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City VOICES

A Peer Journal for Mental Health

Summer 2016

Vol. XIX No. 2

Legislative Day Rally on the Steps of the Capitol in Albany



To read more about Legislative Day and to see more photos from that event, continue to page 10

NYC Advocates Joined NYAPRS for Legislative Day in Albany

By Carla Rabinowitz, Advocacy Coordinator and Briana Gilmore, Director of Planning and Recovery Practice, Community Access

Requesting Housing and Criminal Justice System Reform

On Tuesday, February 23, 2016, hundreds of community members from across New York City travelled to Albany to advocate on behalf of the mental health community. The advocates joined NYAPRS, the New York Association of Psychiatric Rehabilitation Services, as it convened its 19th Annual Legislative Day.

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Police Training and Community Diversion Centers

By Carla Rabinowitz, Advocacy Coordinator, Community Access

Progress Report on Implementing Crisis Intervention Teams in NYC

Relations between the mental health community and the New York Police Department (NYPD) are improving through work to implement Crisis Intervention Team (CIT) training for officers. CIT is a method of policing that prompts police officers to use appropriate tools to respond to incidents involving people in emotional distress. CITs ensure safe and respectful interactions between people experiencing a mental health crisis and law enforcement.

CITs are needed because the NYPD responds to 150,000 calls of those in mental

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Preserving Consumer's Rights Behind Bars

By Susan Goodwillie, LMSW, Social Worker, Urban Justice Center



It is well known that the stigmatization of mental illness results in policies that seek to punish rather than treat individuals with psychiatric conditions. For low-income New Yorkers living with mental illness, in particular, this means being subjected daily to discrimination by landlords, employers and law enforcement officials. The criminalization of mental illness, and an overwhelming lack of community supports, have contributed to the era of mass incarceration, where jails and prisons have become the largest "mental health care providers" in the United States. Far too many people are incarcerated for symptoms that need to be properly treated, not punished.

The Mental Health Project (MHP) of the Urban Justice Center provides free civil legal and advocacy services to lower income New Yorkers living with mental illness, and fights to preserve the rights of those who become involved with the criminal justice system. While MHP provides an array of civil legal services, we put a heavy emphasis on our criminal justice advocacy. MHP advocates for discharge planning rights for people coming out of jails and prisons, provides reentry connections, and contributes to several coalitions focused on the conditions of jails and prisons for people with mental illness.

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Ward Stories

A column organized by Dan Frey, Editor in Chief

Four poets are featured in the summer 2016 edition of Ward Stories: Richard A. Martinez Jr., Joel Simonds, Ijaaza EL, and someone who prefers to remain anonymous. Marvin Spieler, a pioneer in peer advocacy, died earlier this year. To those who knew Marvin, some of the poems below, though not intended as such, are a reminder of his struggles, our own, and how someone's death, especially the dearly departed, can force us to put our personal lives in perspective.

My Last Sad Cigarette

By Richard A. Martinez Jr.

I drown my sorrow
Into a lit cigarette
Waiting for this day to be
Better than the next
As the cigarette burns
Down to its final ashes
The things I did come to me in flashes
Good times and bad
Things that made me happy and mad
Reminders in life
That can make a person so sad
But through the rough
And just when I know I had enough
Thoughts of ending these thoughts
Could be the devil's bluff
Crazy thoughts through a cloudy head
The past still hinders
And a living soul is half dead
But a new day is in sight
Hoping as I sleep in the night
Even when I dream
My cigarette gives me a light.

To Amy (1954-2015)

By Joel Simonds

Still waters run so very deep,
Or so it is that they say;
Now no one could rouse you from sleep,
Even just to see you one more day.

Amy, when it was that I first saw you here,
Not remembering our older day;
I asked you for a poem to share, and
You declined, shyly stepping away—

Then came days of valiant work,
The work you plied upon yourself;
From struggle your quiet soul couldn't shirk,
While your art you had to leave upon the shelf...

But soon, in our groups, you began to tell
Of your love of writing in your book;
You ventured forth from your shell,
And gave fleeting Life a final, sweeping look.

You faced the battle so dignified, so brave,
Never giving in to despair;
All of your strength, your art, you gave
And inner feelings once again you shared.

Yes, Amy, you came alive,
Rising from old still waters;
Swimming through the tide, again to thrive,
Your good deeds like new sons and daughters.

Now Amy's poetry is declared on High,
By G-d's closest angelic Host;
I don't know how to say goodbye,
For in this stillness, it's your stillness we miss
the most.

What Goes On Inside My Head (Makes Me Physically Dead)

By Ijaaza EL

What makes these cords, wires, nerves and synapses begin tripping & flipping causing panic, anxiety and lapses of memory? Is post traumatic stress a part of my chemistry? What causes this performance? Is it a test for endurance? For the love of the Almighty, how much can my precious brain take?

These bugs in my brain are driving me insane; the repetition is so in sync it may also drive me to drink. God! I am afraid to think. It is so devastating...

how I shut my body down and just go absolutely cold. Father, please have mercy on my soul. From September 17th through September 25th,

life behind bars became as a gift. Though from the start it was a burden of terrors, a multitude of errors in an assembly line—I couldn't decipher this strange

dilemma of losing my mind. But hospital staff, doctors, and roommates were exceptionally kind. I am back home in a corner in the recesses of my mind. I am doing fine with baby steps, one at a time.

The Almighty has showered me with creations and innovation

whereas in a week I have learned to think things wisely. Through my tears

I will harness my fears and I am more than grateful that he is near.

Post trauma is my drama and I will not invoke negative passage to disturb my positive karma. What goes on inside my head,

I am compelled to keeping in control. Although my personality and character are still ever so bold. I am discipline, and I am listening to what makes me better.

I have made my bed with all I have said. What goes on inside my head

I won't ever let it make me become physically dead...Again.

DEATH

By Anonymous

Death my savior, death my friend
The solace which awaits me, at life's end
No longer livid, or depressed
No more guilt, or sins to confess
To no longer feel abandoned, or unloved
From mortals below, or G-d above
No short highs, which swiftly turn to lows
And to hear "Understand, this is the way life goes"
No more of life's heat, and suffocating gloom
Or anguishing torture, on a hot afternoon

To me death is a soft breeze, on a cool
Autumn night
'Ah to bask in death's rains, and dreary
delights'
Its darkness is thick, soothing and warm

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poetry

(Continued from page 2 Ward Stories)

And shields me from harsh winds, and bitter storms

Death is a place, of never-ending pleasure
Its paradise cannot be measured
To bond, with the Everlasting Love
To be at one, with G-d above

Life is for saints, who do good
Not for sinners like me, who don't do as they should

But I truly believe there is hope
If not, how in the world could I cope?

Ya see I got plans and schemes
Hopes and dreams
In this lousy life, for my peace of mind, I pray
But then again there is always death, that glorious day!

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Using Mindfulness for Mental Health

By Relda Hill

A Technique for Transforming Challenging Emotions

An aspect of my mental health condition has stemmed from the fact that I was unable to tolerate challenging emotions, such as sadness or anger. In the past, I would behave destructively. But now, I find refuge in the present moment. This I learned through the gift of mindfulness.

Mindfulness is a term coined by turn-of-the-20th century British scholar named Thomas William Rhys Davids who studied and wrote about Buddhism in India. Contemporary American psychologist and author Marsha M. Linehan uses mindfulness to teach people with mental health conditions how to take control of their minds by tolerating and regulating their emotions. Linehan is also the creator of Dialectical Behavior Therapy (DBT), a form of psychotherapy joined with behavioral science and Zen concepts mindfulness and acceptance. She also lived the struggle of mental illness since her teens, a battle that helped spur her on to her PhD.

In her book Cognitive Behavioral Treatment of Borderline Personality Disorder, published in 1993, Linehan uses a diagram of two interlocked circles. The two intertwined circles signify self-integration. One circle represents "emotion mind," which is volatile and labile. The other circle is called "rational mind," which is logical, intellectual, factual, etc. The point where the two circles overlap

is called "wise mind." Each person's wisdom resides in that overlapping space.

Mindfulness can be challenging, but I was able to achieve this state after many years of meditation and psychotherapy. Finally, I knew that I had achieved mindfulness after two large circles interlocked in one of my dreams. My life changed. I learned to evaluate situations

"Now that I can tap into my own inner wisdom, I experience a sense of purpose that I never knew existed. We can each use mindfulness to transform difficult emotions by remaining centered in the now."

before I went charging in to save the day. I have found that my interpersonal effectiveness had improved drastically. I am more strategic and diplomatic now. I used to be a firecracker when I got angry. Nowadays I feel the discomfort of anger, but I do not allow myself to act out prematurely.

Consequently, as a result of "wise mind" I can cultivate peace. I appreciate my life. I acknowledge the beauty of the earth. Now that I know I am a whole person, I can self-actualize. I am no longer driven by the base to find happiness outside of my Self because I am the "bower of bliss." Thankfully, I realize that solitude is a necessary part of my evolutionary process. When I feel distressed and anxious with bitter emotions like sadness and anger, I do not act out. I allow my Self to have these feelings, and in time they always pass.

