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A Peer Journal for Mental Health



We Demand More Housing for the Disabled



Advocacy Coordinator Carla Rabinowitz of Community Access is speaking to a photojournalist from Coalition for the Homeless about the need for supportive housing at the NY/NY4 housing rally outside of Governor Cuomo's office in Midtown Manhattan.

The Campaign for New York/New York Housing

By Nora MCLAughlin and Carla Rabinowitz, Community Access, Inc.

Hundreds March for Housing for New York's Most Vulnerable

Tourists and businessmen alike could not help but tune their ears to choruses of: "Governor Cuomo hear our cries! Supportive housing saves lives!" and "What do we need?" "Housing!" "When do we need it?" "Now!"

At 11:00 a.m. on Friday, June 12, 2015, over 300 individuals gathered to march outside Governor Cuomo's Midtown office to demand 35,000 more units of supportive housing be built throughout the state of New York over the next ten years.

(Continued on page 4)

11th Annual NYC Mental Health Film Festival

By Carla Rabinowitz, Advocacy Coordinator, Community Access

Bigger and Better Than Ever

Eleven years ago the NYC Mental Health Film Festival got started in a bizarre way. We were looking for a little fundraiser for a state-wide mental health advocacy organization, NYAPRS. A group of five of us were planning for a Halloween party in someone's house in Queens, but her house had problems so we had to change plans.

Carlton Whitmore, now Director of Consumer Affairs at the Department of Health and Mental Hygiene, brought in a copy of a film festival just starting in London. He asked: "What about a mental health film festival?" I said, "Sure. I

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MFY Legal Services, Inc. and Center for Court Innovation Partner to Preserve Affordable Housing in East Harlem

By Shafaq Khan, Staff Attorney, MFY Legal Services, Inc

MFY Legal Services, Inc.'s Mental Health Law Project provides free legal services to people with mental illness who live in New York City, including advice, brief service and full representation on a variety of civil legal issues. The project's focus is to help people with mental illness continue to live and thrive in their communities. As a result, MFY attorneys are part of the battle to preserve affordable housing for all low-income New Yorkers.

In a recent pilot program, MFY has partnered with the Center for Court Innovation to establish a legal clinic for people with mental illness at the Harlem Community Justice Center community court in East Harlem ("HCJC"). Unlike other housing courts, HCJC is a community court aimed at preserving and empowering the East Harlem community. The court acts as a family court and housing court. It also provides community programs to reduce youth crime and improve school attendance, amongst other things.

East Harlem is undergoing rapid gentrification. Construction of market-rate housing is underway

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Ward Stories

A column organized by Dan Frey

Four poets are featured in the winter 2016 edition of Ward Stories: Nigel, Bonnieblue, J. Cloven and Jeffrey V. Perry. "Wonderland in the Asylum" is both trippy and frightening, especially if you have ever been inside psychosis. I know at times it can seem like the greatest escape. "My Journey" will make you repeat to yourself its repetitive chorus, so be warned. Everyone should have an admirer like J. Cloven in "August." And lastly, Jeffrey V. Perry, a senior employee of our parent organization, Baltic Street AEH, asserts that the peer movement in mental health has come a long way. Many people working in the mental health field are "Angels Now at War," fighting for the rights of their peers who have been diagnosed with severe mental illness.

Angels Now at War

By Jeffrey V. Perry

We believe that people can help people!
One can't be trained to be compassionate!
Experiences are valuable!
First, we must recognize other people as people

This is different than those who are asked
To do just their job or do a task;
Those who were taught to don a completed skill,
We too know experiences earned are real.

We will say that we can, because we have.
And there is no theory on our behalf.
We are those who have been suppressed.
We overcame a system with success

The system did not ask for us to come.
It has been common sense we have spun from.

Systems cannot be asked to change themselves.
From out of systems we come back to help.

If you didn't know, there is a peer movement
In mental health growing that we represent.
A Peer-run Agency, started on Baltic Street,
Where, experience-based services compete.

We offer many, who are underserved,
To share their voices so they will be heard.
Because, we use a peer to peer experience-based,
We know our lives are far too great to waste.

Now Baltic Street A.E.H., Inc. employs
Through many programs, hundreds, it deploys.
With hospitals and community, it does give
Self-help, recovery, jobs, and a place to live

Baltic Street has been here almost twenty years.
It helped in the movement, peers helping peers.

Now that Mental Health Agencies are on board,
I believe the peer concept struck a chord.

Witness this day where peers have paved a way.

Now government listens to what peers say.
It has been amazing to see this swing,
One day all the angels in chorus will sing.

My Journey

By Bonnieblue

My journey has been fierce
At times, it has been a battle field
I have cried and my screams piercing
Running, running, to where
Anywhere, but here

Fighting to grow, to live, to know
Being ill, treated poorly, why
Running, running, to where
Anywhere but here

Having a child to love to grow
Fighting for child to live, to play, to know
Running, running, to where
Anywhere but here

Living a lie, dying slow, hurting so

Working hard, loving job, lonely though
Running, running, to where
Anywhere but here

Losing loved ones who are dear
Heart is broken can't repair
Running, running, to where
Anywhere but here

Having two dogs love unconditionally
Wet kisses constantly
Running, running, to where
Anywhere but here

Too much clutter in my mind
Not enough space left behind
Running, running, to where
Anywhere but here.....

Wonderland And The Asylum

By Nigel

I want to visit Wonderland again
I want to see The Mad Hatter
And say hello to the March Hare
I want to watch the Cheshire Cat disappear
But I am locked away in the Asylum
They say all these things are part of my illness

The imaginings of a disturbed mind
They give me pills to calm me
But I want to visit Wonderland again
The doctors think I am mad
They think I will always remain in the Asylum
I want to be free again
And play games with Tweedledum and Tweedledee

I even miss the screams of the Red Queen
Wonderland was a beautiful place
I know things were a little strange
But I felt happy and alive
Will you help me escape from the Asylum?
I have no friends here
My life is passing me by
Perhaps if I sleep awhile
Maybe I will find a way back to Wonderland
In my dreams I may find some peace
Please don't wake me up
I want to sleep forever and dream of Wonderland

August

By J. Cloven

it has been so long
your voice so deep
no longer at your mother's breast
i must confess
that i always wanted to see you
grow into the young man
you have become.

Memory serves me
we used to stroll you on the streets
of sun-stained Chula Vista
you were the best man
at my wedding
god bless you and your splendor
and the grace that he has brought us back together.

your name is symbolic
of a love once shared
the sun blazes on in August
August is majestic
August is grandeur

poetry

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NAMI Queens/Nassau Friendship Network

By FN staff: Alice Cohen, Nancy Schlessel and Barbara Garner

The NAMI (National Alliance on Mental Illness) Queens/Nassau Friendship Network was born out of need. Although adults with mental illness have the same needs as everyone else, they have a much tougher time meeting these needs. The ‘double whammy’ of isolation and stigma, in addition to the illness, makes the illness that much harder to bear. All the medical progress and new medications do not alleviate the loneliness of ‘the long distance runner.’

Rod Steiger, a well known actor, who suffered from major depression, often said that “companionship... companionship... companionship” is crucial to recovery. Most people are able to call a friend and either schmooze, meet for a cup of coffee, or go to a movie. Not so for the

mentally ill. Many of those who are ill do not even have a supportive family member.

In December of 1992, the NYTimes published a front-page article lauding the birth of the Friendship Network, an idea whose time had come. The NAMI Queens/Nassau Friendship Network has done much to solve the loneliness problem. There are one-on-one introductions for ‘friendship’ purposes and group activities, where those who attend bond and network. The activities include group tennis lessons, two bowling sessions monthly, monthly Friday night discussion group with a social worker, monthly men’s group with a counselor, monthly ‘schmooze’ group with Alice Cohen, the Founder and Director, a weekly nutrition/diet/art group and other sporadic activities including, workshops on employment

and sexuality, at members’ request. Every summer, a barbecue is held in Cunningham Park, enjoyed by more than 50 members, with games, plenty of food and fun. Members meet, exchange numbers and develop a support system that has been lacking in their lives.

In addition to all these activities, there is an abundance of volunteer work available with the Friendship Network and the NAMI office, requiring several people to cooperate on a given project. This serves as a motivation for some to return to work. The experience is beneficial for members because even though one may be proficient in an area, it is equally important to be able to work with colleagues.

Members must complete a lengthy application, sign a membership contract, obtain a signed doctor release, and reach a high level of stability, before being accepted into the Friendship Network.

