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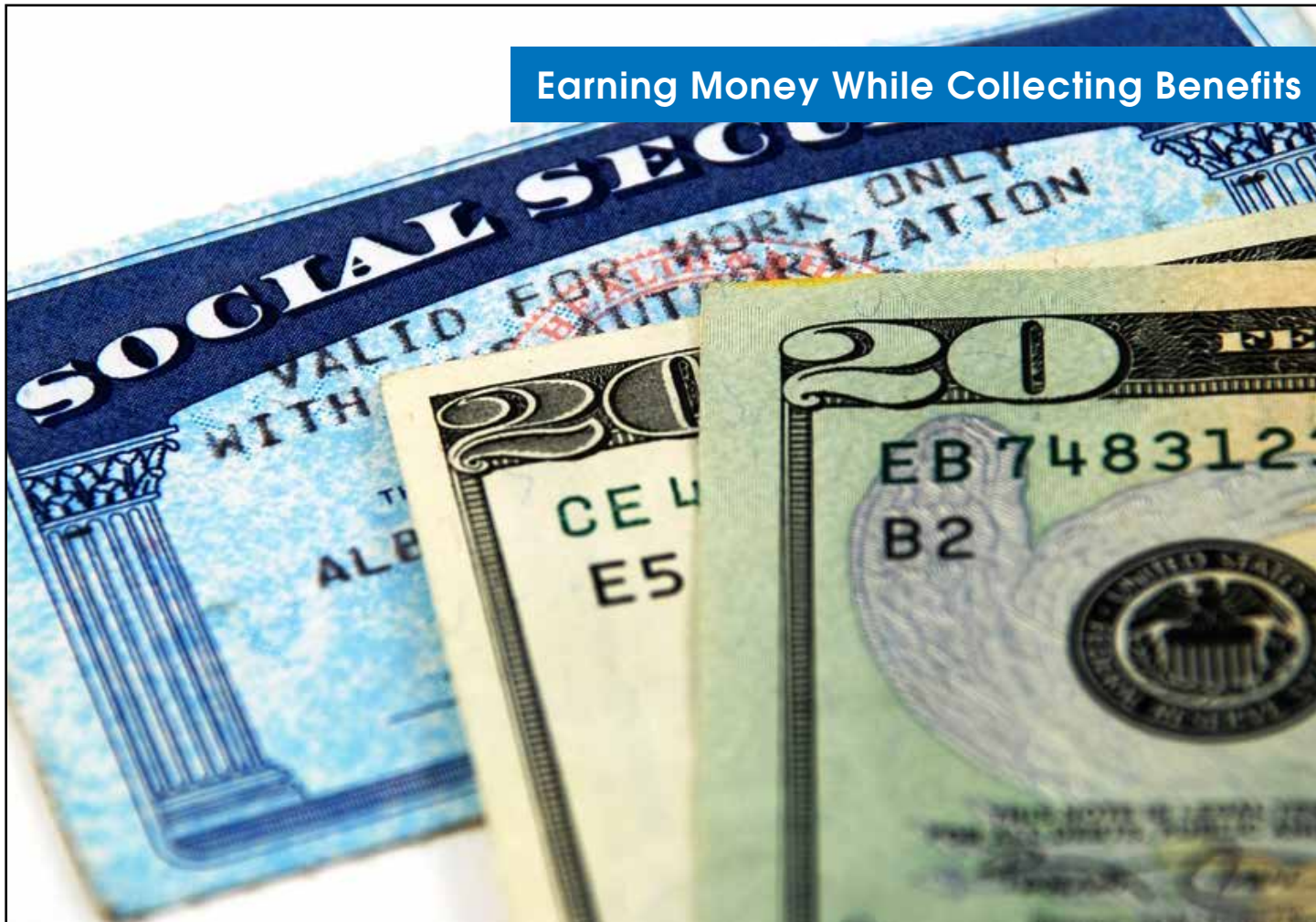
NEW YORK CITY VOICES

A Consumer Journal for Mental Health Advocacy

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Earning Money While Collecting Benefits



See articles "SSI, SSD and Employment: What You Need to Know" on the front page and "WORK: What It's Worth When You're On SSDI or SSI" on page 3.

Steve Bets on a Vehicle Fueled with Faith and Recovery

By Carl Blumenthal

Stick to Your Shtick, Boychik, And You'll Go Far

We meet in a Dunkin Donuts, near Steve's "program" at the Jewish Board of Family Services (JBFS) on Coney Island Avenue, just north of Kings Highway, in Brooklyn.

With a whorl of white hair on his head, matching trim beard, and wire spectacles perched on his nose, Steve resembles a modern-day "tzaddik" or wise man.

He buys me a cup of coffee—I refuse a donut—because generosity is part of his nature. America may run on Dunkin, but we're here sitting on stools to discuss the often bittersweet subject of "faith and recovery."

Steve would never pretend to imitate Mel Brooks' rendition of the "2000-year-

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SSI, SSD and Employment: What You Need to Know

By Tim Deal, Paralegal, MFY Legal Services, Inc.

PART ONE

The Importance of and Barriers to Employment

Entering, remaining in, or returning to the workforce is an important goal for many people experiencing mental illness. In addition to the financial benefits of earning employment income, there are many other benefits to working. For many people, employment is a vital part of the recovery process.

Unfortunately, as they seek to join the workforce, some people find themselves confronted by a variety of barriers. One serious barrier is a fear of losing their

(Continued on page 6)

Medicaid Managed Care: Recovery Moves to the Mainstream

By Briana Gilmore, Director of Public Policy and Advocacy, New York Association of Psychiatric Rehabilitation Services (NYAPRS)

Learn More About the Trends That Will Affect You

Big changes are coming soon to New York's Medicaid system. Services are being overhauled to emphasize quality and outcomes, and new services are being added to ensure that Medicaid is paying for the most cost-effective and valued treatment. Why is this good news? These changes will be beneficial to all Medicaid consumers who use behavioral health (BH) services. In fact, New York will implement changes in 2015 that emphasize recovery-oriented BH services in unprecedented ways.

This change started in 2011 when Governor Cuomo instituted the Medicaid Redesign Team, a planning system that looked at outcomes of the Medicaid system and made targeted changes. The goal was to build off reforms central to the Affordable Care Act, with the mission of reducing overall cost while

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Ward Stories

A column organized by Dan Frey, Interim Poetry Editor

Jeffrey Perry, a peer advocate of many years, wrote an op-ed titled "Recovery is the Level of Happiness We Obtain" for the summer 2013 edition of NYC Voices. You can learn more about him and his work at: <http://www.jeffreyvperry.com>. Andrea shared her work with Voices for the first time. Her poem is darker, but from the heart, about the struggles many people have when they live with mental illness.



Where Do I Go From Here?

By Andrea

poetry

Where do I go from here?
That's always the question
My heart, my soul, my life
The fear just keeps coming

Where do I go from here?
I'm lost, forever floating
The love I should feel for myself
It does not exist, and it will never
surface

Where do I go from here?
Others think they know
They're so high and mighty
But their wisdom cannot match
my demons

Where do I go from here?
The answer is inevitable
Hell on earth is waiting
I will suffer to live...I will suffer to die

Where do I go from here?

Stigmas Are Not Imagined

By Jeffrey Perry

Stigma is not imagined
Stigma is very true and really real.
Stigma is not just an outside force,
Stigma is something one can also
feel.

Sometimes thoughtless people do
mistake
And call fixation with stigma, just a
fake.
Often billions are spent for the
system's sake,
For not knowing the prices stigmas
do take.

We cannot account for stigma's
heartache
Or the loss love missed from
stigma's heartbreak.

In the first rule of Sociology,
You are not to blame any poor
victim.
Mental health is a chief priority,
Not to be treated any less for some.

Symptoms too, are real and take
their toll,
On those who know their
continuous hold.
One needs more than clout to stay
in the door,
While witnessing the pain one may
endure.

Do not be deceived by what you
work for.
Forget not this clouded vale none
adore.
Remember through hurt, we open
that store.
Our products are on the shelves at
our core.

With all stigmas and symptoms that
prevail,
Recovery is still a bright light that
shines well.
Into my darkest hours.

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WORK: What's It Worth When You're On SSDI or SSI

By Carl Blumenthal

Fortunately, even if you receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), you can earn more with a job because the Social Security Administration (SSA) allows you to work within some limits, to help with the transition to self-sufficiency. Thus, you can add to the average SSDI monthly payment nationally of \$1,130 (2013) or \$808 (2014) for a New York SSI recipient living alone.

For those on SSDI, nine Trial Work Periods (TWP's) of a month each are allowed over five years, to get your feet wet if you haven't worked in a long time. During those TWP's, you can gain as much income as possible without losing your full benefits. (So, if you become a car salesman, you can keep all those juicy commissions.)

For 2014, a TWP consists of more than \$770 per month. Less than that, you don't use up any of the nine TWP's you're allowed. And, you can still make up to \$1,070 per month, what's called Substantial Gainful Activity (SGA), and get your full benefits for up to three years, after you've completed the nine TWP's.

For folks on SSI, the Social Security

Administration (SSA) basically subtracts \$1 from your check for every \$2 in extra income. This is a simplification because SSA excludes the first \$85 of your earnings when calculating your change in benefits.

Say your monthly benefit is \$808 and you get \$1,085 a month at a new job. Your benefit would be reduced by \$500 for that period ($\$1,085 - \$85 = \$1,000 / 2 = \500), but given the extra \$1,085, that's still a total of \$1,393 ($\$808 - \$500 = \$308 + \$1,085 = \$1,393$), so you come out way ahead.

To be on the safe side, if you want to continue SOME benefits, don't earn more than twice your monthly SSI level. Certainly, that's not as good a deal as SSDI recipients get. But, you'll do better in the long run through employment.

Why do the two programs treat people differently?

Because SSDI is based on the amount of on-the-books past employment. To be eligible, you must have earned at least \$4,800 for each of 10 recent years. Like Medicare, which SSDI recipients also receive, SSDI is a government-run insurance program, supported mainly by

deductions from workers' paychecks.

SSI is an income supplement for disabled people with little or no money, which automatically qualifies you for Medicaid. Usually, SSI recipients have not worked enough to qualify for SSDI. Because the program is supported by general tax revenues, not Social Security taxes withheld from wages, Congress made the rules less generous for people who work on SSI.