"Wise mind" has enabled me to tolerate anger and sadness by transforming them. For example, I had a painful experience where I was "priced out" of a gym in White Plains. I was not welcome there because of money and race. I felt rage, but this time I was not afraid of my mind. I understood that regression and repression were the domains of the shadow where my mental illness resides. Armed with this knowledge, I chose to transform the emotion. I observed my anger, felt my heart racing and skipping a beat. Through my awareness, I chose not to get caught in the maelstrom of my anger. Instead, remained at the center of the storm where my inner peace resides. I used my "emotion mind" to evaluate the situation, then made a decision. Next, I chose to act constructively by using my "rational mind." Note that I had to use both the "emotion mind" and "rational mind" to make a decision. This is a prime example of using the thinking and feeling aspects of myself to act in unity. I dealt with my sadness by

writing in my journal. I released hurt, pain and anger by allowing my pen to dance upon the page. This kind of transformative work is priceless.

In conclusion, I maintain that mindfulness is essential in gaining control of my own mind. I do not depend on any therapist to get me through the rough spots. I have learned to become interdependent. I will always need people in my life, but I am no longer a burden on others and vice versa. Now that I can tap into my own inner wisdom, I experience a sense of purpose that I never knew existed. We can each use mindfulness to transform difficult emotions by remaining centered in the now. When we remain in the present moment, we can tolerate negative emotions until they pass.

Mindfulness may take time and effort to achieve but it is well worth it. When we use this invaluable tool, we make life enhancing choices that allow for growth. We simply make the needed adjustments which allow us to control our destiny.



mindfulness techniques

Gail Caldwell's Memoirs: Eloquent Profiles in Courage and Humility

By Carl Blumenthal

Whatever Issues She Had Did Not Get the Best of Her

New Life, No Instructions (2014): "I wonder about the pilgrims at Lourdes and Fatima, the ones who felt the glow and realized they could walk...The real task must have come later, after they absorbed what had happened: miracle, new life, no instructions."

Let's Take the Long Way Home (2010): "It's an old, old story: I had a friend and we shared everything, and then she died so we shared that, too."

A Strong West Wind (2006): "The real beauty of the question—how do we become who we are?—is that by the time we are old enough to ask it, to understand its infinite breadth, it is too late to do much about it. That is not the sorrow of hindsight, but its music: That is what grants us a bearable past."

Gail Caldwell, the author of these three memoirs, is a master of the "mot juste," French for the perfect word or phrase. She plucks at the reader's heart strings, not just through the "shock and awe" of her life story, which contains enough turning points to leave ordinary mortals gasping for breath, but also with a thoughtfulness which is a saving grace.

Born in 1951 and raised in Amarillo, Texas, she immerses herself in the counter-culture of Austin, in and out of the university, then lights out for Cambridge, Massachusetts, where she stakes her claim as a writer, including more than 20 years as chief book critic for *The Boston Globe*, winning the Pulitzer Prize for literary criticism in 2001.

Coming from a family with deep roots in the Panhandle, Gail Caldwell insists the alcoholism, depression, and suicide, which stopped several of her relatives in their tracks, were as much a matter of geography as genes. Thus she begins the first chapter of her first memoir, *A Strong*

West Wind: "Poised at the heart of so much land, Amarillo, too, sprawled in a sort of languid disregard, as though territorial hegemony might make up for all that loneliness."

However, time or timing is an equal factor in determining her fate. At the end of the polio epidemic, she contracts a mild form as a toddler. Her mother motivates Gail to walk by performing beside her the necessary leg-strengthening exercises, which are repeated for hours on end.

"How to summarize a writer whose prose is as brilliant and dense as diamonds? Gail Caldwell exhorts us to lead a life of compassion for ourselves and others, during which whatever we perceive as our failings doesn't impede our instincts for survival."

Reaching this milestone instills a sometimes naïve expectation that loved ones will go the extra mile to help when she's down, but, when they don't, it's better to find the gumption to carry on alone rather than compromise. Such whipsawing eventually disproves that "love is a many-splendored thing," (the title of a popular 1955 film starring heart throbs William Holden and Jennifer Jones).

Thus, to compensate for this limitation as a child, Gail becomes, on the one hand, a bookworm, and, on the other, a swimmer; maintaining balance over both imaginary and real depths. Yet over the years her hip deteriorates from the residual limp, requiring at age 60 a replacement as complicated as repairing a truck's broken axle in the middle of a traffic jam.

Once her own biological clock ticks past 50 years, Gail appreciates the support her parents provided growing up, even if her rebellion

in the 60's and 70's, including bad boyfriends, a terrible Vietnam War, and the fierceness of early feminism, butted against that support as if it were a police barrier.

A Strong West Wind doubles back in its last half to the stories and jokes of survival her dad shared with her as a child. Surely these inspired her writing. Nevertheless, as a World War II vet, he often appeared unsympathetic when she strayed from the fold. A reconciliation occurs as their respective ambitions diminish with age.

Only later, in *New Life, No Instructions*, after the recovery from hip surgery gains Gail new mobility, does she recall how much her working mom surreptitiously encouraged Gail's independence and acted as indomitably in her own way as her father.

By inserting their reappearances

outside the narratives' chronology, Caldwell recognizes the long shadow they cast over her. While Gail cites Thomas Wolfe's "Look Homeward, Angel" as seminal to her youthful romanticism, his subsequent, more plaintive "You Can't Go Home Again" better epitomizes the writer's nomadic plight.

By 1981 Caldwell flees home with an abandon fueled by the elixir of liquor. Her preferred drink is Jack Daniels, which she swills from a bottle like mother's milk. Even in cozy Cambridge with all her success, the emptiness of the Texas plains seems to extend to her doorstep. She finally trades alcoholism for AA and therapy after falling and breaking her ribs in a stupor.

Let's Take the Long Way Home chronicles Caldwell's friendship with Caroline Knapp, the celebrated author of "Drinking: A Love Story" and "Appetites: Why Women Want", about her alcoholism and anorexia, respectively. By the time they meet,

both are sober and, in Knapp's case, slim but apparently healthy.

They bond over walking their dogs. Caroline teaches Gail how to row on Boston's Charles River and Gail instructs Caroline in swimming New Hampshire's lakes where they vacation. These mutual strengths (and occasional sore spots) form the basis of a camaraderie legendary in the literary circles around Harvard Yard.

When Caroline dies suddenly of lung cancer at 42, after smoking throughout adulthood—an addiction which seems socially the lesser of three evils when compared with drinking or fasting herself to death—Gail experiences the greatest of many losses in her life.

She leads the reader through the wearying process of grief with exacting details like those describing her hip operation and training her dogs. After one Samoyed sled dog dies she adopts another and both *Let's Take the Long Way Home* and *New Life, No Instructions* are as much canine as human love stories.

How to summarize a writer whose prose is as brilliant and dense as diamonds? Gail Caldwell exhorts us to lead a life of compassion for ourselves and others, during which whatever we perceive as our failings doesn't impede our instincts for survival.

That she omits from these memoirs her long and successful career as a writer demonstrates the advice invariably offered in non-fiction classes—it's just as important to show what counts as to avoid telling too much. Given she's a self-taught author, Caldwell implies achieving our greatest dream is not always cracked up to what it's supposed to be.

In the big scheme of things, all that fracked Texas oil may lower the price of her weathered Volvo's gas, but in the long run we will have to transform the simple pleasures of sun, wind, and water into the energy needed to get us to that big rest stop in the sky. Or as JK Rowling, of Harry Potter fame, said in her commencement speech at Harvard in 2008, quoting the Roman philosopher Seneca, "As is a tale, so is life: not how long it is, but how good it is, is what matters."

The Bridge Group Artists at The Museum of Modern Art: "Finding Center"

By William Jiang, MLS

On the evening of Wednesday, February 10, 2016 I attended the opening of The Bridge Group Artists at MoMA on 54th Street in Manhattan. The display will be ongoing from February 1st through February 28th.

In attendance at the opening was Manhattan Borough President Gale Brewer, who has been supporting

The Bridge for many years. She even mentioned she supported The Bridge when its original director, Dr. Murray Itzkowitz (who served The Bridge for 31 years as Executive Director, and then ED Emeritus until his passing in 2013), worked there. Carrie McGee, the assistant director of MoMA's Community and Access

Program spoke, as did Cynthia Wainwright, President of The Bridge. Susan Wiviott, The Bridge's CEO had glowing words for the artists. Karen Johnson, affiliated with the 5th Avenue Presbyterian Church, spoke, as did Judith Rosenthal, the director of The Bridge's art program. Ms. Rosenthal talked about how The Bridge artists are unafraid to experiment with their art and how the act of creating art in a safe place can be very healing.

Leilani Yizar eulogized long-time artist and mentor at The Bridge, James Sneed. You could tell that Ms. Yizar was very emotional about Mr. Sneed's passing, a fitting memorial for a man who donated twenty-six years of his

life to a cause he believed in. Also, The Bridge artists Scott, Glen, Michael and Patricia spoke at the event, giving interesting perspectives about the art they created.

It turns out that The Bridge Group Artists, under the direction of art therapist Judith Raskin Rosenthal, ATR, evolved from The Bridge Art Therapy Program. This program provides a safe, supportive and therapeutic environment in which The Bridge clients can express themselves artistically and develop essential social skills.