Members are able to develop connections with others and have a more fulfilling life in a comfortable

social setting. Some never had the opportunity to acquire adult social skills and graces, and never experienced mature relationships. They spent their critical maturing years warding off ‘voices’ and being tranquilized on heavy-duty medications. Can you imagine the joy and satisfaction members enjoy when they can find someone with whom they can share their feelings, and be special, without fear of stigma!

Unfortunately, the need for socialization has not been recognized as critical to the recovery process, thereby precluding funding, except from private contributions. Recognizing that most of those who wish to partake in the Friendship Network do not have the financial wherewithal to pay any fee, there is a sliding scale. Some of the contributions go toward scholarships for those without any means.

Psychiatrists, psychologists, therapists, and social workers, have seen their patients improve because their loneliness has abated. It has been a life-altering experience for all.

Honest, Open, Proud: On Coming Out of the Mental Illness Closet

By Carl Blumenthal

Airing Hopes and Fears
in an Atmosphere of
Support

From the 18th floor of the glittering new Department of Health and Mental Hygiene (DOHMH) in Long Island City, New York’s burgeoning skyscrapers rise like so many peaks and domes of glass, steel and stone. Encased within this hermetically-sealed office tower, even if you were possessed by the proverbial “bats in your belfry,” no one outside would hear you screaming, either by day or night.

Such speculation is apropos, my being at DOHMH on Friday and Saturday, August 6 and 7, for a training on “Honest, Open, Proud” (formerly “Coming Out Proud”), a program of the National Consortium on Stigma and Empowerment, which is based at the Illinois Institute of Technology in Chicago. The six-hour course, facilitated by peers, enables other peers to decide if, when and how to disclose their mental illness to family, friends, employers, co-workers, etc.

Twenty-five of us have gathered in a room small enough to encourage an intimacy reinforced by the nature of our jobs—we are all peer counselors for whom being “honest, open and proud” is a requirement of our work. But that doesn’t mean we always live up to this demanding standard.

Here’s a chance to become better at helping other peers decide whether and when they want to publicly “join the club” of those like us who live with mental illness.

Yumiko Ikuta, Director of Rehabilitation Programs in the Bureau of Mental Health, is our host. Jonathon Larson, a psychologist at the Institute of Technology, and Kyra Wilson, an advocate for NAMI of Greater Chicago, are our Honest, Open, Proud (HOP) facilitators. All three are peers, but we wouldn’t know it until they tell us bits and pieces of their illness and recovery stories.

In the first class we weigh the pros and cons of disclosure, both short-term and long. The group setting allows for an airing of hopes and fears in an atmosphere of support. But the trick is to avoid pressuring the individual one way or another. The emphasis is on choice, whether now or in the future.

“The group setting allows for an airing of hopes and fears in an atmosphere of support. But the trick is to avoid pressuring the individual one way or another. The emphasis is on choice, whether now or in the future.”

If the decision to disclose is a go, then the second class concentrates on the circumstances of that coming out: how, when, where and to whom. Although the curriculum offers a step-by-step approach, there’s plenty of room for improvisation.

Jon and Kyra encourage us in both the first and second exercises to use examples from our experiences of being honest, open and proud.

Finally, in the third two-hour class, we design our disclosure statements, a summary of our illness and recovery, what used to be called an “elevator speech” (but in this building would take less than “a New York minute” because the elevators are so fast). The facilitators provide a template to ease our words onto the page and eventually into what we hope will be sympathetic ears.

However, Jon and Kyra don’t stop there. Like a wrestling tag team whose purpose is to engage the crowd as much as each other, they exhort us in the techniques of running good groups, demonstrate those practices, and lead us through a series of role plays. As one colleague tells me, “I’ve been a peer counselor for eight years but no one’s ever taught me how to do this!”

Postscript: While HOP, including all training materials, did not cost us anything—DOHMH graciously provided bagels and sandwiches both days—the benefits are immense. Not only did we learn how to facilitate the program for clients of our agencies, but the process also enabled a group of more or less strangers, albeit all peer counselors, to bond over our shared efforts to do the best for those clients and ourselves. Thank goodness Jon and Kyra blew in from the windy city and Yumiko was there to catch them on the 18th floor!

For more information about Honest, Open, Proud, see www.comingoutproudprogram.org. If you would like to start a program in your group, contact larsonjon@iit.edu, kyra@namigc.org, yikuta@health.nyc.gov or call Yumiko at (347) 396-7247.



discussing disclosure

(Continued from cover *The Campaign for New York/New York Housing*)

The Campaign for New York/New York Housing is the fourth of its kind and aims to provide permanent housing combined with support services for mental health recipients, people who are homeless and vulnerable populations of New York (e.g. domestic violence survivors, those with HIV/AIDS and at-risk youth).

Passionate members of the community attended the rally, adorned with appropriately-decorated t-shirts and posters, to peacefully motivate change throughout New York.

Along with saving the lives of thousands of New Yorkers, the implementation of the Campaign for New York/New York's platform would also enhance property values and save

tax dollars. Based on evidence from similar initiatives in the past, it is clear that real estate values increase for properties surrounding supportive housing developments. Additionally, for each new unit of supportive housing, \$10,100 in taxpayer dollars is saved yearly. "Supportive housing solves homelessness, improves neighborhoods, and saves tax dollars."

With such documented success, supportive housing seems like a clear replacement for more traditional and expensive methods of institutionalization and/or imprisonment. However, Governor Cuomo's proposal addressing this issue calls only for 5,000 additional units of supportive housing, in comparison to the 35,000 units the

campaign demands. The governor's proposal is not nearly sufficient in a state where currently only one in every five eligible applicants can be awarded supportive housing, and where homelessness is only on the rise.

The campaign has support from a multitude of high-profile organizations. This year's organizer, Patrick Markee of the Coalition for the Homeless, attracted representatives from his own company to attend the event, as well as individuals from Community Access, VOCAL-NY, Housing Works, and more.

Hundreds of residents of the local homeless shelters and city supportive housing units stood with the Campaign for New York/New York Housing in

an effort to improve quality of life for their own communities. There is nobody more qualified to demand change than those experiencing its absence firsthand.

At around 11:30 the rally concluded with a march across the street to a public piece of sidewalk. Participants gathered and promised to continue to fight for the passage of the Campaign for New York/New York's platform for supportive housing. As the crowd dispersed, a sense of hope lingered.

Note: Mayor de Blasio's administration announced a plan to create 15,000 new units of supportive housing over the next 15 years, consisting of 7,500 newly constructed units and 7,500 scatter-site units.



Pictured are members of New York City's disability community and supporters as they rally outside Governor Cuomo's Manhattan office to demand 30,000 new units of housing over a ten-year period.

Where Did My Brother Go?

By Nancy



Do you know that feeling when something just isn't right? Unfortunately, I am quite familiar and have experienced it many times. Approximately nine years ago my brother Ryan was diagnosed with paranoid schizophrenia at the age of seventeen. Now 26-years-old, Ryan has endured countless "psychotic breaks" or "episodes" resulting in hospital stays and more medication cocktails than I can remember. He seems to somewhat manage the disease at times, but ultimately will end up not complying with the medications his doctor has prescribed, which lands him back in the hospital.

So our family waits for the phone calls. Usually they come in the early

morning hours. Sometimes Ryan is crying uncontrollably for a reason that is unclear, even to himself. Occasionally he is upset and ranting about something insignificant which (may or may not have actually) happened many years ago.

I recall one time in particular where I knew something was wrong. I could tell Ryan had not been taking his meds, but he insisted he was, so we all just went on with our day as usual. I was working at a restaurant at the time and I remember sitting on a cinder block outside the kitchen door crying because I knew there was nothing I could do to help him. I got a phone call from his friend who told me Ryan was at her house earlier that evening, but he was acting "weird" so she asked him to leave. He never came home, so when I got off work I went looking for him.

During my search of our small town, I got a phone call from a police officer. I don't remember his name, but he told me Ryan was arrested earlier that evening for driving while intoxicated (DWI). I told the officer I was confused because he did not drink very often. The officer stated Ryan had not been drinking, but it was obvious that he was high on some type of drug and a blood test was done to determine what was in his system. The officer then stated that Ryan parked his car in the middle of a busy highway and laid

on the ground to "listen to the yellow lines." I informed the officer of his diagnosis and asked when he would be released. The officer stated Ryan will be held overnight and he will be allowed a phone call in the morning.