However, money isn't the only reason to work: That's why the federal government's Eight Dimensions of Wellness (for people with mental health or substance abuse challenges) include one dimension for finances and one for employment. You get satisfaction and self-confidence from being employed.

As Sigmund Freud famously said, "Love and work are the cornerstones of our humanness." Plus, the boredom and frustration of doing nothing can lead to all kinds of mischief, not only in your head but also in your home and on the street. So, one of the best ways to get and stay busy is to work, whether for pay or volunteer.

Finally, here are two notes of warning: Report your earnings regularly to your local SSA office to avoid overpayments you might be obligated to return and also inform SSA of an improvement in your medical condition such that you no

longer qualify as disabled. In the latter case, enrollment in a Ticket-to-Work or other rehabilitation program could postpone a required SSA medical re-evaluation.

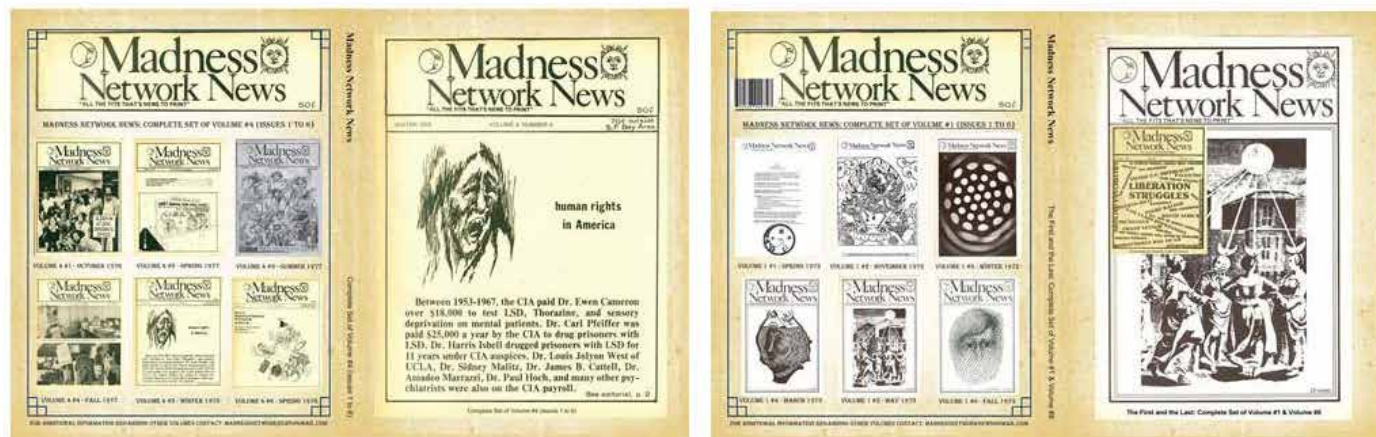
(For information about Ticket-

"The boredom and frustration of doing nothing can lead to all kinds of mischief, not only in your head but also in your home and on the street."

to-Work and other Social Security work incentives, including how to maintain Medicare or Medicaid, see the Coalition of Behavioral Health Agencies' newly-revised WORKbook: A Guide to New York City's Mental Health Employment Programs. Call 212-742-1600 for a free copy or see the guide at www.coalitionny.org.)

Note: Carl Blumenthal is a former employment specialist with NetWORK plus, Baltic Street AEH's assisted competitive employment (ACE) program. He receives SSDI and works part-time at the Center for Environmental Therapeutics (www.cet.org).

employment



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History is not a constant and every new generation needs to be re-introduced to their history. Now for the first time in nearly thirty years, Madness Network News is being made available in textbook and e-book format to the general public. The textbooks are priced at \$19.95 and contain complete volumes (six issues). The e-books are priced at \$1.99 per single issue. All buyers who request the complete set of seven textbooks will receive one book free. Visit us at www.MadnessNetworkNews.com and as an introductory gift to readers of **NYC Voices**, we will e-mail any single e-book listed on the website to you for free if you e-mail us and mention **NYC Voices** including the number of the issue you want. (Please review download instructions on the website before e-mailing us :o)

(Continued from cover *Steve Bets on a Vehicle Fueled with Faith and Recovery*)

old man.” Nevertheless, Steve is fond of scriptural-like irony, and paraphrases the lyrics of that major musical deity, Bob Dylan, who accuses the listener “You ain’t lost your faith; you never had any,” on the song *Positively 4th Street*.

Or there’s Steve’s quip, “How many psychiatrists does it take to screw in a light bulb? That depends on whether the light bulb wants to change itself.”

These two insights bracket Steve’s life, one of mental illness from an early age, when he “ditched the theory” that all was right in heaven and on earth. He more or less wandered alone in a faithless wilderness for 40 years.

However, when his two sisters and brothers-in-law turned to Orthodox Judaism in the early 1990’s, their example rubbed off on him: “I thought about everything I’d been through and decided I needed to be more conversant with my tradition. I began to think about religion, life, God, the universe...how things happen.”

Steve was attracted to the meaning of suffering in Judaism, particularly in terms of his own life. He began to understand that suffering can bring you closer to God by identifying with the plights of other people, a notion which reminds him of the book, “When Bad Things Happen to Good People,” by Rabbi Harold Kushner.

Then, through “mitsvot” or good deeds, you may alleviate suffering; thereby empowering yourself in the service of God. This thinking may sound circular, even paradoxical, but that’s what faith is all about.

If this reasoning also seems like a self-fulfilling prophecy, everyone who has survived bouts of mental illness knows recovery is like an engine that needs a constant supply of gas—an image Steve appreciates because he can tell you the horsepower, not to mention the fuel efficiency, of every car on the market.

Like Albert Einstein’s famous

maxim, “God does not play dice with the universe,” Steve is equally emphatic: “God is not lax; he’s not oblivious to what goes on; He’s just and merciful. If you rob banks or mug people, there will be a reckoning.”

“Steve...paraphrases the lyrics of that major musical deity, Bob Dylan, who accuses the listener, ‘You ain’t lost your faith; you never had any,’ on the song *Positively 4th Street*.”

This transformation of his attitudes about things earthly and divine over the

last 20 years has alleviated some of the sadness and uncertainty from his earlier days. Steve explains, “It’s set the table for what I have to do. I’m a Jew with mental illness, and I have to be the best person I can be. I try to help others on a daily basis. I’ve never been good at planning the future.”

Through his work as a peer counselor, his loyalty to friends, and his compassion for the members of his self-help program at JBFS, he’s on the road not only to recovery but also to “discovery of who I truly am.”

Then, he lowers his voice, as if to say out loud the following will jinx him: “If I ever relapse to the point where my only resource is the program, my belief in myself and in God will give me the strength to try something else, to put something forward.” It’s a nascent belief that hope will grow.

Or as Mel Brooks might say in a Yiddish accent, “Stick to your shtick, boychik, and you’ll go far.”

Jars of Clay

By Lara Ferris

A Story of Recovery and Redemption



My life has always been a bit of a contradiction. My above average intelligence and nearly flawless memory enabled me to be an excellent student. However, this same brain that allowed me to achieve academic success also caused me to suffer spontaneous episodes of inexplicable rage, feelings of self-loathing and bouts of severe depression. On the surface I had all the ingredients for a healthy, normal life: a stable home environment, loving hardworking parents, a great younger brother and a nurturing extended family. We lived in a moderate middle-class suburban neighborhood, my mother ran a daycare out of our home so she could be there when my brother and I were not in school, and my father worked as a Teamster. My parents both worked hard to provide us with all the things they had lacked growing up. My brother always had

the latest cool sneakers, I always had spending money and we both had all the popular toys. I got good grades, I stayed out of trouble and I had friends. I appeared to be happy. And I was, most of the time.

Other times I felt like a complete fraud. Around my family and friends I was generally cheerful and calm, but alone in my room I would succumb to negative feelings of self-doubt, hopelessness and despair. The darkness would come, and I would allow it to wash over me until I was adrift in a black sea of torment. Writing saved me; it’s the only thing that kept me from going under. I began writing at a very early age. First came silly juvenile rhymes, followed by haiku and sonnets about young love and heartbreak and then came the good stuff. The real, raw, visceral, primal stuff. My words spilled forth like blood from a seeping wound. In fact, that is exactly what they were. Writing was my therapy, my catharsis. I didn’t write because I could, but because I had to. Those words became my lifeline, the one thing that kept me anchored when I felt myself drifting. To this day, I never underestimate the power of words; they can hurt and they can heal.

I was very protective of my writing. I let the general public see the sappy, fluffy, romantic poems. But I kept the dark stuff hidden. I didn’t let anyone see that side of me. I lived in constant fear that the facade would crumble and my true identity would be revealed, an identity I worked very hard to conceal. So I never showed it to anyone, not even my mother, whom I’ve always been very close to. I often wonder how my life might have been different had I shared my words and the thoughts and feelings behind them. But I didn’t. And so my mood swings, occasional depressive episodes and even my sporadic angry outbursts were all attributed

to adolescent hormones and teen angst. The real underlying cause, my mental illness, went undiagnosed and untreated for over twenty-five years. Those were interesting years, filled with lots of ups and downs. I got married and divorced...more than once. I gave birth to three children.

so many people invested in my health and well being. Psychiatrists, counseling, medication, group therapy, social workers, family and friends have all combined to make my recovery a reality. But the most integral piece of the puzzle is my renewed relationship with the Lord. I

“I had been frantically spinning plates like a clown in a circus for so many years. One day all those plates just came crashing to the ground...until I agreed to seek immediate help.”

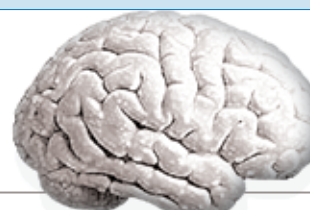
I owned a home. I lost a home. I lived on my own and I lived with my parents. I held down a career for 19 years. And all the while the battle in my head continued to rage on.

It all came to a head six months ago. I was in yet another unhealthy relationship, unemployed, battling a severe technology addiction and living a secret double life built on lies, deceit and immorality. I had been frantically spinning plates like a clown in a circus for so many years. One day all those plates just came crashing to the ground. I was on the verge of losing everything—my family, my children and even my life—until I agreed to seek immediate help.

It wasn’t easy. It still isn’t. But I am very fortunate to have

found a church home and attend every Sunday, I am involved in a women’s Bible study and I have surrounded myself with godly women of faith. God’s unfathomable love and mercy astound me every day. He has broken the chains of addiction and freed me from the captivity of my own dark mind.

