time it was tailored around my paranoia. Now I have the support of

“I thought the house was bugged, the television was speaking to me and sending me messages, and I was being followed by the government.”

was ill, but to no avail. Eventually, she spoke to a really nice doctor who had the experience of working with a psychiatrist and knew all the right questions to ask.

The next thing you know she turned up at my house with two doctors in tow. They diagnosed

my friends and family and they are able to provide a friendly ear for when I have my paranoid moments. Thank you for listening. I hope my story will help others.



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Saving Graces: Journey from the Pit of Madness

By Cynthia

Throughout my high school years life was good. Intelligent and artistically gifted, I was destined, we thought, to have a prestigious career and a bright future. However, another destiny awaited me.

In my freshman year of college, I was terrified when I began to hear voices without any person present to speak them. About a year later, after several long hospitalizations, I was diagnosed with schizophrenia, yet I did not believe it. This denial is a symptom, and it is one of the greatest reasons that this disease is so hard to control.

Medications alone help to control it; medications which make you fat, sluggish, and have a plethora of other side effects. So, if someone doesn't believe they are ill, what possible motivation would they have to stay on these meds? Little to none.

I was living on my own—having left a full academic scholarship at college due to this illness. I almost never took my medications. They were attempts to control my brain; things to make me act the way “They” wanted me to act. I worked when I could, ate when forced to, and wandered through New Haven. The voices in my head were abusive

and foul and I struggled with guilt at having such irreverent thoughts. The only prayer I had prayed in all those years was when my heart uttered the words, “God, if you know everything, you know how angry I am at you right now.” And that was a profoundly honest prayer.

After over 30 hospitalizations, and being deemed “hopelessly mentally ill,” I met a man while in one of those hospitals. He was interested in me; something few people were. We remained friends following my discharge. I lived in a group home and faced a rather bleak future. I was penniless, approaching 30 years old and Godless as well, when this man asked me to marry him. I left the group home and we embarked on a rocky yet committed relationship, still intact after 22 years, by God's grace.



I'd first begun to stabilize when I had my daughter in my 30th year. And God blessed me with 14 years of freedom from psychosis despite

having life threatening brushes with illness. I was completely dependent on a wheelchair for two years as a result of the necessary but destructive effects of steroids needed for asthma. With a miracle and lots of physical therapy, I did walk again. No longer did I blame God for my problems; rather, I learned he is the light in my darkness.

Eventually, we moved to Pennsylvania. I worked at a local

wife's case is hopeless. The best thing for her and for you is to leave her in a State hospital and to forget you ever knew her.” And the doctor placed me on a waiting list for that state bed. But God had other plans.

Suddenly, I stabilized after a last ditch medication change and was released to the care of my husband. There followed one more medication change, and finally, the light came

“In my freshman year of college...I began to hear voices...I was diagnosed with schizophrenia, yet I did not believe it. This denial is a symptom, and...one of the greatest reasons that this disease is so hard to control.”

hospital where things once more began to unravel. I was laid off and received the dire diagnosis of Psoriatic Arthritis which was destroying my spine and joints later necessitating multiple joint replacements. But worst of all, my mind once more became infiltrated by voices and paranoia which had, for years, receded. Now, they questioned the motives of everyone.

In terror, believing he would kill me, I left my husband and went in my car on a panicked chase over three states, pursued only by my own fear. The “chase” ended with a failed suicide attempt, which was none other than divine intervention. God has thwarted every psychotic, sincere attempt I made to end this life.

After six subsequent hospitalizations, my doctor told my husband, “Your

that pierced that thick darkness. I once more began to bathe and comb my hair. I lost 60 pounds and exercised daily. And God smiled. I now have several blogs with the purpose of aiding and educating people with mental illness and their families, and am active in my church, despite being severely hampered by the arthritic disease.

God did not abandon me to the caprice of madness, nor to the finality of death. I still struggle, mostly, now, with unrelenting pain. I've had joint replacement surgeries, and more surgeries loom; and there's always the threat of psychosis. I now look forward to the day when I will enter God's kingdom with a healed body and a clear mind.



Bruni in the City: The Kiss

By Christina Bruni

I kissed a guy. He leaned in. It took years to get to that kiss.

The guy I liked didn't like me. He couldn't reciprocate even though clearly I had signaled my interest. It was a soft spring day two years ago and we walked in Prospect Park. I wore

my low-cut inspi(RED) tee shirt and a black skirt. We parted ways at Union Street and I smooched him before departing for the F train. I felt giddy, then deflated when he turned away.

That was bakery line guy #87. Number 88 is at the counter: and holy cannoli he knows what to do. He leaned

To manage my own life is about all I can handle on most days. So I turned instead to a networking service that requires peers to be actively engaged at a job, in school or via volunteer work. It was there I met my match.

Forgive me: I kissed him goodbye. We had a lovely time at MoMA. We

“We've come to a point in our recovery where we have nothing left to lose. We've already lost our minds so there is nothing else we could ever fear losing.”

in. He thinks I'm cute. He tells me I'm skinny so I know he's not blind.

How do you get experience? I've been on the dating website for people who have diagnoses, and it doesn't thrill me so I closed my account. I feel I don't want to have to be a caregiver to someone who doesn't take his meds, like the guy who messaged me and said he refuses to ingest poisons, yet believed ghosts were singing in his attic. He sounded proud to be mad.

sat in the cafe at the bar looking out on the street. I ate the three-cheese plate with olives, flatbread and fruit chutney. He said, “You Italians know how to indulge.” I turned and flashed him a smile that could light up the room.

It's funny how easy it is to be relaxed when you like someone and they respond so you can be yourself. I walked close by his side through the rooms. We browsed the Music 3.0 exhibit. I told him I played Run

DMC on the radio when I was a disc jockey and quoted their song lyrics in my memoir. He told me he saw them in concert back in the day.

I'm 46. I recommend a mid-life boyfriend. Women get bolder as we get older, the result of a scientifically-proven chemical thing that happens in our bodies. We've come to a point in our recovery where we have nothing left to lose. We've already lost our minds so there is nothing else we could ever fear losing.

This motivates me to take risks that other people wouldn't dare take. Rejection and stigma and failure don't carry that kind of weight for me.

Mr. Right Now is a smooth operator. He's cool, warm and funny. I give a guy credit for having a sense of humor and effortlessly deploying it. It also went swimmingly on our other dates.

I don't have a crystal ball so can't predict the future, yet I know one thing: I want dessert.

Life is sweet.

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Treatment for Children, Adolescents and Adults.

Recovery Requires the Right Kind of Support

By Diana

For me, it's all about moving forward

I used to think of myself as mentally ill, or manic-depressive. I lived my life as if I were my illness. As I experienced recovery, I learned that I had potential for much more. I began to think of myself as a person with an illness in my brain.

When the right medications came along and fixed the broken parts of my brain, I was able to finally overcome the thoughts and feelings that had defined me as an illness. I discovered I was human like everyone else and I deserved a good life. I also discovered it was up to me to make my life good and to make it count. I began by placing a different set of expectations upon myself.

My journey with mental illness began soon after the birth of my baby in 1981. I was hospitalized for what would be the first of many times. What we thought was to be a short hospitalization turned into a year and a half of medications,

psychotherapy, suicide precautions and hallucinations.

I was dependent upon the hospital staff to meet my every need; and I was frightened by that same loss of control over my environment. However, nothing was more terrifying than my own loss of control over my thinking and behavior. I was tormented by voices that shamed my every move. I felt hopeless.