Morning came and Ryan called in tears, asking me to come get him. I called our mother to let her know what was going on. We decided it would be best to take him directly to the Community Services Board (CSB) to be evaluated and transported to a psychiatric hospital. I called a

my mother quietly told me to keep driving. Ryan didn't approve of this and he drew his fist back threatening to hit me. Thank God he didn't because I don't think I would ever have been able to forgive him, even given the circumstances.

We arrived at the CSB and Ryan attempted to escape multiple times. He would run down the hall charging toward the exit only to be held back by a security guard. This went on for about six hours while the staff attempted to find a hospital with an

"He hugged me and I thought he would never let go. When he pulled away I could see the fear and pain in his eyes, the demons that haunted him. All I felt in that moment was immense sorrow."

bondsman and he met us at the jail. All the paperwork was filled out and Ryan was released.

He walked out looking disheveled and dirty from laying on the ground the night before. As we were driving, he was saying off-the-wall things. He thought he was a professional football player, and he told us of the game he played in last night where he was the star player. When he realized our destination was the CSB and he would be hospitalized, he became irate. He screamed at me to stop the vehicle and let him out as he beat and pounded on the dashboard. I hit the brakes and considered stopping to let him out because I was terrified of what he might do if I didn't. From the backseat

open bed. They finally found one, and two officers came to transport Ryan. Before leaving, we said our goodbyes. He hugged me and I thought he would never let go. When he pulled away I could see the fear and pain in his eyes, the demons that haunted him. All I felt in that moment was immense sorrow.

Ryan eventually came home, sedated and a little less himself. With every episode he loses a piece of who he used to be. He is no longer the spirited and charming person he once was. Ryan's reality is not bright and shiny or inspirational, it is dark and dismal. I fear for what will become of him if this cycle continues.

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My Healing Journey

By Adam Stone

How Accepting Jesus Saved My Life



In 1993, at the age of 29, I began to experiment with meth-amphetamine. I got hooked immediately. I spent all hours hanging out with the wrong crowd in a nocturnal underworld. This was the drug that brought me to my knees and opened the doors to schizophrenia.

After a few weeks without sleep and completely insane behavior, a friend took me to a psych ward where they shot me up with thorazine and strapped me down to the bed with restraints. I was diagnosed with meth-amphetamine psychosis

and thus began the revolving door of psychiatric hospitals and medications.

I became homeless and wandered the streets for a few weeks, but eventually found my way into a group home and enrolled in a local community college. I took English and typing classes and did well. Soon optimism returned to me and I began to make plans for my future again. I still held onto the hope that my life would amount to something.

I was obsessed with trying to find a way to deal with my illness. I went to a lake shrine to meet with a yogi monk, studied the Koran and Zen and consulted with a Kabbalistic Rabbi. I called Jews for Jesus and tried to fathom the Tao. I sampled guided meditation tapes, repeated mantras, practiced deep breathing and hypnosis. I wrote to an Indian Shaman and read "The Power of Positive Thinking." I listened to Anthony Robbins and other motivational gurus. I combed bookstores looking for answers in self-help books. I called the Arch Diocese office for an exorcism, but they told me I had to be levitating. I even sought help from an alien abduction specialist.

Occasionally, the subject of Jesus would come up, and I would dismiss it as being for others but not for me. I thought Jesus was ridiculous and those who followed him were fanatical Jesus freaks. I believed the resurrection was fiction, the bible old wives tales, and that Jesus was just a wise man, and certainly not God.

In 2002, I decided to move to New York to start a new life. I went to what would be my last psych ward. I was released and moved into a quiet group home on the Upper West Side

and attended a day program. After graduating from my day program, my father agreed to pay for culinary school. I went on to serve as an extern at many of New York's finest restaurants. I was then hired as a Garde Manger (French for "keeper of the food") at a restaurant on the

"He turned to me, and, for some reason, I knew what he was going to say. He said, 'You need something more powerful than AA. You need Jesus.'"

Upper West Side that eventually went out of business.

I was still searching for answers, attending synagogue occasionally, but felt uninspired.

One night, after an AA meeting, I went out to dinner with a new friend. I told him I felt like I was dealing with spiritual warfare. He turned to me, and, for some reason, I knew what he was going to say. He said, "You need something more powerful than AA. You need Jesus."

I knew it was a pivotal moment. A few days later I attended a small church in the Bronx and accepted Jesus as my Lord and savior. It was 2008.

As a young Jewish man, going to Jesus is about as rebellious as one can get. A Jewish family would almost rather you become a Buddhist, or Hindu, than to give your life to Christ. It took the gift of desperation to accept Jesus as my Lord and savior.

A pastor suggested a wonderful church in Times Square. I dove right in and signed up for New Believers classes and received water baptism. For the first time in so many years I felt less alone. My new friends understood spiritual warfare. I felt some sense of peace and comfort.

I am here to tell you that, as a man who had no faith, no belief, was condescending, full of conceit, arrogance, sin, pride, and rationalized everything, Jesus changed my life.

Coming to Jesus did not disqualify me from trials and tribulations. Coming to Jesus also didn't mean all would be smooth sailing. I continued to be tested in the furnace of affliction.

I am now involved in three different ministries at church. Most of my life revolves around church. God has placed a burden on my heart to work with those suffering from mental illness. AA says that my experience can help benefit others. I want to give back what was so freely given to me.

"Lord, make me an instrument of Your peace. Where there is hatred, let me sow love. Where there is injury, pardon. Where there is discord, harmony. Where there is error, truth. Where there is despair, hope. Where there is darkness, light. And where there is sadness, joy.

"O Divine Master, Grant that I may not so much seek to be consoled as to console; to be understood as to understand; to be loved as to love. For it is in giving that we receive. It is in pardoning that we are pardoned; and it is in dying that we are born to eternal life."— Prayer of St. Francis of Assisi.

Applying for Medicaid Buy In for Working People with Disabilities

By Ted Walner, Peer Advocate, Brooklyn Peer Advocacy Center

It is very helpful to note that these days a person with disabilities can apply for Medicaid, even if they are working. In fact, an individual can earn in gross wages up to \$59,892 per year and still get Medicaid. This could be one's income or a combination of benefits and gross wages. Let me walk you through the steps one needs to take in order to benefit from the Medicaid Buy-In for Working People

with Disabilities (MBI-WPD). Please note that all documents obtained have to be within thirty days of submission. It is therefore important to act quickly and complete all your paperwork on time.

First, one must complete the general Medicaid application. The applicant must list their name and address, household information, income, other health insurance he or she may have, housing expenses and whether the person is disabled. For each piece of information listed, you must provide back-up documentation.

There are other forms that have to be completed as well. Your doctor must complete the medical report for your disability determination. One should sign and date the general Medicaid form after receiving the medical report. In this way, acting in a timely fashion, everything will be dated within the thirty days allowed.

There is also a disability questionnaire the client must

complete. In this questionnaire you supply information about your medical condition, medical records, and information about your employment.

Finally, the applicant must complete Supplement 'A.' These forms request financial information about the client, including tax-returns and bank information. They also ask about other assets, such as retirement accounts, stocks, bonds, or other life insurance policies that you may have. Everything here also must be documented. It is interesting to note that an individual can have up to \$20,000 in assets for this program. This is much more than the \$2,000 limit for people on SSI and Medicaid.

Applying for MBI-WPD is a lengthy process that does pay off in the end. If you do receive Medicaid, you receive a very good form of insurance. In New York one can receive dental, psychiatric and medical coverage with Medicaid. To obtain the forms, you can access them online by going

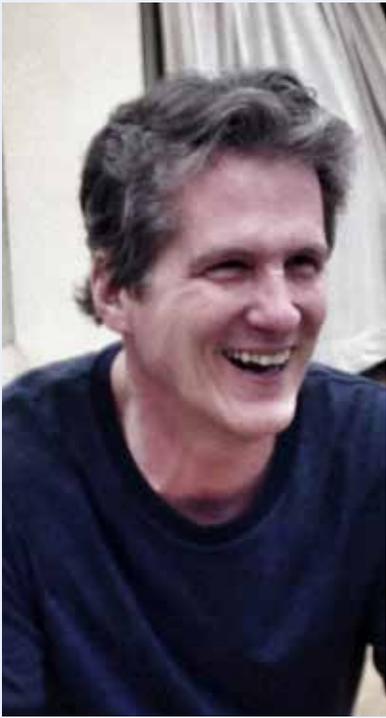
to the Department of Health link, https://www.health.ny.gov/health_care/medicaid/. You can also call the Coalition Center for Rehabilitation and Recovery at (212) 742-1600.

Get the best insurance possible for your disability, make your life easier after all. If you're working and disabled, Medicaid could now be a viable alternative to get adequate coverage for your medical needs.