One of my favorite Bible passages is the story of the Potter and the clay. We are but clay in the hands of the Lord. He has the power to shape us into vessels of His grand design. And should those vases become marred or shattered, He can rebuild them into something even more extraordinary. So don’t be afraid to be broken. For the jars that have been pieced back together are the ones that let the light in.



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A Little Night Music Please

By Jeff Gifford

My Life Comes Full Circle in a Psych Ward

Caught a little depression with some anxiety on the side, is what I thought when I got diagnosed. It can't be too bad. They make medicine for that. Yes, my grandmother had horror stories of ECT treatments, crying bouts, and long hospital stays. Sometimes getting out of bed was a struggle with her depression, she claimed. I always thought of my grandmother as a true drama queen.

My physical health took a nose dive in my late 40's. I was diagnosed with a form of liver disease. I missed a lot of work due to numerous hospitalizations. When I was 50, I was told I no longer had any sick time left, and I would lose my job.

I had worked twenty-five years as a librarian. I earned my bachelor's degree in biology and my master's degree in library science. It was all I knew. It was my whole life. Now I would need to face foreclosure, move in with my father, and even go bankrupt.

These are days of uncertainty, and uncertainty is not good for people with major depressive disorder. It did not take long for it to begin its ugly course. Countless days were spent on the couch unable to move. The sound of the television annoyed me. I craved silence while I remained paralyzed. "Did I bathe?" I wondered. I couldn't remember the last time I bathed.

"While I am waiting for my ride back home, the nurse smiles at me and hands me my belt. I put it on with newfound respect. Respect for a powerful disease and respect for my grandmother who got through it."

I had turned into a lifeless vegetable, and had it not been for some good friends and family, I probably would have starved myself to death. My energy was depleted.

The feelings started to come back. It was like every neuron woke up and

fired at one time. This was the worst part. I felt everything. Everything I had been repressing, the fear, the anger, my job, my life, everything—went into high gear.

I had never suffered agoraphobia before, but it was starting to settle in. I just did not want to leave the couch. I did not want to go anywhere, or even see anyone. Feelings just raced through my head, most of all fear. I craved the former numbness. It was safer there. This was eating at me, bit by bit, hitting me in heavy waves.

I do not remember the entire ride to the hospital. I do remember the police and the ambulance driver arousing me. My father said he called. The police found the empty bottle of pills. The next thing I remember was being escorted into a room where I was processed.

Processing occurs to match the correct group of patients together for effective therapy. I am told I will go to the fifth floor in the morning when there is an opening. The social worker assures me this is good news and not to be frightened.

That night was like no other I can recall, or care to repeat. It was a night of howls and moans and screeches that slowly waned past the midnight hour. Eventually, all that would be left was the laughing, street talk of the hospital workers.

I stare at the wall long enough to begin hearing the howls and moans growing in volume again. Soon it will be breakfast time. I am escorted to the dining area. I am touched to see

a mentally disabled man in a wheelchair being taken care of by some residents. They make sure he gets his nourishment. I do not know his name. He is unable to talk. He needs special care. His clothes and hair are dirty.

Visiting hours are announced on the loudspeaker. Typically this is the time when hospital patients receive guests or talk to members of their clergy. Not here. Visiting hours go unnoticed in the television room or talking on a communal telephone. Credibility and cognition are wrongly assumed lost by those on the outside of these walls.

I am told to get my belongings, because I am going to the fifth floor. This is the area of the hospital designated for high-functioning mentally ill patients. I can even shave, provided I have a hospital employee onlooker. I still cannot wear a belt, however. Not until I have gained a certain degree of trust. That would take more time.

Days are filled with group sessions and games. Yes, believe it or not, "Pictionary" and "Jeopardy" are very therapeutic for this soiree of madness. It teaches us to be people, not illnesses. We aren't two schizophrenics, three bipolars and the suicidal librarian. We are just ourselves, playing games, watching television, talking, interacting. Nothing much.

While I am waiting for my ride back home, the nurse smiles at me and hands me my belt. I put it on with newfound respect. Respect for a powerful disease and respect for my grandmother who got through it.

I wonder what has become of those I had the privilege to meet in the hospital. One of the hospital rules was not to share contacts. Still I think of their names and their faces. I say prayers. I hope they do so for me as well.



ECT and My Secret Setback

By Kurt Sass

The Hidden Side Effect of Shock Treatment

During the years of 1999 to 2000 I had a total of 22 ECT (electroconvulsive therapy) treatments—also known as "shock" treatments. These treatments literally saved my life. At the time I started the treatments, I had been in such a deep depression for the previous 11 months I could not even eat or get to the bathroom without assistance, and suicide was a constant thought.

While these treatments did indeed give me my life back, unfortunately they have caused a severe side effect which I have not revealed to a single person (except for my doctors) for all these many years until this article. This side effect is one of an acute short term memory loss.

Fortunately, I do not have the type

of severe long-term memory loss suffered by about 10% of ECT users in which one can permanently forget family members, friends and events. With my memory loss, if you tell me something in the present, there is a somewhat decent chance I might forget it, at least for a brief time. I might remember it the next day, but not 10 minutes after you told me.

To be honest, at first I wasn't even aware of the memory loss. In fact, when I went back to work a few months after the ECT treatments, my employers would constantly praise me for always being on top of things and never forgetting. My secret was that I had developed a skill of writing everything down on index cards, even the smallest of tasks. I also incorporated this system into my home life. I now had lists for everything. For the longest of time, I just thought I had become a very, very organized person. Slowly, however, it started to dawn on me that since I had never kept lists before in my previous 43 years of existence, so maybe there was a

reason behind it.

When I finally did become cognizant that I suffered from short-term memory loss, I was devastated. To prove to myself that I did indeed suffer from it, I tried to go through my daily routine without writing notes. I didn't make it to the afternoon. For example, I went to the store, which was only 4 blocks away, to purchase a number of items, but by the time I got there, I could only remember one. I know for a fact I had intended to buy many more items, because I had over one hundred dollars in my wallet.

Unfortunately, this memory loss is permanent. I have learned to cope in many ways. I still have my lists, of course. When an assignment is given to me at work, I usually send a confirmation e-mail to make sure all the details are covered. If the assignment is given over the phone or in person, I will no doubt ask a second time so I can write it down. Even the smallest of items has to go on my list. People will sometimes question me as to why I

write everything down, but a quick joke about my "getting on in years" satisfies their curiosity.

The reason I haven't told anyone about the memory loss before is that I didn't want them to treat me differently because of it. I am certainly not ashamed of it, just as I am certainly not ashamed of my mental illness. I just don't want people to feel that they must speak slowly or have to remind me of things, because there really isn't any need. I have developed the skills and mechanisms to cope and overcome.

As to the reason why I have decided to finally open up about my memory loss? Well, just like with any other secret, the longer you keep it inside you, the more it festers inside you until you set it free. I learned this many years ago when I decided to tell people about my mental illness, so it is only natural that it should carry over with my memory loss.

Well, that's it for now. Time to write a note to remind myself to edit this story tomorrow.

(Continued from cover SSI, SSD and Employment: What You Need to Know)

Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits. Another barrier is fear of Social Security overpayments. Overpayments occur when the Social Security Administration (Social Security) alleges they mistakenly increased a recipient's payment and then decrease that recipient's SSI or SSD payments until Social Security has been recouped, paid back for their supposed overpayment.

MFY's New Employment Initiative MFY Legal Services has provided free civil legal assistance to low-income New Yorkers for over 50 years. The Mental Health Law Project at MFY has been helping New Yorkers with mental illness with civil legal issues since 1983. At MFY, we recognize both the importance of employment for people with mental illness and the seriousness of these Social Security-related barriers to work. In response, the Mental Health Law Project started a new initiative to support the employment goals of people with mental illness. We want to encourage employment by letting people know that they can work while receiving SSI and SSD. In fact, if they do, in most cases they will end up in a better financial situation.

Additionally, our employment initiative seeks to address Social Security overpayments in two ways. First, we want to help prevent overpayments from happening in the

first place by educating people on Social Security's reporting requirements. And, for those who have already received notice of an overpayment, we want to assist them in the overpayment appeal process by helping complete the appropriate Social Security form, and when possible, helping to negotiate with Social Security and appearing at Social Security hearings.

In what follows, we hope that readers will gain an understanding of how employment affects SSI and SSD, as well as what they need to do to prevent and fight overpayments. People who receive both SSI and SSD face a more complicated situation, because they

benefits?" Social Security's rules for how employment affects SSI and SSD are very complex. However, there are some general rules to keep in mind when going back to work while receiving Social Security benefits.

Employment and SSI

For people receiving SSI, Social Security adjusts their SSI checks every month that they earn work income. Here is how it works: Social Security wants to know how much money SSI recipients receive in total from work each month before taxes. Once they know this amount, they do a few things. In general, Social Security will ignore the first \$85 that an SSI recipient earns at work each

be eligible for at least some money in their SSI check.

Example One: Let's say Ms. Smith is an SSI recipient who begins earning \$685 a month at work. Social Security will ignore the first \$85 dollars that she earns, reducing the amount of employment income it considers from \$685 to \$600. Then they will cut that \$600 in half, bringing it down to \$300. This \$300 is what they will deduct from Ms. Smith's check. So, if she receive \$808 in her SSI check before working, that amount will be lowered to \$508. The important thing to remember is that, in this example, Ms. Smith is earning \$685 and receiving an SSI check for \$508, increasing her monthly income to \$1,193.

This article has been split into two parts. In part two, we will discuss how employment earnings and SSD work together, showing in several examples how various incomes and SSD payments add up. We will also discuss preventing and fighting overpayments.

Contacting MFY

If you have any questions about how working effects SSI and SSD, or if you would like assistance appealing an existing work-related overpayment, MFY's Mental Health Law Project is here to help. Our intake line is (212) 417-3830. That line is opened Mondays, Tuesdays and Thursdays from 10:00 AM to 5:00 PM.

"In addition to the financial benefits of earning employment income, there are many other benefits to working. For many people, employment is a vital part of the recovery process."

have to deal with both sets of rules; SSI rules apply to the SSI money they receive, while

SSD rules apply to the SSD money they receive.