(Continued on next page)

(Continued from page 4 *The Bridge Group Artists at The Museum of Modern Art: "Finding Center"*)

The Bridge changes lives by providing help, hope and opportunity to the most vulnerable in New York City. The Bridge offers a comprehensive range of services to ensure that the 2,300 men and women who come to them for help each year receive the assistance they need to lead stable, healthy and productive lives. The Bridge is more than just

housing. They help individuals with a serious mental illness, the formerly homeless, young adults aging out of foster care and veterans. They also have creative arts therapy that helps clients explore their creative side and develop a healthy way to process and express their emotions. Tonight's event allowed a number of The Bridge artists to shine at one of the most prestigious museums of art in New York and the world, the Museum of Modern Art. Bravo!



How Much Will Government Do to Shelter the Homeless?

By Ted Walner, Peer Advocate, Baltic Street AEH, Inc.

Plan in Discussion to Step-Up Housing Relief



Approximately 20-25% of the homeless population suffer from some form of mental illness. One can see the homeless trying to survive on the

streets of New York. We pass them and feel very sad to see human beings in this condition.

There are several reasons why the mentally ill become homeless. Many of them have difficulty taking care of themselves and managing household responsibilities. They also push away friends and family that might be able to help them. Half of the mentally ill also suffer from substance abuse. They try to self-medicate and become addicted to drugs and alcohol. Their situation makes it difficult to find employment which would lead to residential stability.

Supportive housing is an effective way of combating homelessness

among the mentally ill. It costs the state more than \$40,000 per person in ER stays, psychiatric hospitals, shelters, and prison, whereas it costs about \$17,277 per person to provide supportive housing. With housing, mental health treatment, physical care, employment, and peer support are provided. This support system helps people stay in their homes.

The government has provided a lot of programs for the homeless mentally ill. In February 2009, Congress passed the American Recovery and Reinvestment Act. This includes 1.5 billion dollars for homeless prevention and re-housing. In 1990, former Mayor David Dinkins and former Governor Cuomo signed the NY/NY I agreement to provide housing. Later, in 1999 and 2005, NY/NY II and III agreements were established. These programs have provided housing and social services to single adults and families.

Governor Cuomo discussed his

plans to spend \$20 billion over the next five years on 100,000 permanent housing units. He said that within New York state, thousands of additional units would be created that provide social services as well.

Mayor de Blasio also discussed his plans for the Fiscal Year 2017. His budget includes funding for 15,000 units of supportive housing over the next fifteen years. He is allocating funds for shelter repairs, and adding additional beds for homeless youth. He is also expanding domestic violence shelters and providing services for homeless veterans as well.

We are making progress, but there is a lot more work to be done. Hopefully, we will continue providing cost-effective solutions that are both moral and humanitarian. If we continue to provide support, perhaps one day this homelessness problem will end.

Trauma: A Deeply Disturbing Experience that Won't Go Away

By Jeffrey V. Perry, CPRP, Program Manager, Baltic Street AEH, Inc.

Transforming the Negative Effects of Traumatic Experiences

Let's discuss trauma from a deeply personal viewpoint and without going into the gory details of each moment of duress that a human being may encounter. Let us speak of this from our knowledge-base as we recount in a general way what goes on.

To begin with, this is my personal experience and not part of a paid study of anonymous subjects. Trauma is always that untold story.

Regarding myself, I admit to going through traumas on several levels, from very physical, just physical, and very emotional to just emotional.

Trauma is finally entering the minds of those who should care, say they care, or those who are working in vocations of care at every level. More studies are being done with trauma in mind.

Trauma is an unexplained or unlawful hurt that occurs that becomes unspoken, or whose voice becomes muted. Trauma seems to own a place in your mind and takes residence there. It pays no rent, but cannot be evicted since it owns

“Trauma seems to own a place in your mind and takes residence there. It pays no rent, but cannot be evicted since it owns that space.”

that space. Trauma is also physical and may be a reoccurring pain that causes someone to relive an accident or abuse of some kind.

I learned at a “trauma-informed care training” for peer advocates that there are very high rates of trauma experienced by prison inmates prior

to entering prison, which includes witnessing shootings, beatings, robbery, rape and other crimes, participating in crimes, or being the victim of said crimes. Many are imprisoned for repeating abuses on others that they had experienced themselves. They would be the first to tell you that abusing someone was the last thing they wanted to do. Research “trauma-informed care” to learn about trauma and that it occurs for people not only in jails or mental hospitals, but as a veiled or cloaked experience for everyone.

I regard my personal trauma sorrowfully as a badge of courage,

trauma daily, as indicated by the wheelchairs that transport them or the braces they wear on their bodies. This is what emotional trauma looks like on the inside.

If we can discover how to transform the negative effects into more positive ones, maybe traumas can be reversed to help us to cope. For me, writing about trauma is a way of reversing its effects. Human beings learn to cope with adversity, for whatever reason, eventually.

It is now our task to accelerate a positive process; to do more than just be informed about trauma, but to learn in what ways we can achieve positive conclusions. Let's learn more about trauma so we can stop blaming and stigmatizing those dealing with it. If we can nurture positive attitudes against negative effects, maybe there will be more hope on the horizon. Let's bring trauma out of the shadows to help people assume a productive lifestyle.

Note: This essay was written in memory of my good friend Marvin Spieler, who, in addition to many benevolent activities, ran a support group for many years for survivors of trauma and abuse.

The Clubhouse Brought Out the Best in Me

By Arturo Soto

Though It Was a Struggle to Get There

I was but a small lad of ten feeling the pull of changing hormones, with puberty fast approaching, when I first started showing signs of schizophrenia. The outgoing, happy little boy who spent his summer days hunting praying mantises and grasshoppers in a huge abandoned lot near home was withdrawing more and more. No one paid any mind since I was always alone and aloof, even with my own room in a family of five children.

No one noticed my staying indoors for days on end during the hot summer

final week of July 1979 things came to a serious conclusion when I attempted suicide.

Over the following two years I did well, fueled by the thrill of starting high school and getting some nice female attention in a school that specialized in music and art. Unfortunately, I got involved with a religious group near my home. This may have triggered my disconnecting. I transferred from my current high school to one closer to home to be near the people in the religious group.

Eventually, the “religious” people

my strengths, specifically my artistic skills. He was impressed by my bizarre Lovecraftian-style drawings, which I created while attending the High School of Music and Art.

In 1989, I met my sister's future husband who introduced me to computers.

It was another miraculous life-changing moment as I sat in front of my Commodore Amiga 500 home computer. I found myself instinctively getting into computers with the help of my ever-present brother-in-law. It was an amazing thing to be able to do pretty much anything I wanted on a computer from creating music, drawing, doing some coding with AMOS, writing short stories and poetry, to working on 3D renderings and CAD programs.

Eventually, my mother helped me find an apartment in the projects, but my stay there was brief due to my mental illness and the bad neighborhood. Thanks to my therapist, I was moved out of that negative setting and into a housing program for the mentally ill called GEEL Community Services. It was like the doors of my dreams had finally opened and anything I wanted to do in life felt possible.

Where I was once shunned, I was now welcomed. Where I once felt the only place I could exist happily was in my room, now I knew there was a place in the world for me. Thanks to GEEL Community Services, I found my way into the welcoming clubhouse circuit. The GEEL clubhouse eventually changed hands about ten years later becoming Fountain House.

Fountain House has given me a sense of groundedness which caused me to realize and utilize my strengths. Thanks to Fountain House, I have once more begun to write on a regular basis beyond just using the Internet when at home, and computers for a new enjoyable hobby. It's a good feeling to be praised and thanked outside of gaming forums for my writing skills. It is as if my presence has expanded in a more positive way, being face-to-face with people rather than facing a computer monitor.

Fountain House, along with my housing program GEEL, has taught me what a valuable and enriching gift being proactive is, where I can act on what I know instead of waiting for it to happen on its own. They have shown and instilled in me the confidence that I'm capable of pulling my own weight and living a fuller, more productive and comfortable life. All I need is to just get out there and do it.

“Where I was once shunned, I was now welcomed...It is as if my presence has expanded in a more positive way, being face-to-face with people rather than facing a computer monitor.”

months or staying up all hours of the night. Eventually, my disconnecting from the outside world led to hallucinations. Suicidal thoughts were developing in my mind, as I longed to be released from the growing dark solitude taking over my life. All of this was in sharp contrast to the brilliant summer sun illuminating my bed near the window where I found myself sleeping more and more. During the

who I thought were my friends changed on me as they looked upon the things I enjoyed as sinful. Next thing I knew I was being treated as an outcast. I started feeling more isolated, keeping to myself, skipping out on school, spending more time alone in my room.

Around 1986, I started seeing a psychiatrist on a regular basis who put me on medication. He also emphasized



Memories of My Late Husband Marvin Spieler

By Sharon Spieler

Meeting My Soulmate at the Age of 51



What can I say about the most wonderful man I ever met? I called him “my sweet man” and he called me his “wifey.” He had a heart of gold. Marvin was kind, gentle, caring and intelligent.

Marvin came into my life as a surprise. I did not make dating easy for him because I was not looking for a relationship. I had three very disappointing relationships with men in my youth and had given up on any possibility of finding Mr. Right. I did not pick up on any of Marvin’s

signals, being clueless that he was interested in me.