For the next fifteen years, I was hospitalized over thirty times due to (thankfully, failed) suicide attempts and my inability to care for myself. Most of that time was spent in a reality that no one else could understand. I often referred to myself as "Queen of the Alphabet."

In retrospect of those years, I recognized a foundation of hope, which I fiercely protected, in order that I would someday lead a life outside of my illness. I yearned to be like other adults who worked

and supported themselves. I craved financial independence and dreamt of a home that I myself could pay

see now that she was focusing on my illness instead of my wholeness and my instinct to get well and stay well. I

"...without people in my life who believe in me and give me the chance to believe in myself, I would not have come this far"

for without the aid of my parents and social security disability insurance. I wanted a partner to share my life with and I wanted friends with whom I could feel comfortable and be myself with—friends who would like me for being me. At this time in my life, I am happy to say that my wishes have come true.

My recovery from this illness did not occur overnight, nor did it happen in a vacuum of the right medications and my own motivation. Granted, I needed (and still need) the right medications to clear my thinking and balance my wild emotions, but without people in my life who believe in me and give me the chance to believe in myself, I would not have come this far.

There is one pivotal moment that stands out when the direction of my recovery changed. I had recently started a new medication that was working well and I asked my therapist how to live the life that I wanted. She began her answer with, "Well, I don't want to give you any false hope." That statement was all I needed to hear to trust my own inner knowing. I

walked out of her office and removed myself from that way of thinking and have never looked back since. There is no such thing as false hope.

In this past year, memories of abuse surfaced after twenty years of lying dormant within my mind. I had to quit my job in order to move through the trauma. But, this time I had more emotional and mental strength.

If I use all the resources available to me, I trust that my journey will be smooth and steady. I often experience feelings of hopelessness around recovery, but I take very good care of myself and do whatever it takes to rediscover hope.

My prayer is that all persons with serious mental illness can reach a level of wellness that they never imagined possible. Recovery means something different to every individual, and while there is no cure for serious mental illnesses, there is support, medication, education and advocacy available for us all.

Let us move forward to expect Recovery—from ourselves and our family, and our mental health delivery system.



personal story

Parachute NYC: A “Soft Landing” for People in Crisis

The New York City Department of Health and Mental Hygiene announces the launch of Parachute NYC: an innovative citywide approach to provide a “soft-landing” for individuals experiencing psychiatric crisis.

When someone is in crisis—but not at imminent risk to self or others—s/he can be referred to Parachute NYC by calling 1-800-LIFENET. The person will be seen at home by an enhanced Mobile team within 24 hours of the referral. The enhanced Mobile team will have the ability to work with the person as frequently as needed—even daily—for up to one year. The team will help the person to develop a network starting at the first meeting. This network will include the person and other people s/he chooses, such as family, friends, vocational staff, etc.

If the person receiving services needs a different level of care than can be provided at home—and is not at imminent risk to self or others—s/he can be referred to the Crisis Respite Center. The Respite is a home-like,

warm, supportive and safe environment for people to stay during times of heightened distress. People may stay at the Respite for up to fourteen days. During their stay, Respite guests will continue to work with the Mobile team. The Respite is staffed with a mixture of peers and behavioral health professionals who are available 24/7 to offer peer support, wellness education and skills building. At this stage, Mobile and Respite services are available only to people living in stable housing.

People who are not interested in receiving treatment from the Mobile team may also stay at the Respite (e.g., someone who already has a mental health provider but is experiencing or anticipating a crisis). These individuals must provide a current clinical

evaluation or consent to an evaluation by the Mobile team.

There is significant peer involvement in every component of Parachute NYC; besides mental health services, peers will work as peer health navigators to integrate medical health into the continuum of care.

All referrals to Parachute NYC are made through 1-800-LIFENET.

Parachute NYC also includes a peer operated Support Line for people to call when they are experiencing emotional distress to connect with a trained operator who has had similar experiences. Anyone can call the support line by dialing 646-741-HOPE. All services are confidential and there is no need for a referral.

Currently, Visiting Nurse Service of New York provides enhanced Mobile

services and Community Access provides Respite for residents of Manhattan ages 18-65. In Brooklyn, services are exclusively for young adults age 16-25 experiencing a first episode of psychosis. Woodhull Medical Center operates the Mobile team in Brooklyn and Respite is provided by Services for the Underserved for 18-25 year-olds and by New York City Children’s Center for 16-17 year olds. The Support Line, also operated by Community Access, is available to anyone in New York City. Services will open in Bronx and Queens, again for people aged 18-65, in late 2013 and early 2014, respectively.

Please visit our website for additional information: <http://www.nyc.gov/html/doh/html/mental/parachute.shtml>

Medicine is a Catch 22

By Tanya

You lose the psychosis but gain weight and feel run down

I am 41. Mental health first started after my daughter was born 14 years ago. I got paranoid of her dad; he had threatened to kill me and her one time. I would throw out things he touched like toothpaste or milk. When we broke up I was fine.

I was fine at my next job until my ex fought for visitation. I got paranoid and would listen for others talking about me. I thought I was being watched. I thought everyone there hated me. I was having anxiety and panic attacks. I have had to lay down at work and take a pill. They diagnosed me with post traumatic stress disorder. I would cry for no reason at work. My tears were sticky.

needed to get into a witness protection program and I did not know why. But I heard a cashier and a voice say it so I wound up in the psych ward and was put on a stay of commitment. I was on zyprexa for paranoid schizophrenia and gained 80 pounds. My doctors thought I would be a diabetic and changed me to geodon. I was also on an antidepressant because after a while I had suicidal thoughts coming out of nowhere.

I have never attempted to kill myself, but was close once. I tell people to not be alone, to tell someone that you are having bad thoughts and go to sleep. When you wake up the thoughts should be gone.

I went back to work three times trying to hold onto my job. Once I remember how strange it was that nothing was going on after being on medicine. My boss did not want me back. They said I was only doing 20 percent correct work. During this time I met my boyfriend of ten years. I went off geodon like three times or more because I thought it tasted funny or would do different things to my brain. Each time I went off medicine different

change things.

Someone told me I scared a lot of people. I did not talk to anyone and my boyfriend broke up with me and my daughter was at my mom’s. I was alone. I have seen angels with a bright

medicine everything is normal yet I do not believe I am sick and need to be on medicine. I have always been forced on medicine from the hospital or on a stay of commitment.

When I quit my medicine I quit all



“I have always been forced on medicine....I do not believe I am sick and need to be on medicine....On medicine I am not artistic and cannot write like I can off medicine.”

I went out on medical leave many times yet trying to hold onto the job I loved. On medical leave I wrote a book of poetry about everything I have ever been through. I had it published on lulu.com; life is like a poem. When I wrote the poetry I was driving around listening to voices. I believed the voices to be real. I would drop my daughter off at school and drive around until it was time to pick her up. I put 26,000 miles on my car in six months.

I drove to a police station and said I

things happened.

I thought people would poison my food. I once found a pill in my chip bag, which I swallowed. My daughter said, “They want you to sleep mommy.” I only ate what my daughter would eat. When she wasn’t there I would not keep food in the house. I thought I was god and wrote the bible for the future. I was writing in different languages and gave three of my notebooks to a church and told them to hide them. I would not shower because I did not want to

light behind them, a man wearing a white robe, people who are dead, a space ship and a cloud with a man on it. I have also seen a cloud form a cross and a shadow of a man walking in the center on Passover.