How Employment Affects SSI and SSD

One of the most common questions we hear is, "How exactly does my work income affect my Social Security

month. Then they will cut what remains in half. This amount is what Social Security deducts from the SSI check. The key here is that Social Security does not deduct an SSI recipient's work income dollar-for-dollar from their check so, if they work, they will end up bringing home more money. In 2014, most people who receive SSI can earn up to \$1,700 per month and continue to

Empty Spaces: Pushing Back the Boundaries

By Virginia A. Tobin

Reclaiming My Consciousness

Anything or anyone who demands your attention on a daily basis becomes personal to you. Before I became mentally ill, my personal identity was common place to myself and to the rest of society. Since then, my paranoid schizophrenia has demanded my attention generally speaking for approximately 19 years, and has demanded my attention at every level of my life for most of those years. My mental illness has occupied the empty spaces and has pushed back the boundaries so that the gaps of emptiness are much wider than that of a mentally healthy person. I have come to see that being passive about this invites the mental illness to become a parasite larger than the host. The time has come for me to push back the boundaries of emptiness and to allow little room for the uncommon demand.

My symptoms began in 1995, unbeknownst to me, creeping up on me with peculiar occurrences, all culminating in 2007 when I was hearing and seeing ghosts. The onset of my disability seemed to coincide with my one and only marriage to a man I had dated in high school. I only know this in retrospect because I had no clue I was mentally ill until being diagnosed in 2004. My suffering really commenced when my husband

left me, without much explanation, after six months of living together as husband and wife. I had a profound feeling of not understanding, which stayed with me, growing for years to come. This feeling of not understanding eventually became about everything that I experienced on a daily basis and thus became MY personal definition of the self.

I would not say that I was lost. I wasn't. It's just that this feeling of not understanding became accompanied by beliefs that I adopted to explain the feeling itself. This is where I split from the common understanding of the truth. I began believing that everyone around me was talking indirectly about me or indirectly to me. Following this, I began believing that I knew things that the public did not know about local and world events. Everything I heard, and everything and everyone I met, soon seemed to be a part of a perfect world in which every last detail and generality was previously planned from the license plates of the cars around me to the changing names of countries on the world map. Putting it simply, I recognized everything in the world. It was like experiencing the awesome power of God from a demonic perspective.

One cannot imagine what this felt

like, nor understand how demanding this was on my attention. I was in a continuous state of shock and not understanding. This is where my paranoia steps in. I believed that strangers around me knew who I was

and that they were all in on some kind of great conspiracy concerning me. I believed that spies from all over the world were watching, listening and

(Continued on page 7)



(Continued from page 6 Empty Spaces)

“I began to finally gain a feeling of understanding through the spirit world voices...I began to relax because I no longer felt the desperation of not comprehending.”

following me, that micro-cams were in my bathroom and a tracking device

was inside my watch. I don't know when I started to believe there was

an implant in my thumb. This now all seems so gratuitous, of course, since whoever planned the world's goings on was so advanced.

I was eventually caught by the authorities as only mentally ill people will truly understand. In desperation, I went to the police while I was delusional and traveling around the country thinking now that I was being chased and harassed by the mob. The police sent me to the public psychiatrist where I was officially diagnosed. I immediately noticed that I was now in a different class of people because I was institutionalized. I had just relinquished control of my entire life, as a prisoner would relinquish control to the authorities by being incarcerated. My instincts were correct. This was only to be the beginning of a long span of time spent

in and out of the mental institution. It seemed that everyone viewed me as a mentally ill person whose sudden civic duty it was to control and detain. This is how my life crashed.

My paranoid schizophrenia voided my daily experience of true living and settled in with voices from the spirit world. My disability took on a new dimension as voices only came from people in the material world before this. These new voices took my time and my attention so that I was unable to measure my life and at some points unable to measure time. Life events were seemingly non-existent. The value and the meaning of life became shabby. Emptiness was my master and I was its slave.

During the time period directly following my life crashing, I began to finally gain a feeling of

understanding through the spirit world voices. They explained a whole new domain of delusion to me which justified everything that I had previously believed. Finally, I began to relax because I no longer felt the desperation of not comprehending.

Currently, I have a more developed understanding and realistic relationship with my disability. The goal is to close the gap of emptiness with a hobby or interest that I can share with others and hopefully earn some money with. The concept that I am pursuing is to teach myself how to make wedding gowns and eventually to design originals. Of course, I will take this very personally as it will redefine who I am by what I think about and do routinely. My attention will be mine again.

(Continued from cover
Medicaid Managed Care: Recovery
Moves to the Mainstream)

improving outcomes and quality care. Policy makers quickly realized that achieving this would be particularly challenging for the BH system.

New York is transitioning the BH system because recovery-focused services not only improve quality and outcomes, but also save money. This plan also raises the bar for providers, many of whom have long been funded based on how often people come to programs rather than demonstrated improvements in people's lives. In order to achieve this transition, the plan targets social determinants of well-being such as housing, employment, education, and family connections.

DOH, OMH, and OASAS have decided to accomplish this by moving to a system of managed care that will be expected to improve the coordination and impact of care.

Managed care isn't new, and many who are Medicaid eligible already have physical health and pharmacy services paid for by a Managed Care Organization (MCO). In 2015, every person in New York State who is eligible for Medicaid will also have their mental health and addiction services coordinated and paid for by an MCO.

If you are already enrolled in an MCO, you will receive all of your benefits from the same plan. If you're not enrolled, you will have to choose an MCO. If you're not sure about which plan to choose or if you want to switch, you can access an enrollment broker to help you do so.

Medicaid recipients who have used a lot of mental health and addiction in the past will be enrolled in a Health and Recovery Plan (HARP) that will offer and coordinate a greater amount of those services.

Thanks to advocacy from NYAPRS (New York Association of Psychiatric Rehabilitation Services) and other advocacy groups, HARPs are required to offer services that have never been Medicaid funded, including peer services, crisis respite, supported

employment and education, family supports, non-medical transportation, and self-directed care.

Some of these services, like crisis respite, will be available as needed. But others will be offered based on goals you express during treatment

services they really want and need, including community supports like housing and wellness activities. Health Homes are just networks of providers organized by a central agency; they aren't a place, but have care managers that provide outreach

“In 2015, every person in New York State who is eligible for Medicaid will also have their mental health and addiction services coordinated and paid for by (a Managed Care Organization).”

planning with a care manager, such as transitional employment. This will be a major change for many people; instead of just being offered service options, people in HARPs will be asked what their recovery goals are and what supports they need to get there. It will take time to build a system that understands how to do this, but it will also take time before all community members are able to articulate what their goals and preferences are.

Ideally, that is what care management is all about. Health Homes are established throughout the state to provide care management that excels at helping people access

in community settings.

Health Homes are operating with mixed success. Their capabilities depend on the strength of their provider network and ability of staff to truly understand the needs of our community, including cultural norms and preferences. Care Management will be a big part of the way MCOs understand and organize services in the future, particularly through HARPs. MCOs will have to work with Health Homes to ensure each recipient receives the attention that helps them achieve the best life possible in the community.

This historic shift in the way

Medicaid is delivered will mean dramatic improvements in the way the community accesses services that truly help people recover. But it won't happen perfectly all at once, and recipients may have to press for better attention from care managers, more appropriate service access, or demand community-based living and service options. NYAPRS and Medicaid Matters New York, along with other associations, achieved the inclusion of an ombuds program in Medicaid Managed Care; an ombuds is an office that can objectively help resolve complaints and help consumers navigate problems.

Importantly, this shift is just one of many moving toward a more coordinated system. People who need nursing home or long-term care services will also experience changes in services coordination, and eventually everyone in New York State who has Medicare coverage will elect an MCO. Stay updated through community forums for information about how benefits you receive are improving and what you can do to advocate for what you and your peers need.

managed care

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Bruni in the City: “Love and Arrows”

By Christina Bruni

I Struck Out on
OKCupid



I've had a wackadoodle time online. I don't recommend any of the

Internet matchmakers. OKCupid is only for hook-ups. The six foot tall guy I contacted there responded by telling me since I was only five feet tall he couldn't have sex with me, so he wasn't interested.

Imagine that: I was too short and too skinny for a guy even though I'm beautiful: go figure.

With OKCupid you take a quiz. If it rates you as less kinky and less adventurous, no guy will contact you. The service is rigged for sluts and gigolos.

I had no great experiences with chemistry.com and eHarmony as well. eHarmony caters to conservative Christians. If you write in your profile that you like to attend and perform at poetry readings no eHarmony match will contact you. They're looking for church-going hausfraus, not left-of-the-dial indie girls.

The matches on chemistry.com were incompatible too. One guy wrote the love of his life must love animals. I detest dogs, and cats creep me out. Dog hair sheds all over and dirties your clothes. Take your animals, Jack, and open up a zoo. Or find a woman who's

willing to vacuum the couch and de-lint your suits; she isn't me.

You can see why I'm skeptical of Internet dating services; they promise so much and deliver so little. The alleged matches aren't compatible if you're looking for the right person, not just an almost-perfect person. I don't think like the author of that book who proposes you should settle for Mr. Good Enough. I think you should aspire to meet and date a great guy.

No guys on OKCupid were reliable. I could tell they weren't on the level. Guys would send this message: "hi." Just "hi." That doesn't bode well for their conversational skills on a date. Guys, you respond to a woman online. Refer to something she wrote in her profile. You say "hi," and I'll say "goodbye!"

I took a dating break this winter in the polar vortex. As I write this, it's March 2nd and a snowstorm is on the way, even though there's only three weeks until spring. My goal is to resurrect the love search in June when the weather is warmer.

Any woman who is desperate to meet a guy because she doesn't want

to be alone will only attract Mr. Wrong, a guy who's going to use her, or worse. My hardship is that I have other more pressing goals and it wasn't ever my number-one goal to be in relationship. Meeting my soul match would be the icing on a tasty cake. I already have the cake; it's time to frost it.

I wanted to bet my friend a wager that I'd meet Mr. Right-For-Me in the

Imagine that: I was too short and too skinny for a guy even though I'm beautiful: go figure.

summer. "D" turned me down even though I offered him a free meal, not a monetary prize. So, I'm going to bet the readers of New York City Voices a friendly wager: If I meet the guy this summer, I get to tell you I told you so. If I don't meet a guy, you can smirk at me.

To the victor go the spoils. To the heartbroken go the Kleenex. I've stocked up on the tissues just in case.