Book Ends: *Guide to Natural Mental Health* by William Jiang, MLS

Reviewed by Columnist Kurt Sass



William Jiang was the Chief Librarian of the New York State Psychiatric Institute Patient and Family Library for seven years. His experience is deftly demonstrated in his well-researched resource

guide titled “Guide to Natural Mental Health.”

In this guide, Mr. Jiang cites a tremendous amount of scientific articles, as well as medical studies and research as examples of how various “natural” methods of improving one’s mental health has proven beneficial. The most frequently used sources for his information and data come from The National Institute of Mental Health, Medline Plus and the online version of the Physician’s Desk Reference.

One thing I like about Mr. Jiang’s approach towards natural treatments is that he takes a very responsible, open-minded approach. For example, he prefaces his findings by stating that “the information in the book is not intended to be used for a medical doctor’s advice.”

One may be misled by the title. Upon first glance, it would be easy to think that this is just another book hawking the miracles of the latest magic herb or pushing

the wonders of a one week seminar. There is no sales pitch or wheeling-dealing going on here—just information.

Sure, there are some sections about how vitamin D, fish oil and some natural supplements have been proven beneficial in helping those with depression, bipolar disorder, and other psychiatric disorders; but much of what Mr. Jiang writes about when he uses the term “natural” has to do with topics such as exercise, meditation, significant others, eating right, pets, socialization, work, education and what he calls sleep hygiene.

Now we all know that it is better for us to get more sleep, and to exercise, be more sociable, etc. What Mr. Jiang has done for us, however, is all the leg work by answering some of the questions we have, such as: how do we know that this may really work? Has this ever been proven?

Not only does Mr. Jiang give concrete examples of how these

treatments have been proven effective, he has even gone the extra step to separate them into different sections for depression, bipolar disorder, anxiety and schizophrenia. So, if you are looking for help with one particular diagnosis, it will be easy to find.

Mr. Jiang has also updated the book to include an entire section on digital addictions. In fact, Internet gaming disorder has just recently been recognized in the DSM-V.

In conclusion, I recommend this book to anyone who has ever thought that anything such as exercise, light therapy, yoga, pets, meditation, etc. may improve their mental health but has been hesitant to try one of these or similar methods because they have never seen any sort of backup proof in black and white.

Note: “Guide to Natural Mental Health” is available on Amazon.com. William Jiang is also the author of “A Schizophrenic Will: A Story of Madness, A Story of Hope.”

natural healing

Mental Illness Detoured My Salvation

By Akala

Today I’m Reaching Out to Jesus

I am 60-years-old and was recently diagnosed with bipolar schizoaffective disorder. The illness did not surface until September of 2013. As a child, I did have some learning problems, anger issues and anxiety, although my problems went untreated. I was considered a rebellious child. I was raised in poverty with an alcoholic father.

In 2010, I began attending a Pentecostal church where the supernatural powers of the Holy Spirit were believed and altar calls were always toward the end of the service.

I have been anointed by the Holy Spirit and slain in the spirit twice. This is significant because before it happened to me I thought that phenomena was all faked. I can assure you that for me it was not. I gained a lot of faith and became very obedient to God. I had lived a life full of sin before I gave my life to Jesus and accepted Him as my lord and savior. I didn’t stop sinning all at once, but changed gradually, for which I am thankful.

My delusions began after experiencing years of my largely

untreated stress and depression. I would take anti-depressants inconsistently. I considered my depression circumstantial and didn’t feel the need to take medication on a regular basis. My anxiety increased at times which made shopping difficult as well as being around

“I want the relationship I had with our Father in heaven and His son Jesus before I became ill.”

a lot of people. I enjoyed living a sheltered life but did not have many friends.

I share this because my delusions, voices and hallucinations have all been centered on God, Jesus, angels, demons, Satan and even aliens. Although being on medication has curtailed this, I still believe in alien beings from other worlds. The evidence is too overwhelming for me not to believe that there are beings from other planets visiting us. I personally have not experienced visitations, but many other people have.

During some of my delusions I have choked myself and hit myself in the face. God and Jesus would tell me I was ungodly and repulsive. I made several trips to the hospital thinking that God was trying to kill me. Feelings I had throughout my body convinced me I was having a heart attack. Each time they diagnosed me with anxiety. The hospital didn’t recognize that I was having delusions and hallucinations until later when I called in to the

police department that I thought there was a bomb planted in my apartment building and some ex-coworkers were trying to kill me. I also called them again a few weeks later with the delusion that demons had given me anthrax and that I was bleeding to death internally.

I started working at a music company in August of 2014 that employed several people who were Satanists. My delusions and hallucinations began in September. I thought I was in the middle of a battle between good and evil because I was a Christian and they worshiped Satan. I could actually see and feel attacks by demons and Satan while I was employed there. I was fired from that job because the attacks in my mind seemed so real and even physical that I would get sick and have to leave. One day it felt like a steam roller was in my head and I think that my blood pressure had gotten dangerously high. We have the ability to make ourselves physically sick from mental illness.

I will not describe my many other embarrassing delusions. I still carry a great deal of shame, although I had absolutely no control over what was happening to me. I am trying to repair the damage that was done to my family because of my illness. More importantly, I am reaching out to Jesus once again because I

feel as if I have lost my salvation. Sometimes it is very difficult to read God’s word, but I will not give up. I want the relationship I had with our Father in heaven and His son Jesus before I became ill. I had great peace and became someone that I could be proud of; not full of pride, just grateful that Jesus had worked a miracle in me and changed me. I never want to return to a life full of sin, and I have Jesus to thank for that along with the workings of the Holy Spirit within me.

If you are experiencing a health issue, whether it be physical or mental or even both, I strongly encourage you to give your life to Jesus and let Him help you through it all.



Destination Dignity March and Rally

By Carla Rabinowitz, Advocacy Coordinator, Community Access

It was an amazing day. Hundreds of mental health recipients and their supporters arrived in Washington, DC on August 24, 2015 for the first ever Destination Dignity march and rally. Destination Dignity is a collaborative project for change and public engagement around mental health in America. The Destination Dignity march as its focus brings people from around the world and nation together, with people affected by mental health conditions in the lead, to create energy and solidarity for a more supportive nation.

Tents were set up on the National Mall where we listened to speeches on mental health pride and recovery. Some of us spoke on our own recovery and how important choice is to mental health. The emphasis of the speeches was on how we, as mental health recipients, must maintain our dignity and our ability to choose our fates. We do not want to be told that we must take medication, or that we should strive for lesser lives: The choice of how to conduct our lives in every aspect is ours.

Many tourists also stopped by, attracted to the spirit of the event!

The march around DC was historic

as, for the first time, we had people from all over the United States gathered to proclaim that choice in treatment is ours.

People baked in the hot sun, all to speak with one voice. Many of us met leading advocates who we only knew by name. It was an historic day of empowerment and the first of many marches to follow in years ahead.

Why Do We March?

Dignity and rights for people affected by mental health conditions are the counterpoint to a legacy of stigma, shame and discrimination that has caused social isolation, chronic underfunding of services, unnecessary levels of disability and unemployment, and the unacceptable levels of premature death, including by suicide, of people affected by symptoms of mental illness. Public awareness for these issues must be led by people who have experienced these impacts personally, along with their supporters, allies and related professionals, in order to both realize change and engage the previously silent majority of Americans affected by these issues.



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and some East Harlem landlords are targeting rent-regulated apartments. Once emptied, the landlords can rent the apartment at a higher rent. As a result, many landlords bring baseless lawsuits with the hope that tenants do not show up to court and then get default judgments of eviction against them, or pressure unrepresented tenants who do appear in court into unfavorable settlements.

Additionally, the New York City Housing Authority (“NYCHA”) has a number of East Harlem public housing projects and is in housing court as a landlord, bringing nonpayment of rent cases, often based on incorrect rent calculations. The housing court’s docket also has a number of repairs cases brought by tenants against NYCHA. For example, tenants file repairs cases if NYCHA fails to address bedbug infestations, or paints over mold rather than treat the underlying condition. These cases are important because substandard apartment conditions can exacerbate psychiatric symptoms and/or cause physical illness.

The HCJC provides targeted eviction prevention assistance through its Help Center (the “HCJC Help Center” or “Center”). All New York City housing courts have help centers for tenants. However, the HCJC Help Center is operated by the Center for Court Innovation and is slightly different from other help centers. It is staffed by a dedicated team of professionals to provide tenants with additional assistance. This additional assistance includes a center coordinator who meets with tenants and makes referrals to appropriate agencies. The Center also has a Human Resources Administration (“HRA”) representative to help eligible tenants with arrears assistance.