Still, all of this has been real to me and even on medicine I still think some of this is real. How my aunt put it, “the mind is a powerful thing and can do amazing things, if you are ill it may need help.” So I take my medicine everyday and now work a part-time job and will be volunteering at a homeless shelter. I would like to go back to school for social work and help others like myself.

One thing medicine does is make me not remember what I have been through. It also calms my brain down. When on

of it and now no longer need it. I got over post traumatic stress disorder by forgiving the person I was most scared of. My daughter and boyfriend only want to be with me if I am on medicine. I hope this battle is over and everything will continue to be normal.

I am trying to watch what and how much I eat and get out walking. I also have low motivation and energy. On medicine I am not artistic and cannot write like I can off medicine. This only covers about one third of everything I have been through.

Note: Tanya currently takes Zyprexa every day. She has gained 70 pounds and says she is the heaviest she has ever been, but despite low motivation and energy, she manages to work twelve to twenty hours a week.

personal story

646-741-HOPE

Community Access is pleased to announce the opening of New York City's first peer-operated support line.

Open daily from **4 p.m. to midnight**, this support line will be a contact point for New Yorkers experiencing emotional distress, offering an opportunity to connect with individuals who have had similar experiences.

The new support line is part of Parachute NYC, an innovative Department of Health and Mental Hygiene initiative designed to provide a soft landing for people in emotional crisis, reduce avoidable hospitalizations and provide peer-driven support, respite and treatment services.

www.communityaccess.org



From Fear to Feasibility

By Connie

I was asked to write about coping with my mental “illness.” For that purpose I need point out that I can’t always separate “dysfunction” from “disease.” I’ll have to write about both.

My father had a violent temper and my mother was a ‘malignant narcissist.’ My sister was beaten daily for being born with a birth defect and I hid in the closet. Fear kept me captive most of my life. We were told what we couldn’t do, and how we were a burden. Mother often told us “Don’t you ever have children or you’ll regret it, like I did.”

In 1982 my husband of ten years left me. I was forced to make some changes in my life. I went to seminars, workshops, and even had one good therapist for a few months until she, too, left. I put a lot of knowledge in my head, yet felt immense mental anguish.

Classic bipolar mood swings began in the early 1980’s. I’d lie in bed for weeks then I couldn’t stop racing in circles for 4 or 5 days. I had a phone number I found in a newspaper and I’d pick up the phone, dial 6 digits, and hang up. Eventually, I found my way to Recovery, Inc. meetings. With their tools, I reduced the symptoms to a manageable level and went on with

my life several more years without medication.

In many people’s view I was successful. I finished college completely on my own, and went to work in the mental health field. I had the most incredible work environment. When I had problems, my supervisor told me to go into the hospital and report back for work when the doctors said I was stable.

The hospital experience was a nightmare. Summer in Florida and no air conditioning, no windows that opened, smokers everywhere, bathrooms broken and feces smeared on the walls. The only night I slept was the night they restrained me and gave me a shot of Haldol and Ativan. In those days it took 28 days to treat you, if you had insurance. I stayed home another 2 weeks to catch up with sleep, then returned to work. That was the only full-time job I kept more than the length of a school year.

Under supervision, I was billing as a therapist. I was a good listener, but never once thought to express my needs or wants to anyone. The job had been paying barely minimum wage, with the expectation of licensure and better pay after 5 years. But, the state didn’t accept my supervision because my degree didn’t match my supervisor’s. I

moved to New Mexico seeking greener pastures.

The move started the pendulum swinging again. It took years to get my mood stabilized. Eventually, I began receiving social security disability.

In New Mexico I was active with

for Adult Survivors of Child Abuse and Trauma. I thought it was for my ex who was a dissociative identity disorder, but it’s more. I got back into another relationship much like my last one at about the time my mother suffered a stroke and needed me to be her caretaker.

“I’ve been homeless, afraid, almost frozen to death...I ended up in western North Carolina where I managed to get housing with HUD assistance and started to get my life together.”

AMI-NM, president of the Consumer Council, and director of the Mental Health Association in Las Vegas, the location of the only state hospital. I was also on committees in Santa Fe with the Department of Health, Division of Mental Health. I’d have done fine, but I found myself in another dysfunctional relationship. Again, I lost myself. I was no longer Connie the professional; I was Connie Jean the wounded child.

I’ve been homeless, afraid, almost frozen to death since then. I ended up in western North Carolina where I managed to get housing with HUD assistance and started to get my life together. I founded SEASCAT, which stands for Supportive Environment

When I hit bottom this time, I found Co-Dependents Anonymous and, finally, a therapist who took Medicare with a very small co-pay. It’s been work, but the puzzle is finally coming together. I had the pieces, as I’d gathered them a few at a time over the past 30 years.

I have a God of my understanding and gratitude. I find peace working in my plots at the community garden, and in listening to contemporary Christian music. No longer do my actions come from a place of fear and anger. The life I knew is finally over, and a life of hope has begun.

Dark Night of the Soul

By Heather

It is my hope that in sharing my story, it may inspire some and help others along their own journey of recovery. Abraham Lincoln once said, “Remember in the depth and



even the agony of despondency that very shortly you are to feel well again.”

There was a time in my life when I thought I would never be myself again. I believed in nothing and in no one. Life as I knew it was over, taking with it my soul. However, I can assure you that despite all the suffering inflicted by mental illness, there is hope for recovery.

A few experiences I’ve encountered during my battle with bipolar disorder included that of depression, mania and psychosis. I had a relatively normal childhood. The only person in my immediate family who was diagnosed with mental illness was my grandmother. I believe my condition arose from genetic predisposition as well as environmental factors.

At the age of 19, I began having unexplainable physical symptoms. For approximately two years, I dealt with chronic head, neck and stomach pain. At the age of 22, I began having bouts of depression that came in waves, and lasted about four years. I was prescribed antidepressants which never had any lasting effects. During this time in my life, I was involved with relief work in Denver, Africa and Venezuela. I returned home to Pennsylvania to attend nursing school, which I was unable to complete due to my symptoms.

My illness began to progress in 2006, resulting in my first hospitalization. At that time, I began having severe sleep deprivation,

which eventually led to psychosis. The experience was the most terrifying moment in my life. I was aware of how my mind should be functioning, but it was in total chaos—and there was nothing I could do to control it. I became religiously preoccupied believing the reason for my torment was demonic possession.

Following my discharge from the

I was the chosen one to complete this mission. I came to the conclusion that in order to rescue Judas, I must die. Keep in mind, that I was not suicidal. This may seem far-fetched, but in my mind it was real. I then proceeded to jump headfirst out of a second story window believing this would accomplish my task.

Amazingly, I escaped with only a few minor cuts and bruises. This

“I was aware of how my mind should be functioning, but it was in total chaos—and there was nothing I could do to control it.”

hospital, I resided with my parents for one year. As my symptoms intensified and regressed, I would rarely leave home, and spoke few words to family members. I felt only fear and the absence of love. Everything I once loved, I now hated. Thoughts of heaven and hell consumed my mind. Saint John of the Cross described such experiences as “The Dark Night of the Soul,” which I easily identified with.

In 2007, I went without sleep for approximately three weeks. Sleep deprivation combined with delusions pushed me over the edge to the brink of insanity. Somehow, I formed this idea in my mind that Judas Iscariot needed to be redeemed from hell and

episode landed me in Western Psychiatric Hospital for a two month stay, where I made progress and received the proper treatment. I finally came to the realization that medication was necessary to restore my mind and normal life functioning. With some time, the doctors eventually found the correct medication for my body and I began to feel like myself again.