Faith That Began as Small as a Mustard Seed

By Luanne

How Nursing and
My Spiritual Strength
Helped Save My Life
and Others

My name is Luanne. I am a 52-year-old from Lexington, South Carolina. I was first diagnosed with mental illness in 1996. When I look back now on my life, I believe that my mental illness began in high school and got worse during my first marriage. I was emotionally and physically abused, which resulted in a very nasty divorce and custody battle over my two children. I was diagnosed with bipolar, anxiety, depression and dependent personality disorder. I believe that my mental health diagnosis is due to genetic factors as well as trauma. I believe that my mother had bipolar but was never officially diagnosed. I did inherit an alpha protein deficiency, which has been shown to cause bipolar and epilepsy (I have both).

In high school, I suffered from extreme depression because of the dysfunction I was living in. Even though I grew up in a dysfunctional family, I still must give credit to my mom, who took me and my sister to church at a young age. I was introduced to Jesus, and had the seed of faith planted at an early age. It was my faith that got me through the darkest times of my life. In high

school, I put all my time and energy into my studies and the marching band. I preferred to stay at school and away from my dysfunctional family. I knew from a young age that I wanted to be a nurse. My dream was to go to third-world countries on medical missions, but I soon learned that my mission would be at home. I found some old nursing magazines in the garage of my neighbor's house, who had moved. Reading them reinforced my dream to become a nurse. In 1980, I enrolled in a local technical college and began my studies to become a licensed practical nurse. I then got a two-year degree and continued on to get a four-year degree to become a registered nurse. I found my purpose in life as a nurse, and I had dreams to save the world. My nursing career lasted over 31 years. I saved many lives and went on to become RN of the year for the med-surg department at a local hospital and was also included in Who Who's in Nursing several times. I gained confidence in nursing with my educational degrees and the initials behind my name. One day I lost it all and found myself without any self-worth. I had to learn the hard way that my self-worth comes from God.

In 1996, I had my first admission to the psychiatric hospital. I had three admissions; more voluntary admissions because of suicidal thoughts. The first trip to the

hospital in 1996 was by the police when my husband tried to cover up his emotional and physical abuse by

new attorney's help, I got my kids back. I went on to experience stigma and discrimination from people who

“Having a mental illness has brought challenges in relationships, occupations, and other areas that most people do not have to face. Despite these challenges, I have become a better person and....Most of all, my faith has increased.”

claiming I needed psychiatric help. Even though my psychiatrist said he had no reason to commit me, I stayed at the hospital for a week just to get away from my husband. Shortly after the first admission, my husband and I separated and I filed for divorce. My husband won the first custody battle and the home which I had bought. He simply won because he had a better attorney than I did. The next year without my kids was the worst year of life. My days were filled with anxiety and panic attacks over losing my kids. I also lost the job that I had simply because I was honest and told the director of nursing that I had bipolar. It was my first taste of discrimination and stigma related to having a mental illness. My ex-husband married again and physically abused his second wife. I remember coming home and turning the whole mess over to God. When I did, with my

seemed to have the mentality that those with a mental illness were second class citizens.

In 2007, I went back to school and earned my master's degree in mental health counseling. I was determined to offer hope to those with a mental illness. I also became a peer support specialist and a South Carolina Share Mentor. At this time, I am awaiting and battling the broken system of social security disability. Although I am not currently employed, I still believe that God has a purpose for my life, despite my mental illness.

Having a mental illness has brought challenges in relationships, occupations, and other areas that most people do not have to face. Despite these challenges, I have become a better person and have learned many things on my journey through life. Most of all, my faith has increased.

646-741-HOPE

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

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

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

www.communityaccess.org



Bruised Skies and Lost Lies

By Samuel

A Cast-Off Kid Grows Up to Share the Trauma of His Childhood

It was cold and the sky was black and blue with winter's punch. A 16-year-old child drifted anonymously, heading west across PA Interstate 80, looking over his shoulder continuously, although he had a strong sense of his own solitude. He was not frightened, nor aware that he should be, for this was his life and his reality. His relationship with his mysterious father, whom he

surface to sleep on at the very top of the incline that supported their weight, he realized too, nobody would ever notice him resting up there. He was alone. He was safe. He was at peace. Serenity had been bestowed upon him—again, by the simple art of locomotion.

Damn it! Tears streamed down his face and froze on his cheeks. How could the commonwealth of

“With no fond memories to keep him warm, the sleeping bag was his safe place as he searched for the next bridge to sleep under...nobody would ever notice him resting up there.”

barely knew, had somehow begun to unfold. He had never laid his eyes on him.

A momentary thought passed through, as he reflected: “How dare you challenge me for living like that?”

Daylight was slowly fading and Christmas Day was approaching. Rides would be scarce, if at all. He barely weighed eighty-five pounds that year and carried all his material possessions in a small duffel bag. “Save the sleeping bag.” Thank God he had enough common sense to steal an army-issue down-filled bag. With no fond memories to keep him warm, the sleeping bag was his safe place as he searched for the next bridge to sleep under. The bridges provided dry shelter and kept a great deal of the wind chill to a minimum. As they provided a flat

Pennsylvania allow this to happen? He knew people and their loved ones were settling down to meals, warm homes, family, friends, gifts, Church, and the seemingly endless celebration of love, music, and tidings of great joy. Merry Christmas? He swore he saw his black and blue marks reflected in the wintry sky for the last time. The only way to not see those bruised colors in the sky again was to leave this place forever.

Life was so much like he had been told Hell would be, at the age of 8, that he didn't consider suicide because Hell only seemed like more of the same. Now that's one unusual motivation to keep on living, he thought. “My God, is this how it's going to work for me as long as I agree to keep on living?” The concept of suffering had not yet been bestowed upon him. However, he did

wonder, “Where have I gone so wrong so soon?” “God doesn't put anything on your plate you can't handle,” he heard in response.

The professionals would have most certainly labeled his black and blue marks as “SAD.” This truly was his personal seasonal affective disorder this year for Christmas. He knew he wouldn't allow his affection to manifest itself into an infection. He already knew how to forgive and love the person appropriately. Parenting was no easy task for himself. Didn't folks say it in itself was a full time job?

He knew “Chaucer and Beowulf have nothing on me.” School had already taught him that. Thank goodness the public education system was providing him with the knowledge he needed to survive. “You have got to be kidding me. What is so wrong with these people and this system?” Too frightened to speak, because when he does, “some adults become angry and treat me poorly because I have challenged them.” “OK, it's all my fault. I can deal with the responsibility because you won't.”

There would be no welcome food-source tomorrow, Christmas Day, and tomorrow was nearly an eternity away. Plan ahead for food? The concept of planning ahead for anything except cigarettes was something people who sensed they had a future would have thought of.

Time didn't seem to exist yet it seemed to keep happening. This was all he seemed to know, so he never considered contemplating to any great length, “Why me?” Surviving much like a parasite would, seemingly lower on the food chain than a barnacle, he had found nothing to cling onto that lasted.

He shook as the coldness of reality

migrated throughout the bag. The cement was hard, much like life itself, so it was comfortable, because it seemed familiar. So was crying.

Then his mind drifted to the thought for the day: Would anyone consider him immature for crying? He didn't think God would. At least he had one good friend to talk to. He was having difficulty however hearing Him speak. But he didn't give up on his chosen approach. And that was that.

“Life seems okay.” Already he thought, “nearly complete.” His communication skills were being honed, though he had no clue. Sleep was at two to three hour intervals at the most, and neither the weather nor hunger pangs had a thing to do with his inability to rest.

Note: The author was the 16-year-old in the story. He was living in an orphanage at the time when the State of PA revoked their charter and closed it down. His option from the system was to return to foster care and he wasn't willing to do that so he spent two years being homeless until he was emancipated at the age of 17. This is part of a larger story. Samuel's diagnosis is PTSD and in essence there is no end to the story.



I Can See the Light

By Andrea

I am 45 and I have been “sick” for the past 12 years of my life. I have bipolar II, an illness that I would not wish on anyone. I grew up very loved and very happy, but eventually my world was shattered.

My first marriage left me abused and broken. I tried, and succeeded for a while, to put that part of my life in the very back of my mind. Some things just can't stay buried forever. Flashes of the past came back to haunt me, and major depression set in. I went into a very dark place, and it has taken me 12 years to even slightly pull out.

My days have been empty, and everything has seemed so dark. The darkness is frightening. It is lonely, filled with self-loathing, disgust and pain. Lots of pain. The kind that starts in your soul and seeps through your veins until it has

taken over your body. I keep my doors shut and my curtains drawn. I don't answer the phone or the door. I keep everyone and everything locked out. I don't even open the mail. Every time I see a glimpse of the light I retreat. The darkness is now what I know. It has become too familiar. It seems that the scariest place I've ever been has turned into the only place where I want to be.

I spend my days and nights alone. At this point I wouldn't have it any other way. Isolation has become my best friend, or so it seems. The anxiety added to the sadness has been an awful curse. Then you add the voices to that and it makes life almost unbearable. The voices are loud, and at times unrelenting. They tell me I'm worthless, ugly, a failure. I'm not sure why, but I always believe what they say. They tell me to hurt myself. They tell me to cut. Between the voices, and the sadness, and the anxiety, sometimes I do what they say. Cutting always seems like a good idea. It always seems like it will make me feel better, but it never does. Sometimes

I do it hoping to bleed the illness out of me. Sometimes I do it just to be in control of something. I can't control the darkness, but I can control the blade.

I've attempted suicide four different times, and obviously lived to tell about it. I would be so angry at whomever had rescued me. My family and the ER. I mean seriously! Why couldn't they get it? I would be better off dead! People don't understand and they can't understand unless they've walked this road themselves. I would always hear, “what will your children do without you?” What could they do with me? My wanting to die had nothing to do with them or anyone else, it was only about me. Well, that's selfish you might say. I don't think so. It's the direct result of an all-consuming illness. It's something that I could not control.

I've been hospitalized over 15 times at several different hospitals. A couple of times for only 3 or 4 days, but mostly at least a week, and many times as long as a month. I've met and I've observed lots of

people. Some looked like me. They looked like they didn't belong there. At other times, some looked like me when the darkness had taken over. The hospital started out as a scary place that I wanted to get out of, but it has turned into a safe haven. It's a place where I could feel and act exactly the way that I felt. I didn't have to worry about putting on a face and pretending that everything is okay. It's sad to say, but the hospital became such a safe place that sometimes at night when I can't sleep because my anxiety and fear is running high, I will pretend that I am there. That is sick I know, but honest.