The idea for the legal clinic came from a realization that there was an

unmet need to assist unrepresented tenants with mental illness. Some of these tenants receive services from an agency called Adult Protective Services (“APS”). APS provides social services to senior citizens and people with disabilities. When a case is referred to APS in housing court, the tenant is evaluated by APS to determine eligibility. APS sometimes recommends a guardian ad litem (“GAL”) when the tenant cannot adequately defend or protect her rights. The GAL reviews settlement agreements, appears in court, negotiates with landlords’ attorneys, and applies for grants to pay arrears.

However, the HCJC Help Center noticed that many tenants with mental illness were never referred to APS. If they were referred, they were found ineligible to receive services and the assistance of a GAL. Even for those who were eligible, a GAL is not the same thing as having an attorney. The staff at HCJC Help Center identified this gap and therefore established a legal clinic staffed by MFY attorneys.

An MFY attorney meets with tenants in the East Harlem housing court twice a month. The initiative has helped ease the stress of housing court cases on low-income tenants with disabilities by providing immediate and easy access to an attorney. A court-based attorney makes it easier for tenants to stay in communication with the attorney. A tenant can make an appointment or come by after her court date when the details are still fresh in her mind. Clients can tell family members, caseworkers or home health aides to drop off documents for MFY at the Center because it is a short walk from their home. Additionally, the MFY attorney can track landlords that target rent-regulated tenants, make NYCHA tenants aware of recent lawsuits that affect their rights, and build

relationships with court personnel.

Following is a typical example of the types of cases we see. A notorious landlord brought a nonpayment of rent proceeding against Ms. N. Ms. N was struggling with depressive symptoms and never showed up to court. The landlord got a judgment and evicted

“The initiative has helped...by providing immediate and easy access to an attorney... (who) can track landlords that target rent-regulated tenants, make NYCHA tenants aware of recent lawsuits that affect their rights, and build relationships with court personnel.”

her family. She requested emergency relief from the court and got a two-week extension to pay the arrears in order to be restored to the apartment, during which time the landlord was prohibited from renting out Ms. N’s apartment. The short timeframe was overwhelming, especially since Ms. N and her three children were in a shelter and it would be difficult for her to negotiate the various bureaucracies necessary to obtain the back rent. She was terrified she would not regain the apartment her family had lived in for twenty years.

Ms. N, a NYCHA Section 8 recipient, had tried to apply for a grant from

HRA to pay the arrears. To qualify, she had to show she could afford the rent. The problem was that she received a NYCHA termination notice because she had not renewed her Section 8 voucher. HRA told Ms. N that they would not give her a grant because she could not afford the rent without a valid Section 8 voucher.

MFY took the case and reviewed Ms. N’s notices from NYCHA. Her Section 8 voucher was still valid because of a grace period. We provided proof of the valid voucher and her income and applied for an HRA grant. With our advocacy, HRA processed and approved her grant in one business day. We also helped Ms. N renew her Section 8 voucher. Ms. N and her family safely returned to their home.

As the initiative progresses, MFY will continue to represent tenants with mental illness to maintain their housing, get repairs in their apartments, provide community trainings about relevant issues and work with the HCJC Help Center to empower tenants with mental illness so they may remain in their community.

Note: The MFY legal clinic is for tenants with a mental illness who have housing court cases in Harlem Community Justice Center. This housing court serves tenants who reside in apartments located in 10035 and 10037, all tenants from NYCHA Projects located in 10029, and tenants from NYCHA’s rehab projects located in 10026. The Help Center should be able to schedule appointments for legal clinic or the tenant can drop by the Help Center in the courthouse to set up an appointment. The Help Center phone number is 212-360-8752.

Even for Those Who Suffer From Schizophrenia, Life is Precious

By Rebecca Chamaa

I recently read an article titled “Mental illness haunts countless Americans” from the July 14, 2015 Camas-Washougal Post-Record, a state of Washington periodical, where the author said that schizophrenia was “a fate often worse than death.” It turns out the author’s son has schizophrenia. I was so offended by that one statement that commenting on it seemed senseless, but if that author really believes that, and other people really believe that, then I need to step up and write my truth.

Schizophrenia is hard. I win some of my battles with it and I lose some of my battles with it, but I keep on fighting. I want to keep on fighting. I want to keep on challenging myself to do the best I can with a severe mental illness. I have attempted suicide twice and twice my life was saved by complete strangers. I have

no words for what those strangers did. The words grateful and thankful will never be enough.

I am happy to be alive. Yes, paranoia, psychosis, social anxiety and panic attacks are difficult to live with, but have you ever seen a sunset over the Pacific, or fallen asleep on your loved one’s chest, or had your spouse kiss you goodbye in the morning as you can smell the coffee they made for you still brewing?

I could write for days about the things in my life which are worth seeing, hearing, tasting, smelling, touching or experiencing. The scent of jasmine can transport me back to Cairo, Egypt and the time I spent there in school before I knew anything about schizophrenia.

It is true that being psychotic is one of the scariest things that has ever happened to me. It can only

be described as living your most terrifying nightmares, and it has happened to me repeatedly, and it may happen again at any time. Even knowing that, I wouldn’t give up a minute of the joy, love, discovery, creativity, and life that is possible to take part in when symptoms of paranoid schizophrenia take a rest.

I have symptoms of my illness everyday, and some days are more than a little difficult, but hearing people say that they think living with schizophrenia is worse than death means that they believe there is no value to my life.

Tell my husband there is no value to my life. Tell my family there is no value to my life. Tell my friends and nieces and nephews there is no value to my life.

Just because the author of that article doesn’t want to walk the road I walk, doesn’t mean I don’t want to walk it. I do want to walk it. I want to walk it with everything inside of me. I want to walk it into old age. I want to walk it holding the hand of the man I love. I want to walk it with a passion for all life has to offer.

I have paranoid schizophrenia and I want to be alive as long as

possible and experience that first sip of coffee along with the rising sun as many mornings as I am able. If you can’t understand that, then you don’t understand people who have the courage to take the good with the bad and keep moving in the direction of life. Life is worth living even with a severe mental illness. Trust me, I have one.



Op-Ed: Olmstead and Community Re-Integration

By Jeffrey V. Perry, CPRP

The Importance of Home and Community



In 2009, the Civil Rights Division launched an aggressive effort to enforce the Supreme Court's decision in *Olmstead v. L.C.*, a ruling that requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. President Obama issued a proclamation launching the "Year of Community Living," and has directed the Administration to redouble enforcement efforts. The Division has responded by working with state and local government officials, disability rights groups and attorneys around the country, along with representatives of the Department of Health and

Human Services, to fashion an effective nationwide program to enforce the integration mandate of the Department's regulation implementing title II of the ADA (Americans with Disabilities Act).

Just how beneficial is it for people with disabilities to return to the community in which they may have lived whether growing up, working nearby, or visiting relatives? What is the intrinsic social value? We have often heard the phrase, "You cannot go back home." We live in a society in which individuals may return to familiar, or move into unfamiliar communities, seeking a place to call home. Despite the real estate crunch with its fluctuating rents, anyone evaluating a place to live needs to know something about the character of that particular neighborhood.

Reintegrating people with disabilities back into familiar areas is at least as important as our value of economic development or redevelopment in many cases. It is our personal connection to a place that influences our social-makeup, bearing on our behavioral and overall well-being.

Where one grew up is where they began, the place in consciousness we commonly call "home." Home can be a nurturing and familiar place, as well as a traumatizing one. Somehow, still, we cling to our adverse experiences as if they were golden. Oftentimes, trauma is difficult to

recognize, because we excuse those episodes since they represent our only valuation of "home." But what are some of the values of returning to a familiar or biographic area? We might encounter friends, people, and places we have known before. We may rekindle old friendships and bond with former schoolmates. We will recall places that used to stand that might have fallen into disrepair

On the contrary, we may have outgrown our past, and what no longer serves us. Perhaps, we have grown unattached to our old neighborhood. Our memories, and past traumatic experiences are intimate, personal and familiar, and yet we may be naturally repelled from returning to a place. We can change our future by understanding that we do not need to return, unless

"Community re-integration is always a new beginning that can best be successful when done on terms that respect a person from where they are, and meet the challenges they are open to, in order to thrive and create."

or been replaced. And we will remember those who lived there and have passed on.