I cannot say all of my experiences with bipolar disorder have been bad. During mania, the world seems to take on a different light. Everything is brighter and more glorious. I feel as though the spiritual realm is not so distant, and I love as I’ve never loved before. I consider my illness a

(Continued on page 11)

(continued from page 10 *Dark Night of the Soul*)

blessing of some sort. It enables me to see the world more vividly and stay closer to God. It has also made me more compassionate, thoughtful and analytical.

Today, there remains much controversy and stigma surrounding mental illness. I try my best not to allow other people's opinions to bother me. The majority of people I meet either don't have a good understanding of mental illness, or are just fearful of it due to ignorance. I desire to help others overcome their battles with this illness and walk alongside them through their personal journeys of recovery. I strongly believe that with the help of knowledgeable and compassionate professionals, family support and individual determination, recovery is indeed possible.



Honoring and Understanding Our Other Selves

By Gayle D

The evil twin of my split personality emerges when I am anxious, can't think, or am overtired. She, or he, wants attention and becomes more assertive, or aggressive.

The art work I create from both perspectives is a reflection of my inner life. Spirituality can also be seen as a compromise, or a cohesiveness way to honor oneself.

My evil twin appears to hinder me, but my true friends or relatives understand the deeper layers of my moods and personalities. There are many colors ranging from very light, almost mystical, to dark and gloomy, like the need to get under the covers on a cold winter day. My moods also range from perky and full of life to sad and depressed. The

feelings of fulfillment come out on the other side.

Like the "shrinks" say, you're like an audience participant rather than yourself, and sometimes there is popcorn or applause after the show. I did have some art shows. As it was explained to me, clinicians should know and understand that there are

many aspects of the whole person: the human, the spiritual, the body, and the medical. You are not the illness; you are yourself, first.

Holistic therapy with herbs, if you're into that combination, is great for the immune system and looks good inside and out.



Struggling Through the System to Get Help for My Son

By Janene

I don't want my son to wind up in prison

I have been relentlessly seeking help for my 17-year-old son since May of 2011, a month before his 16th birthday. His neurologist was the first healthcare provider to recognize that Z was in need of inpatient treatment. No residential facility I have contacted thus far would take him; jail has become the only solution. Refusal is not due to insurance. I was informed that medical necessity and insurance were approved during most of the intakes. Our health insurance through NYSCOPBA will pay for residential if it is warranted. Most claimed that they cannot treat the mental health issues because of the addiction, or that they cannot treat the addiction because of the mental health issues.

Z is non-violent. He is reckless and self-destructive with major impulse control issues, feelings of persecution and social/family problems. He does get along well with peers for the most part; problems with authority and continuous

apathy are his downfalls. On Z's psycho social evaluation completed by our county's psychiatrist, the three Axis-I diagnoses are 1) bipolar disorder NOS; 2) generalized anxiety disorder; and 3) cannabis addiction.

I have spent the last 18 months watching his mental illness grow more severe and his addiction to pot (the only thing he has found to temporarily treat his anxiety) spiral into manic episodes, legal issues, lost memory, lost time, and severe depression. All his counselors and I have tried to convince him that the marijuana increases anxiety long-term. However, he is unwilling to stop due to the severity of his symptoms supporting his addiction. He believes cannabis is the only effective medicine for his anxiety and cannot be swayed. He was admitted for one week (the day after his last arrest) to an inpatient adolescent mental health facility, but the duration was too brief to have a lasting effect.

Now my son has been arrested four times for unlawful possession of marijuana, once for petty larceny and once for grand theft, a class E felony he committed while under the influence and does not remember. In fact he signed a confession based on what his friends told him he did. My son's public attorney needs to know what facility will accept him when the attorney meets with the DA tomorrow, one week before Z's court date. Z is willing to go into treatment if his attorney can convince the DA to accept the completion of a program as time served.

Most of my time these past two

weeks has been spent searching for treatment, then gathering, copying and faxing paperwork to the one facility I was sure would accept him. When I was done submitting records, we waited 5 days to learn Z was denied. His mental health diagnosis precedes his cannabis addiction so they will not take him due to his mental health. Nor will any of the other many facilities I have spoken with over the past year and a half. After this denial, I admit I gave up looking for placement. I had been trying for so long and I had less than a day left before the attorneys met; it seemed futile. I called one more place that I found on the internet. They said they would accept him. I pray that there will be a time to submit the bed letter to my son's attorney for presentation to the

him of his individuality, take away his sense of adventure and mold him into a compliant "sheep." He would prefer jail except that he knows what violation and violence potentially awaits him. I believe his lifestyle has taken away his sense of accomplishment and exasperated his learning disabilities to a degree that he is unable to function normally, even with an IQ of 140 just a few short years ago.

I need to fill out the releases at County Mental Health and to the attorney. I have just started a new job also and cannot take time away. I work on this daily before work or during my half an hour lunch. I am emotionally exhausted and cannot get assistance from his case manager since he states he does not know what to do. I am alone in this

"The system has failed to help (my son) and the future seems bleak."

DA, but I have less than 24 hours left. After searching for the past 18 months, I learned it is too late to present to the court system. Z would have to be in the facility to get the letter completed, which the public defender strongly advises against until after attending court.

I do not think 60 days in county jail will be the best solution for him or for his future, nor does his attorney or counselor nor does the victim of his non-violent crime or the crime victim's advocacy board. My son is terrified that a stay in a rehabilitation facility will rob

as I have been for the past decade of meetings, therapy sessions, Z's expulsion from BOCES Career and Technology Center due to behavior (without any mandated hearings) and looking for appropriate care and the supports we need as a family. Z's anxiety is so bad he cannot even attend classes at his school and must go to tutoring after school. Most events that others find usual become endless day to day battles with Z and he struggles against me when I force him. The system has failed to help him and the future seems bleak.

Super Hero Interrupted

By Jon

My mother had me going to therapy since the fourth grade. She always told me that I had a chemical imbalance in my brain and would probably have to take “a little something.” However, I discovered booze before psychiatry,

“I thought about death and suicide quite a bit, yet I knew enough not to say anything about it to anyone.”

which kind of made me swerve off the beaten path for a few years.

But let me get back to the therapy. I had no idea why I had to go, perhaps something to do with the fact that my parents were divorced. At school I was convinced that no one liked me. I always thought I was “different” and secretly wanted to be loved by everyone. I was a smart child yet lacked the motivation to do well partially because I was put on earth to do something great (first delusion).

Often I would stay up all night watching MTV. I had incredible energy and I could not fall asleep. I collected knives and analyzed music by Iron Maiden. I thought about death

and suicide quite a bit, yet I knew enough not to say anything about it to anyone. For years my insanity would be my own little secret until it became so bad in my middle twenties that I could no longer hide it from others.

A familiar pattern began to emerge in young adulthood that many of us can relate to. Things would go extremely well. I would be extremely happy, supercharged. Then, suddenly, with a flick of a switch, I would fall

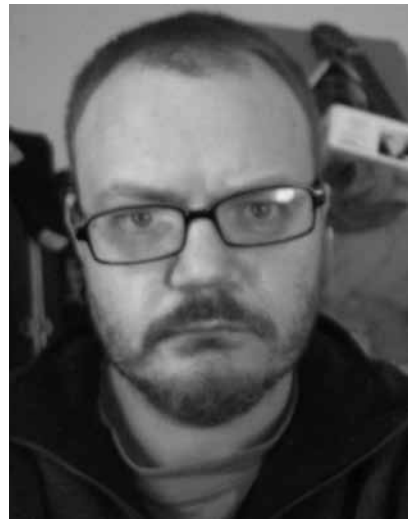
into a deep dark depression. In high times I would drink, be rowdy, and sexually promiscuous. When down, I just watched TV and read books.