I have had many ECT treatments. They only worked against, not for, me. I will go back and say, as I did in the beginning, that I have come out of the darkness for a while and for that I'm grateful. It has taken years of therapy, a great psychiatrist and lots of medication, but I'm pulling through. The dark is not always here now. Sometimes I can actually see the light.

Book Ends: *Silent Screams* by D. Cross

Reviewed by
Columnist Kurt Sass

Silent Screams is a brutally honest, well-written account of the life of a woman who has endured a myriad of hardships most of us could barely imagine.

Although the first four chapters are devoted exclusively to her experiences with (and failures of) the mental healthcare system, the remainder of the book is a biography of a life full of setbacks, and more importantly, uncaring people.

The book is full of countless examples of how people in all facets of life had failed her. For example, growing up, many doctors would dismiss her many symptoms until her condition grew worse and worse. This neglect continued until she finally got diagnosed with tuberculosis, far later than necessary. In addition, the nuns refused to believe her when she said she had difficulty walking up stairs.

Years later, while in a psychiatric

hospital for six weeks, she was never told her diagnosis, participated in completely silent group therapy and psychiatry sessions and was discharged even though told that she had no home to go to.

Ms. Cross also reveals later in the book about an illness later in her life and the many many delays in getting a proper diagnosis and treatment, all the time while in constant pain.

“The interesting parts of the book to me are the details of the thought patterns that go on while Mr. Scally is going through an episode.”

If all this wasn't enough, throw in some uncaring relatives and three “predators” and you can see what a brutal existence this women had to deal with.

The major point I got from this book, unfortunately, is that no matter where you turn, especially the ones in whose hands you put your life, they will disappoint you. Ms. Cross's viewpoint, as stated in the end pages of the book, has been one of acceptance.

While I recommend this book to most people, there are some that definitely should not be reading this. To most people, this book is a good example of how, in some cases, the medical/mental health care system, in the regard to how they treat people, has not changed (in some cases) over the years. Great strides have been made, and patients for the most part, have been treated with more dignity,

but this book will show as evidence that much more needs to be done. For this reason, I recommend this book, especially for mental health and medical healthcare advocates. While I am glad Ms. Cross has found peace in acceptance, I wish she had an advocate during her times of need to help get the proper care and treatment she needed.

On the other hand, this book should not be read by anyone who



is currently undecided about their opinion of mental health or healthcare professionals in general or anyone who is contemplating seeing a therapist or healthcare professional for the first time. It does not give a full representation of healthcare professionals. This is just one person's experience and is not typical. It is also a very depressing book.

book review

To Growl or Not to Growl: That is the Question

By Matt

My Miracle with Zoloft



My problems began, believe it or not, when I was two and a half years old. This I report on good faith from the voice and words of my father. I trust him on this one, and I trust my earliest memories, as well, starting sometime around age four, which are of a child who was always, always unhappy. This “condition,” if you will, continued, or rather persisted, until almost exactly three and a half years ago (if my memory serves me right, and these days, often it does). I am now forty-five, and I've been a “different person” since that time. I'm sure at least some of you have guessed the reason: medication,

specifically, Zoloft.

I have taken many different medications over the years, including virtually the entire range of SSRIs (selective serotonergic reuptake inhibitors), but this one, for some perhaps strange reason, did a whole lot “more” for me than any of the others. To wax poetic, Zoloft kicked me out of bed. It punched me into alertness and awareness, and it got me going—swinging and ringing and dinging like a Liberty Bell.

Until the Zoloft, I had been drinking, smoking crack and about three-packs-a-day of rolling-tobacco cigarettes, and I weighed some 50 pounds more than I do now. I was in a perpetually agonizing mental condition that defies words. (As a writer, I should try to put it into words, but I fear the length of my possible description.) Suffice it to say, then, crack, and before that cocaine, were the only things that really made me feel alive, i.e., normal. Ritalin “worked,” but was also way addictive for me. When under the influence of crack or cocaine, my symptoms would disappear, and would stay gone for up to three days after the getting high, although usually this respite lasted no longer than two days.

I had been slugging to AA meetings for fifteen years prior to the Zoloft, but to no avail. I had never, as they say in AA, “put any time together.” I'd go a week max, and then “relapse.” (I put this term in quotes because I've become highly skeptical of the AA lexicon, or vocabulary. And that's not all. Believe me. But we mustn't get

angry.) So, after fifteen years of trying to stay off the stuff (booze, cocaine, then crack and cigarettes), I had this psychiatrist at the substance abuse clinic I was attending who tried the generic Zoloft out on me. That's what Medicaid likes to cover, generics. Suffice it to say that for all intents and purposes, on that very day I crawled out from my chronic, endless nightmare-of-a-shell. Included in this “shell-existence” were shame—perpetual shame; guilt, perpetual as well; envy; fear (shitting-the-pants kind); hatred, loathing and contempt for everyone who wasn't blood; a gnawing, rotting sensation of all-enveloping inadequacy and inferiority;

“Included in this “shell-existence” were perpetual shame; perpetual guilt; envy; fear (shitting-the-pants kind); hatred, loathing and contempt for everyone who wasn't blood.”

consequently a jealous, embittered hatred for everyone who made me feel small, which was—and I say this literally per all my age-peers—everyone. Everyone made me feel small. Everyone. Every one.

Am I angry? You bet I am. But at what, one might ask?

I would say the biggest main

targets of my anger are those arguably institutionalized belief-systems in the so-called “recovery community” that presume to tell me that I should be grateful, and that I'm wrong if I'm not. Those “in recovery” will deny saying this, but there's no point arguing with them—much as it's almost impossibly difficult to argue with any fanatic, or religious fundamentalist of any stripe. Again, the people I'm referring to will deny they bear any similarity to such an ideological “type.”

So, in a sense, I've been at war since the Zoloft-induced change. I've been at war over two things: 1) As part of an effort to make up for forty years “lost” to virtual functional incapacity, and 2) over those who had and have the gall to tell me how, “spiritually” speaking, I should view such a life-altering loss (with gratitude, etc.). Their merely seemingly benign and innocuous rhetoric, if I'm not careful, enrages me.

For fifteen years I attended meetings, really never agreed with it (AA) at all, but I had, literally, no other free community that even pretended to care enough to offer support. That's how badly off I was. I stunk. I couldn't afford toilet paper. I was easing my bowels onto the street during crack-runs to the housing projects, and I looked like the proverbial “bum.” I was knocking at hell's door (hats off to Dylan).

However, I'm much better now. Thankfully. There. I've said it. Gratitude.

A Life Stifled

By Donald

I was about six months old when my sister and oldest brother had to babysit me. They did not want to, and so stuck me in an opening in the pillar under the Shickshinney Bridge. I still don't know how long I remained there in that pillar. All I remember is that when I came out of it, I was sitting on a sofa chair and my sister was dangling a pair of baby blue plastic toy baby shoes. I guess she was probably testing me to see if I was conscious. I believe that I must have appeared to be retarded. Later on in my life, I started to understand what was going on and what people were saying. Because of my mental condition, I would misinterpret a lot of things going on around me. I still do, and because of that, my caseworker calls my attention to it.

When I was 39 years old, my wife

left me and I had to go to court for a child support hearing to decide how my support payments would be made. I had no idea how to go about making child support payments. I never knew enough to let anyone know about that. To tell you the truth, I am not sure if it would've made that much of a difference anyway. They put me in prison for 90 days. It was my first offense, and I should have gotten only 30 days. But I guess that did not make any difference either. While there, I was put into solitary confinement for 24 hours. I could hear another prisoner being raped. I felt totally helpless and sad that there was nothing I could do about it, even though I was not locked in my cell. I can still hear that prisoner scream in my mind. I was scared to death the whole time I was in there, especially when they made me take a shower. Ever since then, I have been scared to death, especially when any man stands too close behind me.

My Thoughts on Friendship

By Vicki K.H.

Friendship is the ice cream of life. It might be a sweet friendship or a rocky one. Friendship adds so much more value to one's life.

However, before you can be a good friend to anyone else, you need to practice being a good friend to yourself. If you want friends or want to be a good friend you need to try to become an interesting person. Find some interests and follow through on them. Join a club, volunteer your time to a good cause or take a class. Meet friends at a job or a support group.

For people with a mental illness opening up to others about oneself is scary. Show others that you are interested in them. Develop conversation skills and practice being friendly.

One question you may wonder is how much information you want to share. Think about a current growing friendship and see how comfortable you are, then, focus on letting the friendship grow. Remember important dates and holidays and do nice and thoughtful things like send cards and try to remember birthdays. Be a thoughtful person and take a real interest in other people.

Get to know several people. Remember, one friend may be good at one thing while another friend may be valuable for other things. People are all different and unique. Friendships are unique. Share joy, pain, laughter and sadness. Sharing with others makes our journey with life much richer.

Stability Interrupted: Should I Stay or Should I Go?



By Jane

Depression Sneaks Up on Me

When I get depressed (and I think this is universal), time slows down radically. The hours and days drag out so long that I can hardly detect time passing. If I can get to sleep, there's some relief. Sometimes, I lie awake all night obsessing about one thing or another.

Another symptom is the darkness. I will immediately know if an antidepressant works. It is as if someone has flipped a switch and turned on the light. Additionally, I lose my appetite. I can feel the calories burn off and lose weight much quicker than if on a diet.

My concentration becomes sketchy; I find it difficult to read (my favorite activity). I just sit and stare at the TV. In this mood, I am interested in nothing. One of the hardest things to deal with is the

obsessing. Once an idea is in my head, it's stuck there.

I am slow to react to the reappearance of these symptoms. My meds have worked for so long, I just cannot believe they would fail. Finally, it is the time slowdown that is so difficult to get through when a day seems to last a week.

Suddenly, I am suicidal, getting these overwhelming urges. Making plans to commit suicide. I have enough pills in the house that I don't need to know what a fatal dosage is; I can simply take a handful of almost anything to end it all. I could be watching TV, trying to read or sleep, and the idea suddenly enters my mind to get up and do it. Do not pass "go" or collect \$200. I tell myself I cannot leave my cats alone, or upset my family. But the urge is strong. I can't find a reason to stay alive. And staying alive is too painful to contemplate.