We share history with people, experiences, places and moments in time. No matter how traumatic or negative those memories, they mold our identity. It is this identity that drives us as human beings. Even our worst experiences, because they are familiar, we internalize as "home." Returning to a familiar neighborhood and community may in many cases offer us a sense of safety and security, if only as a psychological effect. If you have ever been in a foreign country and someone comes up to you who speaks English, you almost feel that you have met your long lost brother. Psychologically speaking, we humans identify with what is familiar in our lives. Recalling these experiences, over time, and with therapeutic intervention, may lead us to healing, growth, progress and acceptance.

for a moment of peacemaking. We can speak out to someone who will listen, reach out to our support system. Personal healing begins with understanding our past and facing our fears. It is equally important to have a good working support system that meets our medical, psychological and residential needs.

Community re-integration is always a new beginning that can best be successful when done on terms that respect a person from where they are, and meet the challenges they are open to, in order to thrive and create. Home is the place we deserve to feel safe, secure, and express ourselves freely. And, you don't always have to "go back home" to start your life anew.

Note: Look for books by searching "Jeffrey V Perry" at www.lulu.com and at online bookstores, like Amazon.com and www.barnesandnoble.com.

Employment is the Best Medicine

By Danielle

Give me a chance and see what I can do for you. A chance is all I want and what I strive for.

I was stuck in the doldrums for countless years, working on how to get out of my own head. I was stuck. My mind was scattered, unfocused, yet yearning for a more positive life. Deeply depressed, suicidal, delusional and conflicted, I told myself, "Have a positive mental attitude and anything is attainable." I reinforced my daily life with this positive ideal, placing it on each of my emails.

I have been hospitalized over a dozen times. During my last stint, I met people from the Lighthouse Clubhouse, a vocational rehabilitation center for people diagnosed with mental illness, and they gave me a service called Peer Support in Aftercare. It was a free service that helped me transition back into society. I lived in fear for many years, isolating myself at

home, consumed by my delusions. My prescription to wellness was a friendly face, a cup of coffee and conversation that began my path to wellness, putting my symptoms into remission. I'd be remiss not to mention the visiting nurses that came five days a week to keep me in check.

Distracted by the work of the clubhouse that needed to be done, I made it my mission to help those who helped me. I joined the Lighthouse. I went to the clubhouse as if it were my job to do so, the first one there and the last to leave. I worked in each unit, diligently trying to better both myself and the units. Job opportunities presented themselves,

group meeting to close the week joining most of the staff. The program director of the Lighthouse announced that a local scanner job was opening, a mere 14-minute commute from my house, and asked if anyone was interested. I eagerly signed up, thinking, "Please give me a chance and see what I can do for you."

One interview later I was hired. I was going to be the best scanner ever. I must have asked my coworker, mentor and friend Chuck a million questions back then (I still do). By the end of the day, we went from one shred bin to two. The job was short lived, a mere six months. It dawned on me that I really loved working,

operations. I was ecstatic. It was a hefty job description, but I was up for the challenge. I thought, "Thank you for giving me a chance to see what I can do for you." Now, my job title reads "Operations Coordinator." The perks? The company started a free weight-loss program. Within 43 weeks, I lost 97 pounds.

I can't thank my work-family enough for all the support they have given me. They are my compass, pointing me true north, challenging me mentally and physically. Thank you for believing in me, noticing my talents and exploiting them, teaching me the business, and letting me shine. Can you tell that I love my job? The very best part, my symptoms have been in remission the entire three years I've worked.

Working has been the best prescription for me. I've tried all sorts of anti-psychotics, yet none of them helped me nearly as much as being a productive integral member of society. In fact, the meds made me more delusional than before. With goals and people standing behind me, I have become very successful and an integral part of the business. If given the opportunity, please give someone else a chance. It could make a world of a difference.

"Working has been the best prescription for me. I've tried all sorts of anti-psychotics, yet none of them helped me nearly as much as being a productive integral member of society."

upon which I pounced like a tiger. Yet fate would have it that I didn't meet certain criteria or realized the job wasn't for me, post-panic attack.

One Friday, I attended the

and that the backlog of scanning was coming to an end.

Unexpectedly, I was offered a full-time position as an administrative assistant in

(Continued from cover 11th Annual NYC Mental Health Film Festival)

will organize it.” I had no idea what I was getting myself into. I spent days on the Internet looking for positive mental health films, roaming through the then-plentiful video stores. It was very grassroots.

Then we got a little website and a few more films, and a lot more people.

Eleven years later we took over a large theater, Village East Cinema, premiered a major motion picture, “No Letting Go,” but still kept to our grassroots nature.

All selections in the NYC Mental Health Film Festival, now paid for by Community Access, are selected by mental health recipients. Our committee of recipients views every film together. The committee of recipients selects the majority of the films.

This year we showed “Patients’ Rites,” by Issa Ibrahim. I was slightly concerned when the committee picked this film, because Issa actually killed his mom 25 years ago in a psychotic state, and the focus of our film festival is to defeat stigma. But the committee insisted we show this film of hope and survival and achievement.

“Patients’ Rites” is a collection of

music videos that explore the relations of mental health recipients and violence, men and women’s relations, and relations between mental health recipients and doctors.

We were fortunate this year to also show “How To Touch A Hot Stove.”

including “Blind Stigma,” about the stigma surrounding mental health in communities of color.

We ended with David Granirer’s “Cracking Up.” David is a well-known comedian in Canada who fell into a severe depression many years

of course, the debate over medication.

To think 11 years ago we would have reached this level of professionalism, as my film-maker cousin commented, is beyond a dream.

We have changed from an older, simple website, to a professional website. We get submissions from all over the globe, while still keeping to the grassroots mental health recipient-run nature of this event.

To submit films go to: www.mentalhealthfilmfest.nyc. To help support this event go to: www.communityaccess/donate

I am so happy we kept this event going, to create community through film where mental health recipients and film-lovers can spend a day together debunking myths and learning together while laughing and crying at great films.

Note: Carla Rabinowitz is the Advocacy Coordinator at Community Access, a 41 year old non-profit that empowers mental health recipients by providing quality housing, employment training and other recovery services.

“...I was slightly concerned...because Issa actually killed his mom 25 years ago in a psychotic state, and the focus of our film festival is to defeat stigma. But the committee insisted we show this film of hope and survival and achievement.”

This film explores stigma from the point of view of doctors and mental health recipients. And at the last minute, John Turturro, who narrates the film, decided to join us at one of our three question and answer periods after the films. Mr. Turturro is a well-known Hollywood actor from films like “Mr. Deeds,” “Raging Bull,” various Spike Lee movies and other films.

We showed some short films

ago. Now he teaches other mental health recipients how to perform stand-up comedy. His film, “Cracking Up,” follows the first group of mental health recipients he trained. The documentary is not a stand-up comedy film. Rather, the film depicts the lives of those in his comedy group, what it took for them to appear on stage, the ups and downs in their lives, including issues surrounding male and female relations, homelessness, suicide, and,



1. Steve Coe, Executive Director, Community Access with Actor John Turturro who narrated “How to Touch a Hot Stove. **2.** Brenda Fields of Community Access getting autograph from John Turturro. **3.** Left to right: Issa Ibrahim, actor/director of “Patients’ Rites,” Carlton Whitmore, Director, DOHMH Office of Consumer Affairs, and Steve Coe, Executive Director, Community Access. **4.** David Granirer, Founder, Stand Up for Mental Health. **5.** The audience at Village East Cinema awaits the next film. **6.** Steve Coe, Executive Director, Community Access with Issa Ibrahim, actor and director of “Patients’ Rites”. **7.** Ticket holders meet some of the actors and producers in the Village East Cinema lobby. **8.** Folks redeem their tickets at the registration tables and pick up a few complimentary snacks.

film festival

DOHMH Office of Consumer Affairs Annual Wellness Fair



On September 11th, 2015 the Department of Health and Mental Hygiene's (DOHMH) Office of Consumer Affairs ran a Wellness Fair from 10AM to 4PM in Harlem. Wellness is defined as "the state or condition of being in good physical and mental health." In the spirit of that definition, the Wellness Fair hosted workshops on self-care, nutrition, relationships, a trip to the farmer's market with free health-bucks to purchase good food, HIV prevention and yoga. Lots of useful information was available to collect from the many and varied information tables, all wellness-related. At the fair, one could get a blood-sugar

screening, blood pressure exam and weigh-in to determine body-mass index. A tasty and nutritious lunch was provided and a raffle was held at the end of the day for various expensive items of joy. You went home with a bag full of good things, useful information on wellness and an attractive tee-shirt. The hope is that you apply what you learned to enhance the wellness in your daily life. The fair is always on the Friday before SAMSHA wellness week or the third week in September. If you want to be alerted on events from the Office of Consumer Affairs then email oca@health.nyc.gov and ask to be put on their list serve.



wellness fair

The Words That Hurt the Most

By K. Rodgers

We Need to Sensitize



I know it is coming as it has before and it will again. Those words. It comes in many different forms—whether it is said in conversation or typed on a social media page. It doesn't make the sting of those words any less bearable by a true diagnosed sufferer; a diagnosed sufferer. The words are generally fashioned like so: "I know I have OCD (obsessive compulsive

disorder) too! I have to go back and always check to make sure I turned the curling iron off in the mornings even though I know I checked it and I wash my hands so many times a day!" I sometimes think it takes every ounce of my being to not educate everyone and anyone about the real turmoil that my diagnosed illness causes.