Ultimately my illness did not kick off until I was married to a woman 13 years older than myself. I met her during one of my manic phases, so I seemed like this great super hero of a guy. We had two children together. I had trouble keeping a job due to my illness. I was in denial about my illness at that time and thought that everyone felt the same way I did. I kept a journal during this time and would record many of my delusional thoughts in it. In a way I was trying to “Figure things out” by writing.

That fall, I tried to kill myself. My thoughts were too fast and too dark. I was put in a hospital.

This kicked off a long period of going in and out of hospitals. I was diagnosed Schizoaffective. I was put on the medication clozaril, but always stopped taking it. It made me gain weight and drool. I always ended up back in the hospital. I was admitted into the local state run mental health authority. I applied for and received SSD on the first attempt. Needless to say my marriage fell apart after my wife read my journal. I have not seen my children for ten years.

After her leaving I went through what I would call my lost years. I was put on every medication that ever was. I had ECT which actually worked for awhile. I lived in a nursing



home for a year. I drank and took pain medication. I was delusional. I thought I was a prophet from God, I became obsessed with the movie “Silence of the Lambs.” I would play head games with clinicians. I lived in a hellish cycle of hospitals, outpatient programs and club houses. The only person who did not give up on me was my father.

My last episode was so horrible that I never want to get that sick again. I was seeing special messages in pictures and algebra equations. Being in the hospital, unable to sleep, I gave up my fight and accepted that the only med that worked for me was clozaril. The psychiatrist there put me back on it. The medication did make me drool but at the same time I was able to focus my mind in a semi sane way.

My recovery has been slow and never in a straight line. Since I have been stable with the help of clozaril, my life has gotten better. In fact, I actually have a life. I have been able to go back to work. I began as a volunteer at a local hospital. After a year of that I got a job at a grocery store which I still work at. I have gone back to school part time. I am also taking a class in peer support. I am honest with my psychiatrist although, at times I miss mania. I’m everything I hated when I first started treatment, and I love it.

Editor at Large: As I See It

A Column by Marvin Spieler

Some random thoughts about our plight part 2

Goodbye Dr. Welch

Yesterday I said my official goodbye to Dr. John Welch. I see him one more time next month, when he goes into retirement for good. I have been seeing him for the last fifteen years in an OMH Psychiatric State Clinic.

This is a totally unusual situation for a publicly run and funded mental health program. It has been my understanding that therapists, especially, but psychiatrists as well, usually don’t stay in any one program for an extended length of time. They either get a promotion, work in a more convenient location when an opportunity develops, or move on to another agency for better pay. Some mental health professionals leave the system entirely. The salary is not adequate compensation for the stress level of the job. Caseloads are overwhelming. Because of the aforementioned reasons the

turnover is quite high. In the end, the client-patient-consumer is actually the one who loses out the most when the continuity of care does not have a chance to develop.

The mentally ill are most often very wounded souls. Whether due to the nature of their biochemical disorder, or being a victim of (verbal, physical, psychological,

sexual) abuse, the issue of trust is a big problem. It can take years for a firm bond to develop between patient and therapist or psychiatrist. Change takes time and trust is crucial.

When therapists or psychiatrists come and go for their own benefit, it causes much harm to the client-patient-consumer. The point can be reached where the recipient of services builds a wall around themselves, never more to engage in anything less than superficial communication with a mental health professional. This, to my

knowledge, has always been the case with the public mental health system.

For me to have the opportunity to see Dr. John Welch for so many years is totally extraordinary. I have benefited from a firm relationship that has taken years to develop and grow. I have always hoped for continuity of care, but rarely have

had it occur. With Dr. John Welch, the journey together has been a good one, with no regrets. The time has been well spent.

Yesterday, I reminisced with Dr. John Welch for more than an hour. I went on and on, aware that I was spending beyond the usual hour he generally gives me. I also knew he could have cut me off, if he so desired, but he didn’t. I think we both desired and enjoyed our last real time together. I said all I wanted to say to him. Thank you, Dr. John Welch.

Foreign-born Psychiatrists Should Learn the Language

Psychiatry is an art and not yet a science. Psychiatry requires communication much more than medical care. Doctors, even specialists, rely primarily on lab tests. It is the interpretation of these tests that separates a mavin from the others.

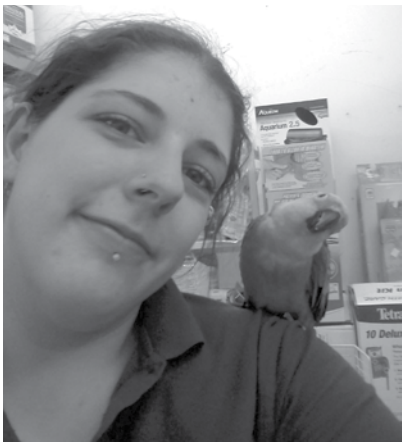
Too many foreign-born psychiatrists think they can speak the language. Very few do unless they study the language and its idioms. A case in point: a foreign-born psychiatrist is frustrating a patient admittedly unintentionally. The patient throws up his arms and says, “I’ve had it!” The psychiatrist then wanted to hospitalize the patient as suicidal! Sounds impossible? No, because it happened. The psychiatrist did not know that idiom causing a miscommunication. The patient spent the rest of the session trying to assure the psychiatrist that he was okay.

Foreign-born psychiatrists would be well advised to go to night school for immigrants to really learn the language.

“When therapists or psychiatrists come and go... the continuity of care does not have a chance to develop”

There is Help Out There If You Want It

By Jessica



We can't just be happy without a little help

I am 26 years old. I wanted to tell my story to help others suffering through mental illness. I would like to give a brief history on myself but concentrate more on things of late. Now, as I am sure you realize, there is a stigma surrounding mental illness.

I had a great upbringing with wonderful loving parents who were always there for me, and friends galore, as well as a dedicated boyfriend. I was diagnosed with ADHD and depression by 9th grade and tried multiple medications before becoming resistant to taking them. Part of this resistance was in me not wanting to need medication just to function and definitely not wanting to be labeled in school. I was never told not to get help from my parents but by society who said it was bad to be different and that I had everything— so why not just be happy.

By 22 I went off to college and ended up with a whirlwind of issues from

problems and was also diagnosed with bipolar depression and OCD. I was prescribed Abilify and it worked wonders for the depression when I would actually take it, but every time I started to feel better I would forget the need for them until I started to feel worse.

I continued this dance with medication while still attending therapy mostly regularly until finally I realized, more recently, that I needed more help than what I was getting. In November of 2012, I was caught stealing for the 5th time and this time it was a felony charge. I knew something had to give.

I went back to my therapist who I'd told none of this to and poured my

put on the mood stabilizer Lamictal, which was also said to help with the impulse issues. At this time I changed my ADHD medication from my long-time friend Adderall to Vyvanse since at 2p.m. I would want to just pass out.

So here I am finally taking my medication regularly, going to support groups, and actually doing well. I feel that if I had hit rock-bottom with kleptomania a year or more ago—it would have been the kick I needed to take my medication and wouldn't be facing the potential to end up in jail. Unfortunately, my rock-bottom didn't come soon enough and now, although I am getting better and feeling happy for the first time since I can remember, I may end up at another bottom soon enough.