My psychiatrist again raises the dosage of my antidepressant and encourages me to go to the hospital. When I demur, she agrees that I could stay home and fight this thing, but insists I sign a form promising to not kill myself. I sign the form, thinking how odd it is to do so. It means nothing to me. I decide it is simply a "cover-your-ass" kind of thing for the doctor, who did not insist I go to the hospital. She could always pull out the form and say, "Well, she signed this form saying she wouldn't."

I return home from my doctor appointment a little hopeful. But the symptoms continue. One evening, I delete all the emails I had received from a celebrity friend. I don't want anyone to find them after my demise.

Sometimes, the thoughts about my cats and family don't seem so important. Someone will take care of the cats, and my family won't miss me that much. At the same time, I know how selfish this is and can't believe I would do this to the people I love. Even though I have

these strong urges, I tell myself that suicide is not an option; that people actually care about me, even if I can't feel that they do.

One night I am watching the news and the newscaster reports that a certain antidepressant has been found to be the most effective. The next morning, I call my doctor and tell her what I have learned. I tell her I am desperate, and that I want to try this new medication.

After a few days on my new antidepressant, the light is brighter and time is moving a little faster. I email my sister, telling her how depressed I had been and that I was even suicidal. She responds that she was also depressed about her life, feared losing her job and worried about her financial situation. I realize that I cannot commit suicide and expect her to pick up the pieces. I start to feel better and continue to see my doctor weekly.

Depression is a black hole, and I

"My psychiatrist again raises the dosage of my antidepressant and encourages me to go to the hospital...but insists I sign a form promising to not kill myself."

am not sure that anyone who has not experienced it can fully understand the feelings that accompany it. One often feels they would be better off to die than to sit there, unable to concentrate, obsessing, and watching the hands of the clock move imperceptibly toward a dismal future.

I feel better as the weeks go by and am soon back to my "normal" stability, with depression just a memory. The only remnant I have is the twenty pounds I lost.

And that is a good thing.

The Day My Life Stood On End and Changed Forever

By Stephen

Accepting My Life With Mental Illness



One day, in the middle of drawing storyboards for an advertising job, I picked up the phone, my face drenched with tears, and told my agent that I was in danger of ruining all of our reputations, and to remove me from the agency roster.

Then I drove to a remote Orange County parking lot, locked my car door and marched into the desert.

At some point during this woozy wobbly haze, I was on my cell phone, telling some man that no, I could not make it until Wednesday at 3:00 p.m.

I was finally in a room with someone who seemed to hear me. The words out of his mouth seemed a true response to what I had just said or exhibited, not just like reading off of some cue cards.

Over the next few months it was no work and all therapy.

Although the details varied from doctor to doctor, (PTSD, schizoaffective lapses, clinical depression, etc.) the verdict was clearly unanimous and solidly official. I was broken.

Not a year later, increasing suicidal ideation and time spent glued to the bed turned into admission into a psychiatric emergency facility, followed by a month in, shall we say, a very quiet place with scheduled meds.

I attended groups, slowly trying to get used to the idea of being a member of a community. Surely, it was like being a member of a stranded castaways club, but it was a club.

Even if I didn't feel completely understood in these groups, the beauty of it was that nobody pretended to. Nobody acted like they knew more about my experience than I did, or that my experience was some kind of laziness or put-on.

I haven't experienced as much grief from the "stigma" of mental illness as I have the proselytizing from people who think they can relate to me because they were once really bummed out for having lost some really great job. They've never slept in a bed next to a guy who screamed all night because of the voices in his head. They've never had a med side-effect that made their body feel as though it was trying to shake its skeleton out

of it.

I now seem to spend whatever lucid time I have strategizing how to make whatever I'm

"By now, I have been through an astonishing variety of experiences, wildly differing levels and flavors of mental pain, motor functionality, fuzzy thinking, speed wobbles, a mind of firecrackers, foam, wheels locking up, feeling like a glop of tar...the list goes on."

doing with my day reinforce my recovery, maximize my chances at functionality, at happiness. I seem to do best when working from a "to-do" list. It gives some shape to my day and a sense of measurable accomplishment.

One thing that is a marvel to me is this: before the freak-outs and the meltdowns, I saw gauging this sort of thing as one might with a thermometer. Just how mentally ill are you? What's its level? Is it high? Is it low?

By now, I have been through an astonishing variety of experiences, wildly differing levels and flavors of mental pain, motor functionality,

fuzzy thinking, speed wobbles, a mind of firecrackers, foam, wheels locking up, feeling like a glop of tar...the list goes on.

I now live in a one-room cabir duplex in a flood zone in the Northern California Redwoods. I share a paper-thin wall with an angry and volatile neighbor. It is the only place I can afford. I rarely leave the house, and when I do, it is truly an ordeal. I hobble to the kitchen or bathroom with a cane. Bathing is a laborious and bizarre spectacle. Groceries and other goods are purchased online and delivered. Doctor visits are now only for the most urgent and dire instances. I haven't attended a group in nearly a year.

These days, I'm limited to mostly poetry writing. My head can't seem to handle the stress load or sustain the focus to do much in the way of drawing or writing of any real length. I can sometimes play my guitar or keyboard for 15-20 min. at a time. Any more and my brain just locks up.

I take whatever meds are my doctors' current best guess and struggle with my now considerable weight.

My thoughts are mostly dark and it takes effort to repeat more positive phrases during certain types of meditation, but I do it.

I don't sit, wishing and hoping for the restoration of a former quality of life. All I shoot for now is a good day. Sometimes, a good day is made up of a temporary reprieve from pain, a few good laughs from a TV show and getting the dishes done.

Some Hidden Links to Mental Illness Uncovered

By Scott

I turned 37 years on January 7th, and I have a heartfelt story to share. In January 2007 I was diagnosed with schizoaffective disorder, a mild form of schizophrenia, but when I opened up more to my therapist. She agreed with me that I was slightly misdiagnosed and that what I have is schizophrenia. I have lived with it ever since.

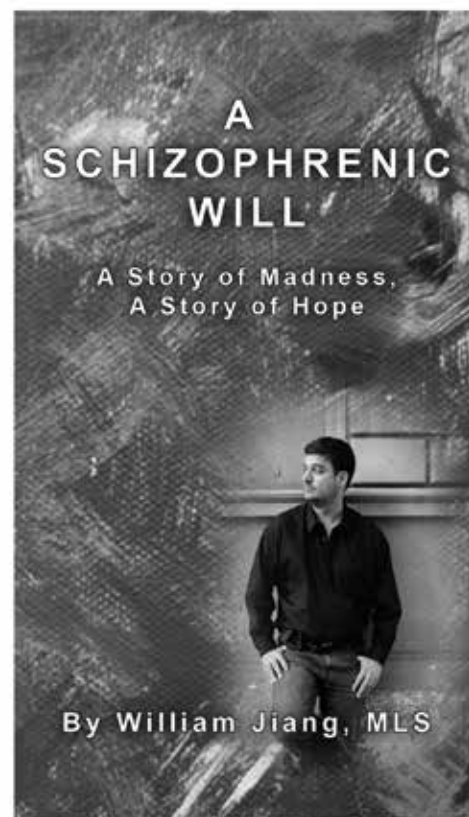
From 1993 to the year 2000 I had lived with undiagnosed mercury poisoning which stemmed from having had 16 mercury fillings by 2000 at the age of 24. My dentist helped diagnose me and I had him replace all 16 fillings (paying \$900 out of pocket for work that was not covered by my insurance) and he put in white composite fillings, I underwent detox in 2001, and after three months of detox my symptoms of depression, stuttering, and panic attacks were gone for good. It was miraculous, and I feel my prayers to God led me to my diagnosis and recovery.

Six years later I faced so much stress that my brain broke, and I have had schizophrenia ever since. My regret was that I did not seek

help sooner because I went eleven months in 2006 with full-blown schizophrenia and I suffered. I learned that in 2010 through a blood test that I had Vitamin D deficiency, and according to the Vitamin D Council's website there is now an accepted clear link between Vitamin D deficiency and mental illness. Mercury fillings depleted my Vitamin D and I will have mental illness for the rest of my life as a result, which is kept in check with a miraculous medication, the generic brand of Risperdal called Risperidone, one pill daily. I am trying to get the word out that the American Dental Association is a major lobbyist in Washington, DC, and because of that fact it's hard to get many sponsors for the bill to ban mercury from use in dentistry.

After 2000 I became a mercury dental advocate trying to get mercury fillings banned nationwide through law, and you can go to this amazing website: www.toxicteeth.org which is run by the main non-profit in our country who has worked with legislators to get mercury fillings banned, Consumer's for Dental Choice.

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



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

personal stories

Life is Good Even with Schizophrenia

By Victoria

The Gift of Lucidity and the Lucidity of Giving

Being adopted is part of my story, as is teenage drug addiction, marrying at 22, and raising three beautiful children. At 38, I received the diagnosis of Schizophrenia. Each of these events have made me who I am today, and I am pretty pleased with who that is.

Problems are just unresolved situations whose solutions await seekers willing to work through them. Through all the difficulties in my life I have been able to overcome each one, at times simultaneously, and other times after many attempts. I find that which works for me in dealing with schizophrenia is no exception.

When I had my first psychotic break, I actually enjoyed it very much. I believed I was very special and that God was giving me messages to give to other people to help save the world. I will never forget how I came to believe very quickly that at last my life had meaning and that I was the most special person to ever live. With this new idea came a huge burden, though, and slowly I deteriorated until I was unable to function as a wife and mother.

It was then that I sought help. I diagnosed myself before being diagnosed by a team of doctors from UCLA. I had all the classic symptoms, though I did not fit the normal age. Thus began my life on anti-psychotics,

and how my life began to return to normal. Today, I can honestly say that I do not believe I am the most special person in the world, although I often have to think it through and talk myself out of it, because there is the lingering idea that just maybe....

My psychiatrist believes I do have a very rare form of schizophrenia, in that I am the best judge of my mental status. I know when I begin to become delusional again, and can recognize quickly when a medication is working

“When I had my first psychotic break, I actually enjoyed it very much. I believed I was very special and that God was giving me messages to give to other people to help save the world.”

or not. Many people with schizophrenia do not have this ability. I am glad of this, for it has helped me to achieve many things in my recovery.

My greatest accomplishment is having earned a Master’s degree in psychology in 2012. I very much enjoy my current work in the mental health field with children and families who suffer from mental disorders. In addition, I have raised my three children to be responsible members of

society, and have myself been married for 22 years.