We met at an empowerment meeting run by my psychiatrist in January 2003 where we were given the chance to talk. I found out that we had a lot in common. He had an emotionally disabled mother and I had a physically disabled mother. He grew up in the projects as did I. We both liked to write and we both liked history and politics.

Marvin said he was very impressed with me because he thought that I

was intelligent and expressed myself well. He came to the February and March meetings just to see me again, but I did not show. I came back to a meeting in April and afterward, Marvin asked if I would drive him to the train station. I agreed. The business card he gave me said, “Marvin Spieler, Director of Consumer Speakers’ Bureau, Mental Health Association of New York City.” He told me to call him any time. However, I am from the old school and will not make the first call to a man no matter how much I liked him.

In May we met again at the empowerment meeting. He was taking no chances this time and asked me for my telephone number. He called me that week and we arranged our first date at Battery Park. I had a great time.

At the age of 51, I finally met the man I was looking for my entire life, a man I admired, and who shared my interests. This man was clearly my soulmate as he was easy to talk to and we had a lot in common. We became inseparable for the next thirteen years until his passing on March 23, 2016.

I was aware of Marvin’s existence even before I met him. It was the year 1999 or 2000 and I was in treatment for depression. I mentioned to my psychiatrist that I always wanted to write for a newspaper. She told me about City Voices, the newspaper written by and published for mental health consumers. My doctor happened to have copies of City Voices in her waiting room and I

read Marvin’s column “As I See It” and noted his title “Editor at Large.”

I was very proud of Marvin and impressed with him because of his accomplishments despite having a psychiatric disability to contend with. Marvin taught me so much. He was my own personal peer specialist. He helped me not only by being my boyfriend and later my husband, he introduced me to his friends in the mental health community and the recovery movement, which I never knew existed. I did not know that recovery from mental illness was even possible. He knew so many people, was on so many boards, and was constantly looking for ways to spread the word about recovery.

His favorite slogan was that a person needed, at the very least, “a home, a job and a friend” in order to lead a satisfying life. He certainly helped me to achieve these things. He turned my apartment into a home when he married me. I held three jobs with him: wife; administrative assistant as I typed his speeches, his column in City Voices and his monthly statistics for his Speakers’ Bureau; and circulation manager in charge of the bulk subscriptions for City Voices. He served as City Voices’ business manager in addition to being a columnist. Lastly, Marvin was my best friend, husband, and soulmate. I will keep him in my heart forever. May he rest in peace.

Note: You can read Marvin’s many columns in City Voices here: http://www.nycvoices.org/marvin_spieler_column.php

the dearly departed

As I See it: My Friends are Dying Like Flies

By Marvin Spieler, Editor at Large Columnist

Try to Stay Healthy

Note: This article is reprinted from the fall 2003 edition of City Voices. Marvin’s sentiments here reflect how a lot of us feel about losing the friends we have made in the mental health community; people who have touched our lives as the late Marvin Spieler had.

What does the title mean? It means very dear loved ones, friends, mental health advocates and acquaintances are dying like flies. Obviously they weren’t flies. Not by any means would I ever think that. However, they are dying so regularly. So many are now gone I can’t imagine who will be next. They are dying so often, in a sense they are dying like flies. My memory of who died and when is beginning to be a continuous blur of images. Dead acquaintances bother me a great deal. I knew them or admired their work as advocates and I miss them dearly.

I’m mourning the memory of my wife who passed more than three years ago. I knew Reta since 1975 and was married for a dozen years. All I can feel now is pain. Six months later, Ken Steele, a close friend, contemporary and mental health advocate of incredible achievement thanks to the right medication after thirty years lost in hospitals, also died. My mother left earth that year too. She is still in every

“The younger you are the greater chance for changing old habits. Time is on your side. Use it wisely.”

one of my bones. The avalanche of deaths started with the great advocate Howie the Harp. The Peer Advocacy Center in Harlem, busy training consumers to become peer advocates, now functions in his memory and in his name.

Quincy Boykin, New York City’s Department of Health and Mental Hygiene’s citywide consumer advocate’s death scared the hell out of me. He had a stroke, which he survived. Months to a year later he died. Whether it was another stroke

or a rumor he had a heart attack doesn’t matter. He meant a lot to me, fought for us all, gained the respect of providers for all of us and empowered many consumers.

Dr. Aquila of St. Lukes/Roosevelt Hospital stated at a June 27, 2003 conference sponsored by the Manhattan Mental Health Council that consumers die ten years younger than the greater population. It was pointed out that suicide factored in.

The body doesn’t age faster because of mental illness does it? If not, why the disparity? Two ideas immediately occur: we generally are overweight due to the psychiatric medicines and those who smoke or have smoked for many years are at risk.

I would ask, are we getting the quality healthcare we need?

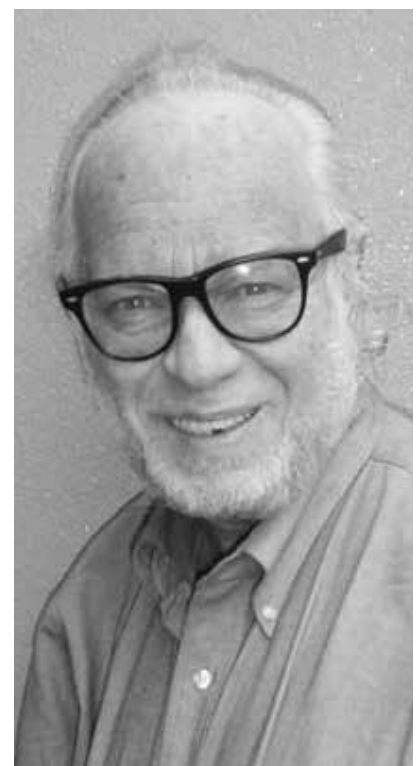
Our diets are generally poor due to lack of knowledge and low incomes as well. A poor man’s diet makes you overweight.

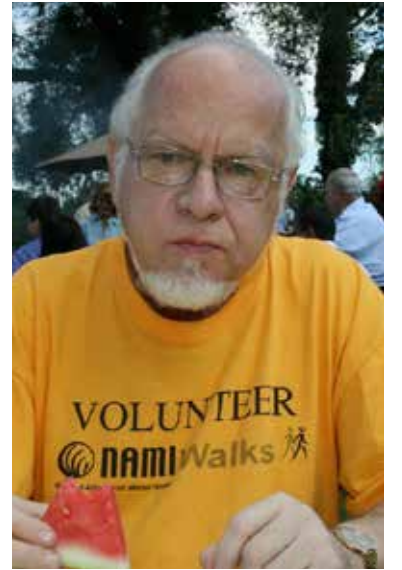
All this comes to mind yesterday with a phone call. I learned a friend had a clot in his lung. He was lucky to get to a hospital in time.

What can you do? 1) Stop smoking; 2) exercise on a regular basis; 3) improve your diet; and 4) consult your psychiatrist about your medicines. I personally have stopped smoking

recently. It’s a big start. Believe me, it isn’t easy. I crave a cigarette whenever I see a person with one, but resist smoking. It’s a step in the right direction.

It’s a start for me. However, how far has my body deteriorated? How much at risk am I? The younger you are the greater chance for changing old habits. Time is on your side. Use it wisely.





Fond Memories of Marvin Spieler
Photos courtesy of David Gonzalez



Thanks for the Memories, Marvin

"I had heard of Marvin's work with the Speakers Bureau long before he and I ever met face to face. When we did meet, I was taken with his gentle nature and genuine interest in helping others, including me. He was a natural listener and often gave me advice on both personal matters and systems advocacy. He was also a fierce advocate. Although we did not speak often, whenever we did, it felt like I was reuniting with an old friend. Thank you Marvin for all you did to help improve the quality of life for so many in the recovery community. You will be truly missed and always remembered."

—Carlton Whitmore, Director, Office of Consumer Affairs, NYC Dept. of Health and Mental Hygiene

"I first met Marvin at a support group in the year 2000. I was in the beginning stages of recovery from a deep depression in which I literally lay in bed for almost a year with next to no human contact. Marvin suggested I try presenting my story at his Consumers Speakers bureau. Through his guidance and positive support I eventually tried (and loved) public speaking. But I am just one of many people that Marvin has mentored, guided and supported. Very few people on this planet can honestly say they have changed so many lives for the better than Marvin."

—Kurt Sass, Administrative Coordinator, Community Access, Inc.

"Marvin, was an unforgettable character. He was always advocating for a cause, usually mental health related. I knew Marvin for about 20 years and rarely heard him complain even when his health was not the best. He devoted over 20 years to serving on the BSAEH, Inc. Board of Directors and along with Dan Frey was one of the driving forces behind City Voices. I always admired Marvin for his tenacity and his moral compass. He will be missed by many. May his memory be a Blessing."

—Isaac Brown, President/CEO, Baltic Street AEH, Inc.

"Marvin, you saved City Voices newspaper from the brink of disaster. For that, in addition to your friendship, I am grateful. It was cute seeing you and Sharon both ordering shrimp with lobster sauce. Who says all Jews have to keep kosher? God, probably. But you were an atheist, so who cares?! Rest in peace, Uncle Marvey."