If you could take something away from my story, I would hope it would be to seek help and that through trial and error, although disheartening, you can end up with that right mixture of medication and therapy that could inevitably change your life for the better. There are people out there just like you who may also feel the heavy hand of society expecting them to just be happy without needing outside help. Had I realized sooner that there was help if I wanted it, and that there were others out there just like me, my story could be very different today.

“Had I realized sooner that there was help if I wanted it, and that there were others out there just like me, my story could be very different today.”

immobilization due to pain and gaining 70 pounds in one semester to trying medications that ended up making me suicidal. Once I flunked out, I spent the next year-and-a-half in bed unable to function and barely getting up even to take care of myself. I developed kleptomania and ended up with legal

heart out, begging for help. I knew I had an impulse-control issue and had tried medication in the past to no effect, but this time needed to be different. She increased my Abilify because, in larger doses, although you can end up with permanent twitches, it's supposed to help with impulse control. I was also

The Mental Rollercoaster Ride

By Sheryl

It took a while to get a diagnosis that makes sense

I am a 38-year-old single mother. I was born and raised in Texas. I live with a mental illness called schizoaffective disorder. I am sharing my story about the struggle of waiting for the right diagnosis and medication.

I remember growing up as a little child I would sometimes see things. It became serious at the age of seven when I would see hands that had holes in the them. The hands would tell me to pray. My mother was frightened because schizophrenia is common in her family, so she took me to the doctor. I remember the test and bright machines. It came out negative. Maybe it was just a child's imagination or maybe some spiritual event.

As a child, I could not explain to adults the things I would suffer. I became a little writer who wrote songs to keep my mind occupied when there was nothing to do. As I grew older I had problems in academics and was placed in lower level classes from other children. My parents soon accepted that I was a regular child with some delays.

Many times during my young years I was blamed by educators for not trying

my hardest. This would depress me as a child. I found myself being shy and afraid to talk to others. I went through some tough times when I would be frightened to sleep with no light on or would hear my name called. As I matured into my teens I became a little more open and just accepted this is how life was for me. It was normal to have an active imagination.

A year after graduating, I married my high school love. Life felt brand new to me. I was not alone and I was with a great guy who would be with me til the end. However, my symptoms would not stop. Maybe twice a year I would see an image of someone and would blink my eyes. There it was, nothing much, just my overactive imagination again.

I decided to attend a local technical college where I wished to teach and put my talent of creativity into action. Things like art classes which I had done fairly well in while attending high school, I was able to put into my student teaching. My grades were horrible although I tried my best and had only good intentions to do well.

Soon I was expecting my first child. She was born a healthy seven-pound baby girl. Although I did not complete my degree in child care development, the student teaching paid off for me to get hired as a daycare teacher. Later I began to sub as a paraprofessional and forced myself to pay for an adult continuing education non-credit diploma through which I earned a medical office diploma.

My life was changing for the better. I was making a higher pay but

still I suffered with this thing I call imagination. I found myself being frightened to go downstairs at the hospital after one night of working in medical records. I was sent by emergency room to find a chart that was downstairs. I only remember the door opening up behind me while I was looking for the chart. Soon

“I earned my certification as a correctional officer and worked in a maximum security prison. I began to hallucinate and see beautiful large angels, which was frightening.”

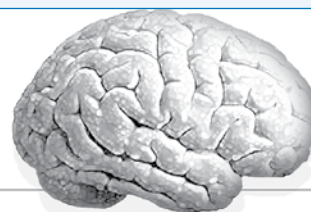
I realized no one was there. I soon began to suspect my high school love who was my husband of plotting to hurt me. It finally ended in divorce.

After the divorce I carried on. I did not complain to my doctors. I earned my certification as a correctional officer and worked in a maximum security prison. I began to hallucinate and see beautiful large angels, which was frightening. I would hear my

name called. I would hear other words other than the words that were spoken on television. I felt that groups of people were stalking me for things like my creative writing and then I would lose it. I was very suspicious and felt that people were out to harm me. Soon one day I wanted to end it all. I wanted to kill myself. I found myself at the

hospital. I was later sent to Spindletop MHMR where I was first diagnosed with schizophrenia. After counseling, visiting with the doctor, and blood tests, it sounded more like major depression. It took over two years on different medicines to find out I have schizoaffective disorder, which some experts still argue is not a mental illness. I am only an example that it exists.

personal stories



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

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

My Struggle with Mental Illness

By Jessie

This is my true story of suffering from bipolar disorder. I was diagnosed with bipolar disorder four years ago.

I grew up just as any normal child. My parents divorced when I was around five and my mom remarried around two years later. I started working at a large grocery store chain when I was fifteen years old. I excelled in high school. I was involved in French club, drama club, key club, and art honor society. At the time of my graduation from high school, I held a 3.75 (non-weighted) GPA. I received a scholarship from the art honor society which helped pay for college costs. The fall after graduation, I began my first semester in college.

I had no problems adjusting to dorm life and the new class structure. I started a job at the college under the work-study program to assist with college expenses. I proudly completed my first semester of college.

I decided to go home before I started my second semester. I went to my mom's to spend the holidays with her and then returned to college for my second semester. About a month and a half into my second semester I received a call from my aunt informing me that my dad had lost most of his mobility due to a tumor that they had found

on his spinal cord and brain stem. I withdrew from college to help take care of my dad. I moved and started care on my dad until we finally found a doctor willing to operate and remove the tumor.

I had to find a job to fill the void of having a purpose in my life. I easily found work. I had no bills or obligations, but I felt a great burden on my shoulders. Work went well for a couple of years. I noticed that I started to get depressed. I thought nothing of it because everyone gets depressed. I started finding it more and more difficult to be around people and I started making irrational decisions. I would find a job, quit a job. This went on until I had no further options for employment. I eventually reached the

but the medications only made me stay in the town I was residing. I continued to have some serious episodes that I couldn't understand. I was sent to a state psychiatric hospital after I busted out the windows of my car and set it on fire. It really felt like demons were out to get me. This was absolutely the worst I had felt at this point. I spent several months in the hospital and on many different medications. They finally found the medication that would work best for me. I was so grateful. When I got out of the hospital, I wanted to do something with my life. I went to one semester of welding, but I found that I didn't like it. I thought I'd take some more college courses the next semester. I went to all my classes the first day of class. Everything seemed like a blur as

good productive option for me to feel worthwhile in my life. Most people do not understand the psychological effects of a man trying to live off of social security disability and support a family. I was raised in a family that taught me that the husband should provide for his family. I have been struggling with this for quite some time.

Now I am in a dilemma. I have not had a stable job in years and I have not worked at all in the past three years. I started filling out applications and doing interviews. I tried fast food, factories, staffing agencies, and more. I have yet to obtain a position of employment. Doing all of this work and having nothing to show for it is quite mentally overwhelming. I would have high hopes going into the interview and my dreams would be crushed coming out. There are only so many places that a person can find employment. I feel like I have exhausted more than 90% of my employment options to no avail.

I probably do not need to tell anyone who suffers from a mental illness, but there are challenges. I have learned to take these challenges on and not worry about failure. I also know that it is hard to get people to give you a chance. If they do not want to give you a chance, someone will. People have misconceptions about people with a mental illness. The truth of the matter is, they should be more worried about the person not diagnosed as well as medicated who might seem to be classified as normal.