It is 2015 and I see no difference in the harshness of these words uttered today than a gay person would have of the phrase "you're so gay" in the 90's when it was most commonly used. The gay community has come such a long way, why must those with mental illness be left in the dust? Are we not worthy of a little dignity and respect? I could easily argue with medical findings that I did not choose this way of life just as homosexuals have argued for years that they did not choose theirs.

Since my initial diagnoses in 2008, I have become very open with my mental illness in hopes that it may help others. I am a sufferer of OCD, which in turn causes anxiety and depression. Some people who often throw these statements around may in fact actually have a true mental illness themselves. For those people I am always hoping that if my story doesn't push them to seek help, something or someone will. For those of us who have pursued the help we need, participated in hours of therapy sessions, and who have gone through a multitude of psychiatrists trying to nail down a stable medication

combination, I cringe at these statements.

The effort that goes into therapy, physician appointments, medication combinations and changes, on top of all these thoughts that consume your mind, that cause you to stop your daily life to carry out so-called rituals is enough to drive anyone into a suicidal state. Oftentimes, this is followed by more hospitalizations.

People who are not knowledgeable about the illness, which they claim to have, utter the words, "Suicide is a selfish act." Clearly anyone who ends their own life is not in a sound state of mind. Those who do not suffer from a mental illness and have never dropped to these depths may not understand that suicidal individuals are not thinking of the act as selfishness but as selfless. Once the thought and plan of suicide enters into one's head, it is very difficult to ever forget that plan. The problem or situation that existed to push one to those thoughts and actions may become better over time, but the ideas or plans stick for a very long time. Perhaps their entire life.

I urge those who are true sufferers like me to try and rise above people and their ignorant words, for they do not know what they say. The uneducated and those who believe themselves mentally ill can only hold us back as a community if we allow them to. I want people to understand us. I wish the world would shine a spotlight

on mental illness so that it can be accepted today as so many other things have become accepted in daily life. I believe that a huge movement by the

"I urge those who are true sufferers like me to try and rise above people and their ignorant words, for they do not know what they say."

mental health community would help foster acceptance of our conditions. However, I am also aware that there will always be people who are not willing to change their way of thinking and accept their loved ones or friends who are suffering daily.

In summary, I would like to quote a very famous person who is known for her courage and generosity and not by her sexual orientation, in hopes that one day there will be someone famous, generous, and courageous who is seen for their strengths rather than their mental illness. "Be Kind to one another," Ellen DeGeneres.

How a Peer Support Training Program Transformed My Life

By Emily

Peers Understand Where You Are Coming From

I always had this feeling that I was not good enough, despite putting my all into school, gymnastics, running, and art. In fact, I felt I must be bad and needed to be punished. That's when I started hurting myself.

In retrospect, I excelled at sports, was on the honor roll and received special awards at graduation. Somehow, I was never satisfied with my accomplishments. I graduated high school hiding everything. But the summer leading up to college was when things started falling apart. Whatever was "my fault" led to self-harm and inner-pain. I made it to college, but only for a short while. Soon after heading off on my own, I was sent to the hospital and that was the end of that. So began my life as a patient.

I entered a program that was supposed to help me, yet I was isolated, medicated and told that everything I was doing was wrong. This worsened my condition. "I'm bad, I deserve to be punished" was my motto.

I went through one hospitalization after another, until the day I was told

I needed 24-hour supervision and was sent to Pilgrim State Psychiatric Hospital. I felt I would never be 'normal' again.

After months of one-to-one supervision, medication and everything else that came with being hospitalized, I decided to shut up, comply and act like a 'good patient' in order to be released. I was let out and sent to a group home. A few months later, after a suicide attempt, I was back at Pilgrim Hospital by court order.

At Pilgrim, I was often forced to take medication to make me more docile. If I didn't comply, I was restrained in the seclusion room and given a shot to "calm me down." I was always on one-to-one and experienced anxiety attacks every time I was naked or needed to use the toilet in front of the stranger assigned to me, so I avoided showers and bathrooms at all costs. Their most degrading and memorable solution were laxatives.

When they felt the medications weren't working, I was told I needed electroshock treatment (ECT), and that, since I was too young to make decisions about my treatment, they made the decision for me. I was 21-years-old.

The ECT caused brain damage. I developed epilepsy and still have learning and memory problems. Along with the loss of some painful memories went the loss of recalling a great deal of the wonderful people, things and experiences throughout my life. Was it worth it? While at Pilgrim State, I witnessed forced treatment, neglect and confinement. After my two-year stay, I went back to a group home, day treatment and more meds than you can count on your hands and feet.

I resigned myself to the fact that I was a full-time psychiatric

patient. I cut and burned my body until there was only scar tissue. I overdosed and ingested anything toxic, hoping it would be the end. I planned and attempted suicide on multiple occasions. Like clockwork, I would be in and out of the hospital every few months. I felt alone. I was dependent upon medication, couldn't hold a job and had trouble in school. I had a terrible self-image. Then came the stigma. I was no longer Emily. I was an illness: major depressive disorder, bipolar, schizoaffective. Whatever they labeled me, I became.

My metamorphosis began while I was interviewing to get into a class that trained peer supporters. I anticipated not being accepted into the class and began perfecting my suicide and how I would be presented at my funeral. My doctor was worried about me and sent me to the hospital as a suicide risk. I was there for two weeks and while I was there, found out that I was accepted into the class. I was discharged from the hospital and the next day started my class.

My new friendships, relationships and experiences all began to matter to me. The real Emily buried beneath the darkness began to emerge. I was breaking out of my shell, playing music, singing, dancing and socializing. I learned so much sitting in a small room all day with peers who understood where I was coming from. They helped and inspired me. I discovered that I was not alone. If I chose to, I could use my experiences to help others, which I did and have continued to do. Everything I went through was not a waste of time—it was precious knowledge I could pass on to someone like the old Emily, who thinks she's a bad person, who thinks she can't do something, who needs a voice.



"I'm finally unstuck and still moving forward. Recovery is a bumpy road with many potholes, but it's much better than being stuck in the ditch I thought I'd never climb out of."

The world works in strange and mysterious ways. I went through hell so I could appreciate the wonderful things I have now and all that I've worked for. These days I'm a peer supporter, an advocate and a member of society, not the system. I'm living with my wonderful boyfriend, have a job, volunteer, and am an independent woman doing things on my own. I'm finally unstuck and still moving forward. Recovery is a bumpy road with many potholes, but it's much better than being stuck in the ditch I thought I'd never climb out of.

peer support



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Coming Off Psychiatric Medications

By Sharon Spieler

Some People in this Country Are Doing It



On January 25, 2015 Community Links sponsored a viewing of the documentary "Coming off Psych Drugs" produced and directed by Daniel Mackner, LCSW. In this film, 23 people came together for a training on how to get off psychiatric medication sensibly, gradually, and with hope and support. The people attending this training consisted of psychiatric survivors, family members, consumers, a social worker, and a therapist. Basically they were people who had already come off their psych meds, those in the process of coming off their psych meds and those thinking about coming off their psych meds as well as two professionals who believed

it is possible to treat people with a psychiatric diagnosis with therapy rather than with medication.

The participants in the training actually felt they were coming to a "meeting of the minds" summit. They came for support, education, and comradery. They found what they were seeking.

So how does one actually come off psych meds? The first thing you have to do is find a psychiatrist or medical doctor willing to help safely wean you off the medication. The participants agreed that because of the medical establishment's ingrained belief that mental illness is caused by a chemical imbalance best treated with medication, it was practically impossible to find a clinician willing to do this. One girl had already found a clinician who helped her wean off her meds. When professional assistance fails, you can obtain a copy of the publication titled "Harm Reduction Guide to Coming off Psychiatric Drugs" by Will Hall and published by the Icarus Project (available online). One aspect of the training dealt with this publication. The key emphasis was on coming off the meds gradually.