—Dan Frey, Editor in Chief, City Voices: A Peer Journal for Mental Health

"Marvin was a staunch advocate who rarely minced words, but also one of the kindest souls I've ever known. It was my pleasure to attend Marvin's wedding reception a few years ago. We spoke briefly during the reception and he shared how happy he was and assured me that it was never too late to find happiness and meaning in life. I was struggling with my own recovery at the time and needed to hear this! Marvin had a way of reminding you of what really mattered. I will miss his candor and kindness."

—Teena Brooks, LMSW, Assistant Director, Office of Consumer Affairs, NYC Dept. Health and Mental Hygiene

"Marvin was one of the very first employees here at MHA-NYC when I started almost 30 years ago. In his role as a consumer leader and spokesman his impact on mental wellness and recovery was

immense. To me personally, Marvin was a cherished personal friend who helped me through my daughter's illness and gave me hope in my darkest days."

—Giselle Stolper, Executive Director, Mental Health Association of New York City

"I was saddened by Marvin's sudden passing, and will always remember his kindness and generosity and enthusiasm for the community he represented with such dignity. I remember how happy he was when he told me he had gotten married. He was like a young man again. He encouraged me always. It was because of Marvin Spieler that I became involved with City Voices. He always tried to help and offer useful information, and he was a good person. He will be missed. I hope he is enjoying the spirit world. Peace now, angel Marvin. No pain and no meds needed in heaven."

—Lisa Roma Wacholder, Associate Editor, City Voices: A Peer Journal for Mental Health

"Marvin was a great friend. He always worried about me being sick, and, here he was, sicker than I was. I thought that was very nice of him. Sometimes he would take me for ice cream or lunch. He wanted me to do the Speaker's Bureau, but I never got around to it. Now I wish I had because he could have helped me out of my depression. He will always be missed. At least he is not suffering anymore. May he rest in peace and be in a better place."

—Sandy Brower, Peer Advocate

"Marvin was warm, intelligent, and wise. He was instrumental to me, both at my last position as a peer specialist at a home for adults, when he supplied me with speakers recruited from his Speakers Bureau, to present at our popular Peer Led Socials; and when he arranged for me to go out and speak as well. I knew him for over five years. I was so happy when he confided in me about his marriage to Sharon. I wished him a hearty 'mazel tov' and I could see how great his relationship to her was and how much it helped him overcome his overwhelming medical struggles. Now the pain is completely gone, and I'm sure he is happy, looking down on us with his trademark compassion. As the poet Shelley put it, 'Hail to thee, blithe spirit!'"

—Joel Simonds, Peer Specialist, South Beach Psychiatric Center

"Marvin spoke with a quiet presence that was as masterful as it was plain humble. Sometimes, there are those who just do what is needed, going about the business at hand."

—Jeffrey V. Perry, CPRP, Program Manager, Baltic Street AEH, Inc.

"I met Marvin Spieler many times at Baltic Street. I discussed many issues with him when he made the time to speak to me. I found I could relate to him regarding recovery, empowerment, and the basic fundamentals of wellness. We spoke mainly about the current events that were happening then. I wished him all the best when he married. We had moments of laughter and were saddened by events that were happening in the news. I deeply express my sympathy to his wife and family. I am so saddened, we will miss him dearly."

—Anthony Sgarlato, Program Manager, Baltic Street AEH, Inc

A Legislative day is when a group of people advocating for a cause gather at the Capital and educate elected officials.

NYAPRS focuses on statewide advocacy for the promotion of rights and recovery for people who have been a part of the mental health system, as well as those who have also had experiences with substance abuse, homelessness, and the criminal justice system. NYAPRS members meet with New York State Senators and Assembly Members on Legislative Day to discuss needed reforms.

The trip from NYC to Albany is fun itself, as hundreds of people travel by bus together, sharing stories and excitement about the day.

Then once in Albany, attendees meet in a very large auditorium called The Egg. NYAPRS leaders introduce key issues, celebrate progressive legislators working toward mental health reform, and remember past legislative victories. After coming together over the issues we share as a community and we break into small groups to meet with legislators.

This year, the biggest priorities for NYAPRS were some of the social issues that intersect the lives of people with mental health needs, specifically housing availability and criminal justice system reform.

NYAPRS advocates urged Governor Cuomo and Mayor de Blasio to sign a new NY/NY IV agreement to ensure a multi-year commitment between city and state for the supportive housing needs of our community. In addition, we advocated for a \$92.9 million statewide housing readjustment rate for housing providers to ensure they can sustain quality service operation

and safe, updated facilities.

Mental health advocates joined NYAPRS in advocating for our brothers and sisters in jail and prison and for their needs when they are released. Reforming jails and prisons is imperative to the well-being of our community members. This year NYAPRS focused on Presumptive Medicaid, which would guarantee a person leaving jail or prison Medicaid eligibility for the first 90 days. Currently, a person leaving jail or prison has had their Medicaid eligibility suspended and

services. NYAPRS initiated a \$90 million request to sustain community infrastructure and expand technological resources. Behavioral health providers are not fully equipped to navigate some of the financial reforms implemented by the Department of Health to make the Medicaid system more efficient. This money would support providers in preparing to better support participants.

NYAPRS advocates also sought \$50 million reinvestment from savings gained by the shift to Medicaid

officials does not matter, but that's not true. Ten years ago, Community Access helped to arrange speakers for advocacy to end solitary confinement in prisons for people with mental health treatment needs. We thought we would wow elected officials with experts, including a speaker from the United Nations, Amnesty International, and top lawyers from the American Civil Liberties Union. We also brought one family member of a person with mental illness living in solitary.

After the public hearing where these speakers delivered testimony, we met separately with the legislator chairing the committee. They asked by name for the family member who testified at the hearing. The voice of a family advocate was the only voice they remembered from a four-hour hearing. Personal testimony matters, and always leaves an impact on elected leaders.

The most important thing to remember when you speak to an elected official is speak from the heart and convey how your personal story relates to what issue you are seeking to change. Honesty and commitment often translate to influence with legislative leaders.

Consider joining us in monthly meetings to discuss news about mental health issues from across the state and country with the NYAPRS NYC chapter.

To get involved with NYAPRS, call Carla Rabinowitz at 212-780-1400 x7726, or crabinowitz@communityaccess.org

“The voice of a family advocate was the only voice [the legislators] remembered from a four-hour hearing. Personal testimony matters, and always leaves an impact on elected leaders....”

can't immediately access health care, including medications.

Importantly, NYAPRS prioritizes diversion from jail or prison, particularly in the case of mental health crisis that contribute to incarceration of our community members. We advocated for the expansion of Crisis Intervention Team training, which is a comprehensive method to teach police officers how to respond to people in distress. The 40-hour training equips officers with skills to identify and de-escalate the effects of a mental health crisis. NYC is currently committed to training 5,500 officers, but the need is for 10,000 trained officers; we advocated for an increase in trained officers to meet the city's needs.

We also advocated for additional funding for supportive community

Managed Care, and \$5.5 million from the closing of hospitals. We advocated for the reinvestment of these funds into community settings, to continue to prevent the need for hospitalization and prioritize community integration.

One excellent example of community reinvestment funding in the 1990s was the Community Access Howie T Harp training program. This peer run program trains mental health service recipients to work as peer specialists or in the human service field. The program has promoted over 1,000 NYC community members in pursuing workforce goals and continues to provide options for people with mental health system experiences.

Many people have the perception that individual advocacy with elected



health crisis a year. They call these calls EDPs (Emotionally Disturbed People calls). Progress has been made to train officers in effective handling of mental health crisis, but more must be done to impact NYPD response methods and build opportunities for diversion from the jail and hospital system.

Many officers now still respond to EDPs in a command and control approach based on their standard training. The primary way NYPD officers still try to gain control of a situation is by getting compliance from the person in distress by using force.

But that is all changing due to the work of Community Access and other members of the Communities for Crisis Intervention Team Coalition (CCIT), www.CCITNYC.org.

The NYPD has agreed to train 5,500 officers in a 36-hour training that supports police personnel in understanding the tools they need to use to effectively address those in mental health distress. So far, 300 NYPD officers have been trained using the model pioneered by the city of Memphis, TN in 1988.

But CIT is more than just training of police. CITs require coordination between the public health system, police departments, and the mental health community.

In addition to training, the NYPD—under the guidance of the NYC Department of Health and Mental Hygiene—is creating a small demonstration project pairing 10 teams of social workers and NYPD to work together. These teams will ride to shelters and other locations together as a co-response team.

The NYC Department of Health and

Mental Hygiene (DOHMH) invited a few mental health service recipients to speak to the newly hired social workers on the co-response team. One of our main priorities continues to be that DOHMH and the NYPD go further and hire actual mental health peers to advise police.

The group of mental health leaders invited to the process also advised the co-response team that when they need to take a mental health recipient to the hospital, they might encounter a lot of resistance. Some mental health recipients, especially when they are in distress, will object to being taken to a hospital. Some recipients have had traumatic experiences at hospitals or just do not like being locked up. We advised the social workers that they will need to improve their de-escalation techniques for those people for whom a hospital is a place they dread.

The recipients at the planning meeting also advised the social work co-response teams that offering something to eat or drink or a blanket is a good gateway to a conversation with a person in distress.

The team also indicated to the co-response team the importance of being careful from where they receive information about the person in distress. We explained that talking to neighbors about a mental health recipient might not be the best idea as community members often harbor prejudice against mental health recipients. We also suggested that the co-response team be similarly cautious in talking with family members; some of us believed family members could offer information on the person in distress, but others felt family members could be the triggers for a

mental health recipient, especially when the recipient is in distress.