“People have misconceptions about people with a mental illness. The truth of the matter is, they should be more worried about the person not diagnosed....”

point of being homeless because my thoughts were telling me that I wasn't good enough to have anything. I lived in the woods for several months through a cold winter. I had been moving from state to state not knowing when, where, or why I was going. I would just go until I had nowhere else to go.

I finally got stable when I started going to a mental health clinic. The doctor promptly started me on medications,

I sat in each class while the professor handed out the syllabus. My anxiety level just went through the roof and I was more than overwhelmed by everything that was covered in the first day. I decided to drop all the classes. I was afraid that I would be a failure and I couldn't take that. I just want to achieve and be the best at all I do.

I decided that I would try to go to work. It seemed as if this would be a

Recovery is the Level of Happiness We Obtain

By Jeffrey V. Perry CPRP, MSM, Program Manager for Baltic Street, AEH, Inc. Peer Bridger Program



Photo credit: Ann Lennon

The pursuit of happiness is something we must remain vigilant in attaining. It is the central core of any human's right to be. Recovery, in my estimation, is solely about one's level of happiness in perspective to a worldview of satisfaction, not the individual short-term peace we could have. I hope my recovery will be long-term and

self-sustaining. My life's happiness, health, and mental stability are only as good as the level of satisfaction I have within, and put in place for, myself. My life goals in recovery are for this quality of life, which I see as what any person with a history of diagnosed or undiagnosed mental illness, substance abuse, medical problem or anyone with a compromised condition, deserves.

One's awareness of their personal level of satisfaction is the most important factor in understanding if there is a "problem here." It is often those undiagnosed individuals who have not addressed their situation by getting help, treatment, or services, who feel their sense of satisfaction diminished or who are in a total denial of any problem, and fight an uphill battle; while those diagnosed face other struggles, such as a search for any level of recovery, which is supposed to, by definition, be the down-hill fight. When you find the right combination of treatment for yourself, there is a better chance for recovery. But oftentimes, treatment may not focus on any level of recovery, and instead focus only on symptoms management. This, yet, at the cost of a diminished level of personal happiness and a lackluster recovery that takes time away for one's regular life pursuits, cloaked in a stigma of social inferiority, particular in today's I-based "iPod" existence.

We have been fighting against stigma on many fronts in our recovery, yet never did we conceive that it

would in fact increase rather than be eliminated. As technology becomes more refined the gap between those looking for real happiness becomes much wider, because we have to wade through every new wave in technology to understand what we need in order to be happy again. Not to mention the high prices that we can never afford while in economic symptom arrest.

While under symptom management, in many instances, when our possessions are taken away for old safety-based reasons, they are never accounted for, or remembered (by the confiscator), or promptly returned. Where others would be furious, we

believe that the disabled, of course, are naturally less happy, or, at least, they should be. It is indeed a miracle if a disabled person is happy. When will we each admit that we are all disabled or handicapped in some way? Is it not only about personal fulfillment or about accomplishing tasks?

One of the failures of symptom management is that it has not yet helped people rise to the level where they can find the kind of work that fulfills them. Medication cannot motivate a person or inspire them. And it certainly may help us do that which we want not to do, like not thinking clearly, being irritable and bothered by everything,

“One of the failures of symptom management is that it has not yet helped people rise to the level where they can find the kind of work that fulfills them.”

become justifiably upset, yet, we, and our possessions, may be dismissed to causality.

So, we get to understand that life can be cruel, even under the direct care of others who prefer to see us however is most convenient at that particular time (not to single out any institution or individual). It seems to me that it is second nature to take advantage of the disabled, who many look down upon, or simply have low regard for in contrast to their "able" selves, and who

or just not feel well, and possibly even behave in a negative manner. But, all in all, it's about progress, isn't it? We must move forward like anyone else. Right?

Note: This essay is from, A Peer on Peer Perspective in Psychiatric Health (In Prose and Poetry) by Jeffrey V. Perry, CPRP available in e-book formats. For more from Mr. Perry, please visit <http://www.jeffreyvperry.com>

Go, Do It!

By Martha Seymour

We as consumers and/or anybody are very lucky in New York City as summer 2013 approaches.

Walking the High Line between 14th Street and about 30th Street is a real treat, though crowded. It runs north and south near 10th Avenue in Manhattan and it is free. Some of the free or low cost music events in the city include:

1. **Julliard-Lincoln Center:** events.julliard.edu
2. **Rubin Museum** on West 17th Street, it's free on Friday evenings. There are usually free Asian-type concerts on Wednesday evenings between 5 and 7 p.m.
3. **Free concert Sunday**, May 5 at 5 p.m. at 178 Bennet Ave at 189th Street in Washington Heights, Manhattan
4. **Concerts and free events at the New York Public Library**, Performing Arts Division – Lincoln Center: nypl.org/locations/lpa

Some of the free or low cost theatrical events include the Instant Shakespeare Company Productions in branch libraries during the year. A general cultural information and referral place in New York City is at 810 Seventh Avenue between 52nd and 53rd Streets (212) 484-1222 and nycgo.com. The Atrium by Lincoln Center at 58th Street can help with discount tickets.

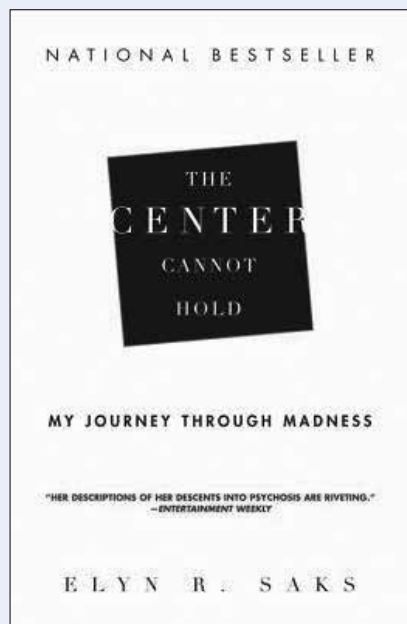
There are many things to do. Walking around a great city such as ours, you will have a good time.

Book Ends: The Center Cannot Hold by Elyn R. Saks

Reviewed by Columnist
Kurt Sass

A “broken brain” that
accomplished a great
deal

In the very last chapter of Professor
Elyn Saks’ book *The Center Cannot Hold: My Journey Through Madness*, she states that the reason she writes and



speaks out is: “to bring hope to those who suffer from schizophrenia, and understanding to those to those who do not.” I just have one message for her:

“...each time she put a pill in her mouth it was a reminder that her brain was profoundly broken and defective, and that by taking pills she wasn't being her authentic self.”

Mission accomplished! After reading about all the trials and tribulations that Ms. Saks has endured and survived, I believe anyone who is fighting the

daily battles with schizophrenia, or any other psychiatric disability, will come out of the experience with a renewed spirit. Also, I believe anyone who has never experienced schizophrenia will find reading this book an extremely educational, eye-opening experience.

One very strong point about Ms. Saks’ writing is her honesty and candidness, especially when it comes to her struggles with remaining on her medication. Ms. Saks points to many instances when she is doing fairly well, but then decides to lower or stop taking her medication altogether and then almost immediately relapses into psychosis. Many writers would not write anything at all that might shine a negative light on themselves, but Ms. Saks explains the reasons why she (and many others) make these decisions about stopping medications.

It took Ms. Saks many years to come to terms with the fact that the medication does help keep the psychotic thoughts away and that she must continue to take it, even when feeling well. She discovered the reason she would stop taking medication was that she would feel that each time she put a pill in her mouth it was a reminder that her brain was profoundly broken and defective, and that by taking pills she wasn't being her authentic self.