So what happens when you come off your meds? People cope with "alternative wellness practices" such as meditation, healthy diet, getting enough sleep, pets, nature, peer support,

journaling, exercise, meaningful work, aromatherapy, hot baths, walking, fishing, creative writing, cooking, going to museums, hobbies, swimming, star and moon gazing, acupuncture, etc.

The film's producer/director Daniel Mackner, LCSW, an invited guest, said his motive for making the film was to educate the public about alternative ways of treating mental illness. He revealed that many of those in the medical establishment believed he was being irresponsible and he received occasional threats.

Many of the participants expressed skepticism about getting off their psych meds and for good reason. One woman pointed out that the entire mental health system in our country is built on the premise that mental illness is a chemical imbalance where medication is the only way to correct it and powerful drug companies profit from that belief.

A male participant raised the issue

psychiatrist that they are trustworthy and start taking pills again. Once they are on pills, they can taper off without mentioning it to the doctor.

I had three bouts with major depression: once in the 1970s, once in the 1980s, and once in the 1990s. I would have suffered less had the doctor kept me on antidepressants. There is a danger in coming off of medication. Illness can reoccur. I do not think I would risk being off of medication again.

One person, a forensic peer-specialist, did not believe that those in charge of the prison system would approve of him telling prisoners that they can come off their psychiatric meds. Mr. Mackner said that the Los Angeles prison system is the biggest mental hospital in the country and that many people receive psych meds for the first time in prison.

Participants wanted to know what supports were out there once you got

"...someone wanted to know of anyone who had successfully weaned off their meds publicly. Mr. Mackner said that most people do not share publicly if they are off psych meds; they simply go on with their lives."

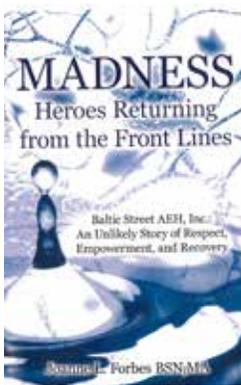
that if you try to get off your meds you could lose your benefits, to which Mr. Mackner replied that the trick is not to tell anyone that you are tapering off your meds. Someone said that for consumers who were not medication-compliant, psychiatrists prescribed injections instead. Mr. Mackner suggested that they should show their

off your meds. We were merely referred to YouTube and Facebook. Lastly, someone wanted to know of anyone who had successfully weaned off their meds publicly. Mr. Mackner said that most people do not share publicly if they are off psych meds; they simply go on with their lives.

Madness: Heroes Returning from the Front Lines

By Joanne L. Forbes BSN, MA

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



Instead of being defeated by madness, the Baltic Street Advocacy, Employment, and Housing staff in New York City built an agency that understands how to help those diagnosed with mental illness. In *Madness: Heroes Returning from the Front Lines*, author Joanne L. Forbes shares the story of Baltic Street AEH, one of the oldest and largest peer-run organizations in the United States, a unique agency whose success stems from knowing what it takes to come back from madness and how to show others the way.

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Professional Actors Train Clubhouse Members in Order to Fight Stigma



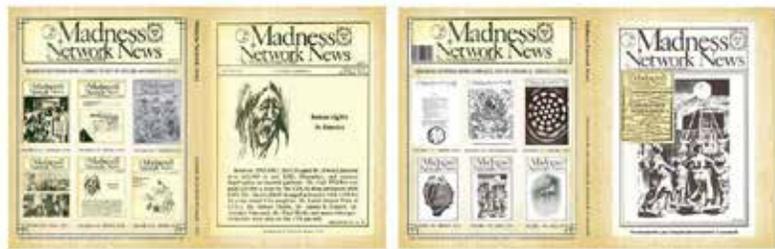
Based on fear, misunderstanding or a lack of information about mental illness, stigma may cause people to delay treatment or to experience discrimination in employment, housing and other areas of their lives.

Goodwill Industries of Greater New York and Northern New Jersey, Inc. and Village Playback Theatre have been awarded a National Endowment for the Arts (NEA) grant to support a series of interactive performances designed to decrease the stigma related to mental illness and educate the public in Queens, New York. The prestigious award is part of the NEA's second major grant announcement for the

2015 fiscal year.

Under the guidance of Village Playback Theatre, selected members of Citiview Connections Clubhouse, a center for adults with psychiatric disabilities operated by Goodwill NY-NJ, will train and perform with the professional actors throughout this project. Performances will be provided to adults with mental illness in shelters, residences, and treatment programs culminating in shows for the general public in May, Mental Health Awareness month 2016.

Note: To learn more, you can contact Russell G. Roten, Director of Citiview Connection Clubhouse at (718) 361-7030 or via email: rroten@goodwillny.org



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personal story

The Happy Recluse

By Kier

My Apartment, My World, Living with Agoraphobia

When I used to think of the word "agoraphobic" I would automatically have this bleak picture in my head of a person sitting alone, watching TV, cleaning the house and chatting to her/his pets. The life of an agoraphobe was mundane in my eyes. I didn't think the people were bleak or mundane, but I thought their life was that way for them. After all, how much fun can one person have in his own apartment all the time?

Then, I suddenly became afraid to leave my apartment. While I was afraid to step outside, I had a lot of fun being trapped inside my apartment. I reinvented the word "agoraphobic." I was 23 and living in a college town in upstate New York. There were plants and flowers growing near every window. My walls were covered with posters of bands, art and pictures of writers and scientists I admired. I had a spot on my wall for favorite photojournalism photos. I also had a spot for artwork made by friends and I owned a guitar, a clarinet, a keyboard and a drum.

Music was always being played. My boyfriend and I owned over a thousand CDs. Bad Religion, Joni Mitchell, The Dead Kennedy's, Simon and Garfunkel, Rachmaninov, Bach, Sublime, Lou Reed, Desmond Dekkar,

Otis Redding, Bjork and countless others would bring such joy to me and I never even had to go anywhere. I studied music in college and while I was stuck inside I taught myself how to play the guitar and the songs I liked. I also taught my boyfriend music theory, so he could understand the guitar better.

My apartment was filled with books about history, philosophy, religion, politics, anthropology, biology, anarchy, musicians, law, civil rights, physics, art, poets, fiction and more. I was always learning and thinking. I became an expert at just sitting and thinking. From my small apartment I was able to learn about the world. I was able to learn about anything I ever wanted to. My boyfriend and I would have hour-long conversations about everything from philosophy to baseball. I watched documentaries all the time. I needed to learn about life and would often end up watching a documentary about something followed by reading a book on the subject. When I watched documentaries, I took notes in my sketchbook so I could remember what I was learning. Just because I was afraid

of life did not mean I wanted to be stupid. At the time, if all I could do was observe and learn, that is what I did. I learned about everything. I eventually learned how to leave the house.

every game and the Yankees were kind enough to always make it to the post season when I was stuck in my apartment.

I am not saying that I was not

"I learned so much. I did so much. I can never be fully regretful about that part of my life because of what it gave me. I am lucky."

I always had a sketchbook that I could fill up in a month. I would spend hours a day painting, drawing or writing. I started painting. My apartment was soon filled with paintings, brushes, empty canvases and cups of colored water that I would knock over constantly. Painting and drawing was my meditation. I could zone out for hours and never feel anxious when I was painting. It was an escape, even from my apartment.

May to October was dedicated to baseball. I was lucky enough to have a boyfriend and two friends who also loved the Yankees. We watched

affected hugely by my inability to leave my dwelling. It was awful, depressing and embarrassing. I had panic attacks all the time, even inside my apartment. I was anxious a lot of the time and I was also very sad, but when I wasn't sad I was in heaven, a world I had created on my own filled with color, poetry, philosophy, music and joy. It was a world that inspired me to go out and live in it. I always thought that time was a curse, but I gained so much. I learned so much. I did so much. I can never be fully regretful about that part of my life because of what it gave me. I am lucky.



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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

CONSUMERS SPEAKERS BUREAU: share your experiences with mental illness and how you achieved recovery. Inspire fellow consumers by telling your story of overcoming illness. Contact Marvin (718)-488-7555.

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

Free Support Groups

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

ZAPPALORTI SOCIETY support group for gays/lesbians/bisexuals/transgendered peers with mental illness. Saturdays 2-4, LGBT Center 208 W 13 St. Call Bert (917) 286-0616.

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

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

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

CRITICAL ILLNESS SUPPORT GROUP contact Marvin (718) 488-7555 for more information.

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.

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

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