This DOHMH co-response pilot project is exciting but not new. Houston employs a similar co-response team

“We advised the social workers that they will need to improve their de-escalation techniques...that offering something to eat or drink or a blanket is a good gateway to a conversation with a person in distress.”

and has done so for 15 years. Many other cities have implemented similar teams that pair peers or clinicians with police officers, or established centralized communication centers where officers can access health information or access to treatment options.

Most importantly, CCIT continues to advocate for city-wide diversion centers where police can quickly drop off people in crisis and return to other police calls. The Mayor and DOHMH have promised to build two diversion centers but unfortunately those centers have not yet been procured or established.

These diversions centers are an essential part of a CIT response. Officers need a place to quickly

drop off a person in distress or the officer will take the person into custody. A diversion center is less time-consuming and less expensive than time in jail or in the hospital, and there is evidence that diversion greatly benefits both the recipients and police officers. Currently, even the best-intentioned NYPD officers have no other choice but to take a mental health recipient to a hospital or retain them in another type of custody.

These promised diversion centers are slated to have complete mental health and drug addiction services. They will be open 24/7 and connect those being brought by police to community supports. Unlike hospitals, the focus of the diversion centers is to connect people in distress to outpatient services, a place they can apply for housing, a clinician they can talk to immediately, and other resources known to mental health community organizations. And we are assured peers will play a role in these diversion centers.

The CCITNYC coalition remains hopeful and vigilant that the NYC Mayor’s office invests resources in building diversion centers as an integral part of the CIT approach. We commend the efforts of the Mayor’s office, DOHMH, and the NYPD on their efforts thus far in supporting the best interests of New Yorkers who experience mental health crisis and emotional distress. We look forward to working together with all stakeholders into the future as CIT is expanded and enhanced with community supports.

If you are interested in upcoming events with the CIT Coalition in NYC, CCITNYC.org, please contact me at crabinowitz@communityaccess.org or 212-780-1400 x7726.

preserving human dignity

With the support of co-council Debevoise & Plimpton and New York Lawyers for the Public Interest, MHP won a victory in the Brad. H vs. City of New York settlement, which requires the Department of Corrections to provide comprehensive discharge planning to individuals living with mental illness who are returning to the community from Rikers Island. MHP has provided independent oversight to ensure the city’s compliance with the settlement by making weekly visits to Rikers Island and speaking with individuals about the kinds of services they’re being offered.

The Mental Health Project was a founding partner in Mental Health Alternatives to Solitary Confinement (MHASC), a statewide coalition concerned about the impact of solitary confinement on people in state prisons. Largely in part to MHASC’s efforts since 2003, New York State passed the SHU (“special” housing unit or solitary confinement) Exclusion Law in 2008. Finally enacted in 2011, the SHU Exclusion Law prohibits individuals classified as having a serious mental illness from being placed in solitary confinement.

In order to build on the progress made by the SHU Exclusion Law, MHP helped form another coalition called the Campaign for Alternatives to Isolated Confinement (CAIC). Currently, CAIC is advocating for NYS representatives in Albany to pass the Humane Alternatives to Long Term

“HALT would vastly limit the types of infractions that would result in an individual being placed in solitary confinement, as well as the length of sentences in solitary...(and) prohibit vulnerable populations from being placed in solitary confinement for any amount of time and would provide more transparency and oversight of the use of solitary confinement.”

(HALT) Solitary Confinement Act. HALT would vastly limit the types of infractions that would result in an individual being placed in solitary confinement, as well as the length of sentences in solitary. HALT would also

prohibit vulnerable populations from being placed in solitary confinement for any amount of time and would provide more transparency and oversight of the use of solitary confinement.

MHP is excited to offer more frequent advocacy courses to assist individuals returning to the community from jail

organizations to discuss a range of issues, including employment, housing, and public benefits. We also hope that these courses will assist people who have had some involvement in the criminal justice systems to connect to peer supports such as clubhouses and peer advocacy training programs. MHP also provides individual case management services to individuals living with mental illness who are returning to the community from jail and prison. We assist individuals to apply for supportive housing and SSI/SSD benefits, connect people with mental health treatment and additional resources such as peer services and other employment and educational opportunities.

For more information about MHP’s services, please contact our intake coordinator, Kaitlin Hansen at (646) 602-5658. For more information about MHP’s Reentry workshops or our Advanced Advocacy Course, please contact our Advocacy Workshop Coordinator, Koretta McClendon at (646) 602-5661.

or prison in navigating the multiple systems they might interact with, so that they may obtain or acquire the knowledge and skill base necessary to best advocate for their rights. The course introduces speakers from different

“Healing Voices” Film Event

By Lisa Roma, Reginald Coleman and Dan Frey

Informed Decisions to be Made by The Individual

Note: The film here reviewed deals in part with the subject of coming off of psychiatric medications. This is a controversial subject as, on the one hand, psych meds can do harm to the body. On the other, being without them can lead to poor judgment, psychological pain and dangerous situations. The staff and volunteers at City Voices strongly encourage you to do the research, talk to your doctors, your family and friends before deciding about whether to stay on meds. Do not attempt to get off meds on your own. This action requires a strong support system to buffer you in case of crisis. You have the human right to choose what goes into your body. However, we do not live in a supportive and understanding society. In the U.S. people who have shown signs of mental illness have been marginalized, feared, incarcerated and basic human rights have been taken away. If you do decide to ween off of medications, do it slowly under careful supervision even if it

takes years. Maybe you will find that remaining on the medication is best, perhaps at a more comfortable dose.

On April 29, 2016 we viewed Healing Voices, a documentary about people who experience extreme states of consciousness usually labeled as “psychosis” or “mental illness” by the medical establishment and the effort to preserve their human rights and dignity.

For many people hearing voices is a part of their life experience. The film offers a fresh perspective, exploring how to accept and love people who experience extreme states, rather than stigmatize, label, and medicate them, which can do more harm than good. Hearing voices is a normal human experience, a “dangerous gift” that many of history’s movers and shakers experienced. It is how people respond to the voices that brings them into contact with services and not the fact that they hear voices.

“Mad in America” author Robert Whitaker chronicled society’s shifts in perspective of people diagnosed as mentally ill. Each shift led to a different type of treatment. In the colonial days of the late 1700s, the Age of Reason, those who lost their reason were seen as less than human, abused, and treated like animals. Then came reforms in treatment led by the Quakers who viewed the mentally ill as brethren and were compassionate with their care-giving. In the late 1800s there were eugenic attitudes, forced sterilization, marriage prevention and long-term hospital stays. In 1950, Thorazine was

introduced, which was essentially a straight-jacket in pill form. Today, pharmaceutical drugs dominate treatment. Mr. Whitaker said, “What we are really treating is our own desire to be safe. Madness is a mystery. If you conceive of people as brethren, that’s a great starting point.”

The film follows three subjects over a five-year period—Oryx, Jen and Dan—each of whom are learning to live with extreme states of consciousness, hearing voices, etc. without psychiatric medications. They all belong to loving families and have steadfast friends in their

Healing Voices declares that psychiatric survivors have the right to choose what is best for themselves in their own recovery, encourages people to share their stories and support one another. Judi Chamberlin, mental health advocate and activist, says, “People have a story to tell. Support each other by listening to these stories. Trauma exists. People should have a choice in their recovery.”

There are significant cultural factors that influence one’s decision to stop taking psychiatric medications (and society’s response to this decision) that are not

“Support each other by listening to these stories. Trauma exists. People should have a choice in their recovery.”

support systems. Oryx and Jen are both married with children and have been there for one another through times of crisis. Dan’s mother and friends have been his constant support. Dan said he feels more alive and vibrant without psych meds.

In 2013, the director of the National Institute of Mental Health (NIMH), Thomas Insel, M.D., concluded that people diagnosed with schizophrenia and other psychoses are a diverse group who need diverse approaches. Dr. Insel acknowledged in his Director’s Blog, “For some people, remaining on medication long-term might impede a full return to wellness.”

adequately explored in the film. However, projects like Healing Voices are needed to push boundaries and create opportunities for ongoing dialogues.

DVDs or streaming video can be purchased at healingvoicesmovie.com/store. Other online resources include www.facebook.com/alternativesconference, www.mindfreedom.org, and to find a hearing voices group: www.hearingvoicesusa.org/find-a-group.

**Please donate to City Voices,
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**—We Thank You,
The staff of CITY VOICES**

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My Experience Has a Name

By Donald Wayne

Doctor "P" Came Along to Name It



Help came in fits and starts over a lifetime of mental illness, which began in the 1960s while in my middle grades. It has been a journey marked by compassionate people and stunning luck. Understanding my illness came over decades of having to piece it all together. Looking back over the years, I can see the evolution of my life narrative.

I'm not sure what my age or grade in school was. The time period is hazy for

me to determine. Perhaps it was sixth or seventh grade. I was having a terrible time at school and was miserable. When lunchtime came around I would be my own company, separating myself from the other children. I was anxious. People called it my "nerve problem." I felt as if I were all alone. Indeed, nobody seemed to comprehend my situation. No one thought it was anything but nerves, at the very least an illness.