In addition, Ms. Saks said she had to come to terms and accept that she had a mental illness. She tells the story of an analogy a friend told her about a riptide, that your first instinct is to fight it, and you use all your energy fighting it. Ms. Saks was using all her energy fighting her diagnosis of mental illness by stopping her medication. Once she accepted the diagnosis and allowed the medication to do its job, things continued to get better.

Ms. Saks also goes into great detail about the importance of talk therapy as well as medication in her recovery. There were many examples in the

book when she was completely off medication and feeling psychotic and either reached out to others (friends, therapists, etc) or they reached out to her.

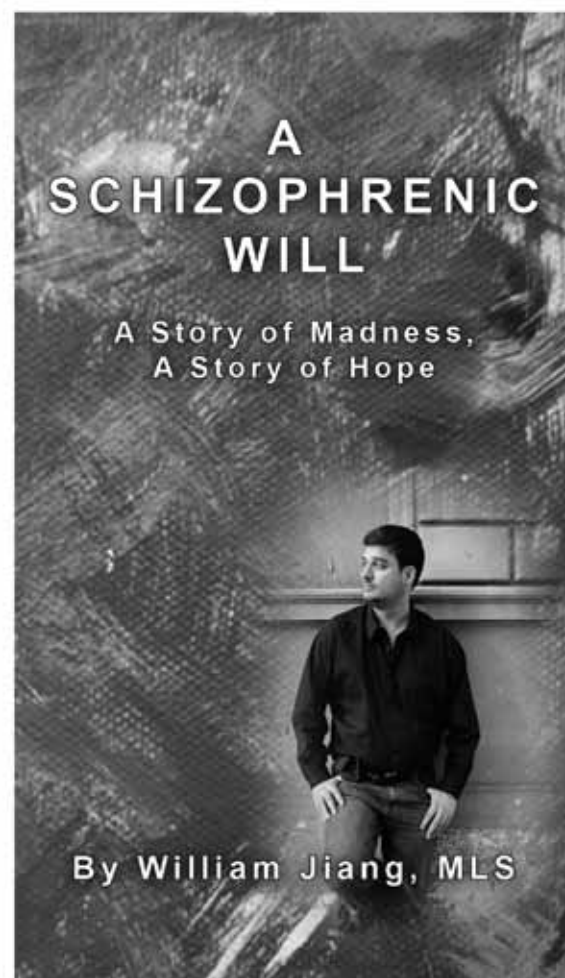
Perhaps the most powerful part of the book is the amazing disparity of treatment she received while going through her various psychotic episodes. Many times it simply came down to a matter of who noticed the behavior or which hospital she was admitted to. The most blatant example of this was when she was admitted to one hospital (she was talking incoherently, but not behaving violently at all) and put in four-point restraints for days. Just a

short time later, exhibiting the same exact behavior, a different hospital nearby felt that no restraints were necessary at all. And it turns out they weren't needed.

Professor Saks is a Graduate of Oxford University and is a Professor at the University of Southern California Gould School of Law. She was able to achieve all this while having numerous psychotic episodes throughout the years.

The Center Cannot Hold: My Journey Through Madness has won numerous book awards and was on the Time magazine top ten best-sellers list for Non-Fiction books.

Available on Amazon:
**The bestselling book about leading a
sucessful life despite psychosis**



His eight books about mental health:
www.amazon.com/author/williamjiang

book review

My Story

By Emily

Hope you get something from it

I'm twenty-six and I have social anxiety and agoraphobia. I've had it since before I can remember, although I wasn't diagnosed until I was twenty-one. Anxiety runs in my family.

I was bullied as a child, though I can't remember a whole lot from my childhood, except for various instances both positive and negative. I don't remember a whole lot of the bullying, just specific feelings and perceptions. I strongly suspect that I was clinically depressed since I was twelve or thirteen years old. I was depressed constantly, always fighting back tears. Getting out of bed was a constant struggle. When I got out of middle school, I improved, but not much. After I graduated high school I started to get worse. I was kicked out of college for missing

so many classes, because I was too terrified to leave my apartment.

I had suspected I had a mental illness since I was eleven. I was always terrified of ending up in a straightjacket, and would rather be dead than go to a place where such a thing could occur. I tried to hide my mental illness for as long as I could. I was teased a lot for being weak, although I still think of myself that way. I wanted to be strong, and so I would 'punish' myself by cutting my wrists, starving myself, etc.

Age thirteen was the worst time period, as I began to think about ending my life. I thought about when or where and how I would do it, what I would leave behind, and what I would write in my note. But I didn't really want to leave and searched for any reason to stay. Right about that time I started developing coping mechanisms. In the end, I decided to suffer through it because dying would hurt my parents.

My parents had sat me down and told me I really needed to see

a psychologist. I was terrified. The people I mostly depended on were throwing me under the bus. But I was too tired to fight them. When I went to the psychologist, I could not have gotten a better one. She was friendly, comforting and classy. We even shared the same political beliefs. She made me feel a whole lot better about everything;

"I tried to hide my mental illness for as long as I could."

it wasn't nearly as horrible as I feared it was going to be.

I was a bit gun-shy about going back to school because of what happened at MSU. I went to Drury for a while, which was great, but the same problem kept coming up. I got panic attacks every time I thought about going to

class. So I went on sabbatical. I got a job at Prometric/Sylvan as a TCA, but I couldn't answer the phone so they had to let me go.

My coping mechanisms included horseback riding, my dog, Spider-Man, Harry Potter, and Digimon stories that exhibit humor and heroism make me feel much better. I've always been a horse nut. I feel very spiritually connected when I'm around horses. I still do those things now, but I also have other tools. I cover my hair with a tichel or head scarf, I employ lavender scents, meditate, pray, exercise, and of course, take my meds.

My religious path has been long, arduous, and conflicted. One reason I was so adamant that I deserved my pain was I rationalized that God wouldn't let this happen to me if I didn't deserve it. When I was thirteen, I felt that God had abandoned me and so I began questioning Christianity. Now I'm twenty-six, and a polytheist Pagan. But, I'm much happier.

Working and Living Well

Job Opportunities/Special Notices/Roommates/Personals

Employment Agencies

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

NETWORK PLUS
(718) 797-2509

NETWORK PLUS WEST
(718) 377-8567

Legal Help

MFY LEGAL SERVICES (212) 417-3700
URBAN JUSTICE CENTER (646) 602-5600

NYC BAR ASSOCIATION (212) 626-7373

LEGAL AID SOCIETY (212) 426-3000

Housing

CUCS (212) 801-3300

COMMON GROUND
(212) 389-9300

OHEL (718) 851-6300

ICL (212) 385-3030

COMMUNITY ACCESS (212) 780-1400

SUS (212) 633-6900

FECS (212) 366-8400

Clubs and Clubhouses

Manhattan

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

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

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

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

Brooklyn

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

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

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

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

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

The Bronx

BOULEVARD CLUB, 512 Southern Blvd
(718) 993-1078

CASA LA ESPERANZA, 717 Southern Blvd
(718) 893-0853

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

Queens

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

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

NEW CHALLENGES CENTER, 147-32
(718) 526-8400

Staten Island

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

Work and Volunteer Positions Available

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

NAMI NYC METRO: assist with office

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

Telephone Resources

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

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

Advocacy

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

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

CONSUMERS SPEAKERS BUREAU: share your experiences with mental illness and how you achieved recovery. Inspire fellow consumers by telling your story of overcoming illness. Contact Marvin (212) 614-6339.

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.