Right now, I am having the best time of my life. I love my career, my kids are all doing really well, I have friends and family I enjoy, and I have some hobbies which help me to enjoy life at this new pace. Before being diagnosed with schizophrenia (although later after a severe bout with depression, was fine-tuned to the diagnosis schizoaffective disorder), I had many relational problems and had no motivation to

finish things I started.


But now I enjoy many relationships and finish what I start. I recently wrote a book for people who suffer from this disorder and their loved ones. I also have a blog I keep up to date charting my ups and downs and the changes I still go through. My hope is to reach as many people as possible to help them in their recovery from this devastating disorder, which, if left untreated, causes much suffering.

I work very hard to make sure I take care of myself to continue to recover. I take my medication every night, try to exercise, get enough sleep and eat right for the most part. I go to church every week, have a spiritual adviser, pray every day and read uplifting things. I am constantly looking for ways to better myself through introspection and try to give back to my community.

I am not looking for a Nobel Peace Prize or great sainthood like when I was delusional. I am looking to make the most of my life and to improve life for those around me. Yes, life is good and does not have to be stressful. In fact, I hate discord and drama. I still get anxious at times, but deal with it by limiting contact with negative people and surrounding myself with upbeat and positive folk.

What I really wish to express through this essay is that life does not have to end when one gets a debilitating diagnosis. I can be the positive change I wish to see in the world. One way I can do this is by continuing to write and help others at my work. One day at a time, I can live a life worth living, a life that is remarkable because it is unremarkable. No great honors or awards, just a life that makes sense to me, one that I am proud of. I am happy to be me today, diagnosis and all.

personal story



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What It's Like to Suffer from Mental Illness

By Gemma

The Benefits and Risks of Medication



I was first diagnosed with schizophrenia in my late teens, and then bipolar disorder as a young adult. It is a terrible condition, which devastated me, and made me ill for years. It was a very emotional time for me and I had many thoughts of harming myself.

Medication is a good thing. Take it every day because it keeps you stable and well.

I take my meds like it's the most natural thing in the world. It keeps you ticking, so you don't forget to take it. It's like when you first learn to ride a bike. You never forget.

That's what it is like to have mental illness. You know you need to take your medication every day without fail.

Again, it's like second nature to me.

I have tried three lots of medications and am now on two types per day, which enables me to function. Without it, my falls would be unbearable and the mania would set in, as well.

I would be unable to do the things I most enjoy, such as my artwork and writing poetry. They say that folks with bipolar are very creative, so bipolar has its up sides. But there are also the downfalls.

The lows are your inability to function clearly, which affects your everyday life.

Taking bipolar medication is the only way to take back your old happy stable self, as much as you are able.

It took a good few years for me to recover and become stable again. A person really needs this time to recover, but there are still parts of me that will take time a little longer to heal. It just does not happen overnight. It is a gradual process.

The medication I take has a lot of risks. Meningitis and the rare rash can be fatal, too. But I need this medication in order to stay well, so it's worth those risks for me. Without these medications, you would become very ill with depression and mania, too.

When I was initially diagnosed, I spent a bit of time in a mental hospital. Now I see my doctor every three to six months for check-ups.

Having a doctor who listens is so important. I can be open with my doctor to explain how I feel in order for

him to know how to treat me and with the right medication levels, and also what not to treat me with.

My first medication for bipolar made me gain weight. I went from size 11 stone to 15 stone, 7 pounds at the highest.

Now, I have switched to a new medication, which neither makes me gain weight nor makes me drowsy and is definitely the good side. I hate feeling drowsy, and I can lose weight again and feel and be healthier. I go to the gym, it really lifts my mood as well.

It's very important that you be able to sleep well, too. People with bipolar need less sleep and medication can affect it, too. There are very many people with bipolar who take meds and have their sleeping patterns disrupted. This is very important. I try to sleep well too.

Bipolar was a struggle for me and the beginning was the hardest but the lows are very crippling and the highs are very emotional.

It's like a rollercoaster ride—the biggest fastest ride you can imagine—and you never know what is coming.

It's how well you can pick yourself up after falling that takes a lot of courage — and to see that you are a very beautiful person inside.

People who care about things that happen in their lives are more vulnerable and fall more easily.

It takes a lot of guts and courage to recover. Honesty is important in recovery from a mental illness.

The ability to open up to your doctor and talk about yourself and your feelings as you express your feelings aids all aspects of the recovery process.

I will always remember my thoughts of harming and hurting myself. I will always remember the lows all my life, but it's a thing of the past now that I am so much stronger.

Without medication I don't think I

“It's how well you can pick yourself up after falling that takes a lot of courage—and to see that you are a very beautiful person inside.”

would be alive right now. It's amazing what medication can do.

I will take this time to say that if anyone is suffering from a mental illness, seek help. It is never too late. Recovery is a nice feeling. I know at the end of the day that's it's the medication that helped put me back together again and mended the broken pieces of my life. And, what is taking a few pills a day to feel well?

Film Festival Fights Stigma

By Dan Frey

The 10th Annual Mental Health Film Festival ran its course this past weekend, May 17 and 18, tackling stigma with positive depictions of the mental health community. Co-sponsored by Community Access and the New York Association of Psychiatric Rehabilitation Services (NYAPRS), the festival's theme this year was hospitalization and its alternatives. In the wake of New York State's plans to reduce psychiatric hospital beds and better fund community-based alternatives, it's a subject with wide implications for our society as a whole.

Said festival organizer Carla Rabinowitz of Community Access, “Hospital stays are not a panacea. They often traumatize mental health recipients and are exorbitantly expensive. Proven alternatives including supportive housing, therapy, crisis respite care and the support of family and friends are all more effective responses to psychiatric symptoms.”

This one-of-a-kind event featured films, filmmaker panels and live audience discussions. Among the films presented were:



Kings Park: Thirty years after her commitment to the violent ward of Kings Park State Hospital, filmmaker Lucy Winer returns to the now-abandoned institution that once held her captive;

Technically Crazy: A comedy about the power of friendship between a teen struggling with his mental health condition and a grieving former police officer;

Coming Off Psych Drugs: A group of mental health leaders discuss how they have successfully tapered off of psychiatric medications through peer support and focusing on their mental health in a holistic manner;

A Sister's Call: One woman struggles to balance her marital family unit with efforts to keep her adult brother at home with her despite his disabilities.

For more information on future Film Festivals, please contact Carla Rabinowitz at crabinowitz@communityaccess.org

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Saved By a Cat

By Shannon

How My Pet Kept Me From Committing Suicide

In 1982, I was diagnosed as having a “problem.” I was twelve. At that time there were no real medications, or much therapy, for juveniles. I suffered with periodic depression until I reached college and was able to get some therapy at the campus’s mental health center. Right after college, I chose to get married—instead of attending Graduate School for a master’s degree in counseling—for the mere reason that someone asked me to. I had such low self esteem that I figured I might not get another chance. BIG mistake. Though the man was patient with my issues, he never fully understood and simply flew quietly under the radar when I was at my worst.

In my thirties I began to experience extreme mood swings. I would go from frustration to full outrage in twenty seconds. I would throw things, scream,

and once I tried to stab my husband in the throat with a screwdriver during the process of hanging a ceiling fan.

When I visited a psychiatrist and described the instances, I was prescribed my first mood stabilizer. Later came an anti-depressant before an anti-anxiety drug was added to the cocktail. I began intensive therapy but was getting nowhere with my bouts of depression. I began to take the anger and sadness out on myself.

I would have irrational thoughts, such that if I cut myself I could bleed out the pain, as if I were accidentally injured. Though for most of my life I was unaware of the name for this illness, I had been suffering from Dermatillomania, a disorder where someone can’t stop picking at their skin. I had always been a “picker,” as it was a self-soothing mechanism I had developed early in life. I hated the results, but was comfortable enough to do so. With all of these things combined, I was finally diagnosed with borderline personality disorder, which put everything else under that umbrella into perspective, and subsequently changed both my medication and therapy protocol.

When I next became ill I was

prescribed high doses of Prednisone. BIG MISTAKE. It resulted in an obsession with death and eventually a suicide plan. I was miserable in my marriage, at work, and had recently lost a very special pet. I was simply in more pain than I could ever imagine. More than anything, I wanted to end the pain and kill the painful parts of my being. I had no clarity that efforts to cease that would end all my future. I just did not see that they were all intertwined. I had a complete nervous breakdown, went on a manic spree, and then planned my suicide.

The morning I was to complete my act, one of my cats intervened. As I began to take the pills I had been stockpiling after doctor hopping for weeks, she literally swatted at my hand. SMART CAT! It shook me into a reality that made me realize how many joys I would be missing. I called my therapist and my husband and was admitted to an acute mental health care facility. I was only released after plans had been made to transfer me to another facility in another state that provided DBT therapy, which was the protocol for BPD (borderline personality disorder) patients.

After four months at the facility, the

staff and I felt I was ready to resume life. My husband and I decided to divorce in that time. I had met another wonderful man while in treatment. After several months I moved to the state where we had met and we began a new life together.

I was doing really well for one of the longest periods ever. Meds were right, therapy was fitting, and things were going smoothly. During a five-day vacation period from my job, I somehow developed agoraphobia. I literally feared going outside, avoided sunlight and kept my curtains closed. Thus began another hospitalization, this time for about two weeks. My meds were again readjusted, and I was released. Since then, that boyfriend and I eventually broke up, and I moved back to my hometown.

I’m currently suffering again from deep depression and anxiety. Yet, now I have no health insurance and have to rely on state funded care, which is minimal at best. I am able to hold a part time job and socialize with two of my lifelong friends. I have a new pet that brings a level of peace and responsibility to my life, which helps to keep me together. I only pray that simply surviving will continue.

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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.

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 (212) 614-6335.

MHASC: coalition committed to providing advocacy to consumers in special housing units in jails and prisons. Call J.J. (646) 602-5644.

THE ICARUS PROJECT: join to help redefine mental illness as a “dangerous gift.” Visit www.theicarusproject.net

The Arts

ARTWORK BY CONSUMER ARTISTS:

Fountain Gallery, 702 Ninth Ave at 48th Street in Manhattan (212) 262-2756. Tues-Sat 11-8, Sun 1-5.

RITA PROJECT: Survivors of suicide produce artwork at Greenwich House Pottery near West 4th Street 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.

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

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