My mother was my first advocate. She came to wake me for school one morning and found me lying in bed, as stiff as a piece of lumber, with the sheet stretched taut between my teeth. Many years later, my mother told me she could slip her hand easily beneath the arch of my back.

Something was clearly wrong. She phoned my father at work. "There's nothing wrong with Wayne," Dad said. That wasn't acceptable. Mother called our physician, Doctor "E," who recommended a psychiatrist in a city fifty miles away.

My sessions went on for years with diminishing returns for the amount of time spent with Doctor "M," my psychiatrist. Medicine was prescribed, but with no understanding of my condition. He had told my parents that I would have a family, but would never make it through college.

I started college in the late 1970s and did well. Away from the stress of

parents and bullies in school, I thrived. I transferred to a university in the piney woods of Texas, a place which I loved, and still do. I had been taking courses in photography, which I later majored in. I remember that day well.

It was a slightly chilly but clear cobalt blue day as I arrived on campus. I was beside the white stone four-story library when a "thought" came, telling me terrible things about myself again and again. I could not make it stop. I lived with these voices and the

for many people, this man who meant so much to so many of us, died in an accident. I then became the patient of physician Doctor "R" for the next decade. In him, I would find a man, distinguished, knowledgeable and a friend.

Doctor "R" would spend plenty of time with me, allowing room to ask questions unhurriedly, a contrast from the several minutes people in my situation typically get. He once offered to take me to a good Dallas restaurant

"My mother...came to wake me for school one morning and found me lying in bed, as stiff as a piece of lumber, with the sheet stretched taut between my teeth."

increasing paranoia until one lucky break.

I was to go see Doctor "F" to have my medicine refilled, but for some reason he couldn't make it to my appointment. That's when Doctor "P" entered my life. Talking to this kind physician with his big eyes and tall frame who asked me leading questions, I had the courage to ask about the "thoughts" that were torturing me, which I did not understand.

Consequently, I learned Doctor "P" had once been an army doctor with special training in the area of schizophrenia, which he thought I had. I was not expecting help, and certainly not this. But I was relieved, if somewhat bewildered, at discovering my situation had a name.

Doctor "P" helped me deal with my schizophrenia for a decade. Tragically,

and buy me a steak if I lost weight. I didn't, though I wished that I had, if just to spend time with Doctor "R," for he would leave my town after a decade or so. I think he was in the military guard.

Receiving assistance from the Texas Department of Mental Health and Mental Retardation was the last piece of the puzzle. I had lost my job and needed help. Since then, I have had several therapists, all very good. After six years, I am getting to the bottom of my severe anxiety.

Along with the concern and helpfulness of these medical professionals, it seems that there has been an element of luck with me throughout the years. My doctors and family all stepped in when they could help, combined with my own initiative, as well. I thank God for them all.

personal story

ThriveNYC: A Mental Health Roadmap for All

A Summary by Kurt Sass

The City of New York, Mayor Bill de Blasio and First Lady Chirlane McCray have published a 118-page book titled *ThriveNYC: A Mental Health Roadmap for All*. Reading it can be a daunting and overwhelming task. What I hope to accomplish in this article is to summarize the six Guiding Principles, as well as most of the 54 Targeted Initiatives, to make it just a little bit easier for someone who is seeking assistance for themselves or their loved ones.

Principle 1: Change the Culture

1. Mental Health First Aid Training: The city will facilitate this in-person training of 250,000 people over the next 5 years, beginning in the first two years with police officers, firefighters, emergency medical professionals, correction officers, community organizations, etc.

2. Roadmap Website and Mental Health Program Finder: A website has been launched for each of these (Note: the paragraphs do not state the actual websites addresses.)

3. Improve School Climate: A new Chancellor's Regulation has been designed to help de-escalate school behavior situations and reduce 911 calls.

4. Addressing the Trauma of Crime Victims: The city will place Victim Advocates at all 77 NYPD precincts and Bureau Police

Service Areas.

5. Police Crisis Intervention Team program and Training: 5,000 officers will participate in the 4-day de-escalation training.

6. Public Health Drop-Off Centers: 2 centers will open where individuals have an option in lieu of hospitalization.

Principle 2: Act Early

1. Social-Emotional Learning (SEL) in Early Care and Education: The city will train 9,000 teachers, assistant teachers and school leaders to support SEL competencies in the next 3 years.

2. Mental Health Clinics in Additional High-Needs Schools: The city will assess the needs for mental health services at 52 schools with a disproportionate number of suspensions.

3. Create Network of Mental Health Consultants Serving All Schools: The City will hire 100 School Mental Health Consultants, all of whom will be Masters-level social workers or counselors. They will work with every school citywide.

4. Mental Health Training for School Staff: Train school staff in the following: 1) Youth Mental Health First Aid, 2) Youth Suicide Prevention, and 3) At-Risk Training

5. "Talk to Baby, Their Brain Depends On It Campaign": Concentrating on meaningful

actions to improve the health and well-being from birth to age 3. Includes weekly text messages to parents and caregivers as well as 200,000 Baby Book Bundles.

6. Expansion of Newborn Home Visiting Program: Adding 1,600 mothers of newborns in shelters to clients served.

7. Mental Health Service Coordination in All Family Shelters: A Licensed Clinical Social Worker will be placed in every contracted shelter.

8. Attachment and Bio-Behavioral Catch-ups: Ten (10) weekly one hour in-home sessions for parents and primary caregivers.

9. Training on Intimate Partner and Ten Dating Violence for Community School Staff: Training for all staff, including how to connect people to NYC Family Justice Center and NYC Healthy Relationship Training Academy.

Principle 3:

Close Treatment Gaps

1. Close Gaps on Maternal Depression: NYC Health and Hospitals and Maimonides Medical Center have committed to universal screening and treatment for maternal depression within two years.

2. NYC Support: 24/7 phone-based crisis center to be created by September of 2016.

3. Peer Specialist Training: The city will graduate 200 peer specialists beginning in fiscal year 2017.

4. Veterans Outreach Team and Holistic Treatment Fund: The city will invest \$500,000 to expand the outreach team and \$1 million dollars to create a veterans Holistic Treatment Fund.

5. Expand Access to Buprenorphine and Naloxone: Will train up to 1,500 new providers to provide Buprenorphine and provide trained laypeople with enough Naloxone to reach more than 7,000 New Yorkers.

6. Reduce Violence and Address Treatment in City Jails: Additional mental health training for 2,600 Officers. Reduction of officer to inmate ratio to 1:15 in adolescent units.

7. Cognitive Behavior Therapy Plus: To be introduced at 18 of 23 contracted foster care agencies.

8. Mental Health and Substance Use Programming for All Youth at Riker's Island: Psychiatric assessments and after school therapeutic arts programs for all youth 21, and substance abuse programs for those age 16-21.

9. Mental health Services in All Family Justice Centers: The new program will accommodate 1,000 clients per year.

10. Geriatric Mental Health in Senior Centers: A Licensed Clinical Worker or professional with similar skills in up to 25 of the largest senior citizens centers, reaching a total of 3,750 people annually.

11. Integrated Brief Intervention for Substance Misuse: Introduction of substance abuse screening in all 8 of the city's sexually transmitted

disease clinics.

12. Expand and Enhance Discharge Planning Services: Expand existing jail discharge service to serve an additional 8,100 people who leave jail through the Dept. of correction's I-CAN program and the Health and Hospital Corp.'s new substance-use discharge planning program.

Principle 4: Partner with Communities

1. NYC Mental Health Corps: To be created of approximately 400 physicians and recently graduated Masters and Doctoral-level clinicians to work in high-need communities, and provide approximately 400,000 additional hours of service.

2. "Friendly Visiting" to Combat Social Isolation Among Seniors: 12 Case Management Agencies will be funded to identify 1,200 homebound clients in need.

3. Mental Health Weekend for Faith-Based Communities: On a designated weekend, faith leaders across the City will be invited to preach on the topic of mental health.

Principle 5: Use Data Better

1. Mental Health Innovative Lab: Spurred by action including the 2010 Mental Health parity and Addiction Equity Act, the Lab will drive the use of evidence-based best practices throughout the field.

2. Evaluate Financial Sustainability of School-Based Mental Health Services: This will be used in the 200 DOE schools that currently have mental health clinics.

3. Evaluate Existing Assertive Community Treatment (ACT) Teams: The current 44 teams will be evaluated.

4. Ensure the City Uses Jail and Diversion Programming Effectively: Strategies and goals include: expanded supervised release, universal screening for physical and mental health problems as well as reduced reliance on monetary bail.

5. Child Health Survey: The DOHMH took a survey of more than 3,000 families in 2015 to collect data on the health and emotional wellness of children under ages 12 and younger.

Principle 6: Strengthen Government's Ability to Lead

1. Launch NYC Mental Health Council: Comprised of more than 20 City agencies, developing new ways for City employees to play a role in the care pathway.

2. Continue Working Closely with the State on the Transition to Medicaid Managed Care: Develop service manuals, conduct on-site reviews and develop consumer education materials, among other efforts.

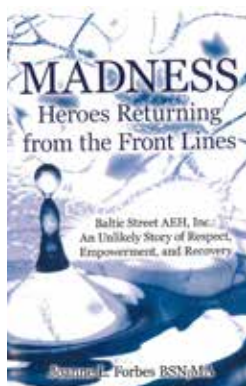
3. New Supportive Housing for Vulnerable New Yorkers: 15,000 apartments of supportive housing over the next 15 years.

4. Host the first Mayors Conference for Mental Health, which will take place in 2016.

Madness: Heroes Returning from the Front Lines

By Joanne L. Forbes BSN, MA

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



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

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

AVAILABLE AT WWW.LULU.COM OR BY CALLING BALTIC STREET (718) 833-5929

“Transformations: Seeking Clarity Through Art” at Maimonides Medical Center

By Carl Blumenthal

Starts Rather than Stops the Show

“Transformations: Seeking Clarity Through Art” is an exhibit of works by 26 mental health consumers participating in art therapy at Maimonides Medical Center. It’s on display from June 2016 to May 2018 in the Marvin H. Lipkowitz Gallery on the second floor of the Community Mental Health Center, 920 48th Street

surprised by the tranquility expressed in these works, as if the anguish of mental illness had been banished from portraits of people, animals, and flowers as well as urban and natural landscapes. Miriam Gilbert, a psychiatric nurse, explained, “The black [gloomy] paintings aren’t hung because they no longer are needed [for



Top photo: John Fierro is standing in front of his painting, “Parade”, with Marina Korenshteyn, Social Worker. Bottom photo: Muriel Fenner is standing in front of her painting, “Reflections”

in Brooklyn.

Creative arts or expressive therapies (art, writing, dance, music, drama, etc.) enable those of us living with mental illness to heal when talk therapy and medication aren’t enough. Research suggests creation and appreciation of the arts stimulate neural pathways essential to psychological well-being.

At the opening on May 12, the staff of the Psychiatry Department, and the Division of Therapeutic Activities, in particular, eloquently praised the artists, who returned the favor. However, the paintings speak as loud, if not louder, than the words in each artist’s statement.

Arts therapists once helped psychiatrists interpret patients’ illnesses. For this exhibit’s catalog the staff writes, “Within art therapy groups, clients demonstrate a willingness to take risks. They discover images that they find personally important and explore the art materials which they feel are best suited to express them.... The artwork serves to “transform” personal process, and growth towards healing and recovery.” So the meaning of the product doesn’t count the way it used to.

As a former inpatient and current outpatient at Maimonides, I was

healing.” What better definition of transformations!

Muriel Fenner writes in the catalog of “Reflections”: “I chose to sketch this portrait because when I look at her I see self-worth, relaxation, and peace in her eyes. These are things that I strive for every day.” Three and a half years ago she had never painted anything. While she now takes classes at Kingsborough Community College and other schools, Muriel said, “I still cross my fingers every time [hoping] the painting will come out.”

Eugene Himmelstein’s “Sabbath Candles Over Jerusalem” resemble flowery spires reaching toward heaven.

Although he’s never been to the Holy City, his imagining is representative of the dreams and memories showcased here. Eugene told me “art is a form of self-renewal” as is the weekly lighting of candles meant to welcome the Day of Rest.

More than the usual group show, this one demonstrates an unusual camaraderie among the participants that also evokes hope and joy in observers. Even the pieces which appear to be exceptions to this rule demonstrate their creators are dealing well with stress.

In “Slavery of the Human [mind],” Enriqueta Figueiroa attires a slave with fine jewelry and clothing. Rosa Herreria’s “The Oven is Fixed” shows what was once broken between family members is mending. Esther Kamhi’s “The Mountain Top” is an uneven but colorful climb. Steven Koenisberg enlivens drab buildings with graffiti in “New York the Abstract City.” The “Wolf” of Lilliya Sinchyugova looks more like a cartoon character than a predator. And Debra Tillman transforms “Five Tarts” (ladies of the night) into extraordinary musicians.

Assuming the artists were at least initially untrained, they have naturally discovered styles which suit their individual needs. That elements of impressionism, expressionism, surrealism, pop art, etc. appear in their paintings doesn’t mean that they are copying from a textbook. Yet clearly these folks inspire each other.

In “Agnes’s Jacket: A Psychologist’s Search for the Meaning of Madness,” Gail Hornstein describes Heidelberg University’s Prinzhorn collection of creative works by European asylum inmates from the late 19th and early 20th centuries.

Hornstein believes this “outsider” or spontaneous art told stories of unspeakable distress before expressive therapies became disciplines in the 1920s to 1940s. A seamstress, Agnes Richter stitched mesmerizing but indecipherable messages in her exquisite jacket, as if she desired but feared discovery. Hornstein declares such messages emblematic of the turmoil people felt within themselves and inside the mental hospitals where many were committed for life.

Why is this context important? Maimonides’ arts therapists now encourage and “celebrate the incredible strength, resilience and tenacity of all our artists...” Thus my peers are part of a long tradition from which they also depart in many ways.



“A Taste of Mexico” by artist David Barninka

“Free to participate in art therapy when and how they please, their visual and verbal contributions are statements of continuing recovery, whereas the mentally ill more than a century ago were largely considered hopeless.”

Free to participate in art therapy when and how they please, their visual and verbal contributions are statements of continuing recovery, whereas the mentally ill more than a century ago were largely considered hopeless.

But today’s consumers share with earlier practitioners of “art brut” (raw art) a taste for complexity because neither mental illness nor the human condition is a simple matter. For someone like me who can barely draw a stick figure, their devotion to detail is more than realistic; it’s fabulous.

Therefore I highly recommend you witness these “Transformations.” “Seeking Clarity Through Art” is actually a mystery which, like Agnes’s jacket, is better seen than concealed.

artistic expression



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

Bruni in the City: Finding Mr. Right Now

By Christina Bruni

The Guy Showed Up On My Doorstep

Loyal readers, I ask you, is it so hard for any guy to say, "I'd like to take you on a date?" Most likely they fear being rejected. Yet, I don't have a crystal ball. If you like a girl, let her know. Trust me, a modern woman like myself doesn't automatically think "date" when a guy asks her "Do you want to...?"

Come right out and say, "I'd like to take you on a date." Old-fashioned, yet totally charming. Don't do it via text or e-mail either. Ask the woman when you see her in person.

At first, I didn't think a guy could like me simply because I had the greatest hard time reeling 'em in on OKCupid and other dating websites. No guy took my bait, even though I had a gorgeous photo. Then a friend told me a guy liked me, so I decided to reciprocate and see how it would go. I had been blind early on. The more we talked, I got interested in him.

On the Internet, men and women specify a list of acceptable traits they're

looking for. Focusing on a checklist, most people rule out potential partners. In the fall, I had decided that I would accept whatever package the guy came to me in. I had quit my involvement with Internet matchmakers at the time I published *Left of the Dial*.

The deciding factor was that I don't want kids. Online, 50-year old guys were clamoring for a brood—even though the older the father is, there's a greater risk his kids will develop autism, ADHD, or schizophrenia. I couldn't compete with the bevy of women who wanted to breed fast.

Ever since I was a young teen, I knew I did not want to marry or raise a family. My only dream was to live an artist's life in the City. At 50, I'm still a quirky creative gal who lives her life "left of the dial."

You can imagine my joy and disbelief when the guy arrived in real life like a living breathing checklist. He listens to alternative music and likes

to attend poetry readings and comedy clubs. He's a lefty like I am.

There's a fluidity to this right now. I won't force things. What I like most of all is that I met a guy with social graces—he can hold his own and interact with others with ease. The journey is what counts. This is how it is in the modern world—having fun most of all and being a caring companion to the one you're with. I respect that he's an independent spirit like myself.

By fall, I had decided I wanted to attract a guy into my life instead of hunting him down. What luck I had in actually meeting a person who is open-minded and respectful.

It hit me, too, that it's not about what I can get out of things—it's about making the other person feel good. Like Grace Slick sings about wanting and needing somebody to love in the song "Somebody to Love."

Wherever this leads is not the point. The point is that talking with him is better than taking a happy pill. For so long I had to deal with a parade of turkeys trotting through my life. A woman who gave me a psychic reading called the guys I would meet "turkeys." No kidding.

I'm just a girl in the city living her life. The point is that I'm 50 and I got



"...you'll get what you want if you're a go-giver, not a go-getter. Focus on what you can give other people."

here so I can give readers hope. It's never too late to find joy in living. Today is the greatest day of all. Trust me, you'll get what you want if you're a go-giver, not a go-getter. Focus on what you can give other people.

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) 602-5658
NYC BAR ASSOCIATION (212) 626-7373
LEGAL AID SOCIETY (212) 426-3000

Housing

CUCS (212) 801-3300
COMMON GROUND
(212) 389-9300
OHEL (718) 851-6300
COMMUNITY ACCESS (212) 780-1400
SUS (212) 633-6900
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

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

Queens

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

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

Staten Island

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

Volunteer/Work Positions Available

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

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

Telephone Resources

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

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

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

Advocacy

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

MHASC: coalition committed to providing advocacy to consumers in special housing units in jails and prisons. Call 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 www.ritaproject.org

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

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.

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

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.

BALTIC STREET'S LGBTQ DISCUSSION/SUPPORT GROUP: discussion/support group for the LGBTQ community who also live with mental health challenges. Meets Wednesdays 2-3pm. Call Lashun or Ted for more info (718) 875-7744.

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

Social

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