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# City VOICES

A Consumer Journal for Mental Health Advocacy

Summer 2015

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## People In Crisis Need Treatment Not Jail



## Mayor De Blasio Pledges to Implement Crisis Intervention-Team Model

By Carla Rabinowitz, Community Organizer, Community Access, Inc.

### Police Can and Should Handle People in Crisis with More Care

Three years ago Community Access and a few organizations formed the Communities for Crisis Intervention Teams in NYC (CCITNYC) to improve relations between the New York Police Department (NYPD) and New Yorkers with mental illness.

Our goal is to encourage the police to implement a new model of police training where police can identify someone in crisis and respond in a way that de-escalates the crisis, and recognizes that the person in crisis is mentally ill and not a criminal. We now have more than 75 organizations supporting us.

Fortunately, the mayor shares our vision and will create two centers where police can drop off people in crisis and will train 5,500 of the city's 35,000 officers on identifying mental health symptoms and de-escalating crisis situations.

This is part of the mayor's new Task Force on Criminal Justice and Behavioral Health. Other areas of change include post-booking diversion, CIT-like training for correction officers, and more help when people leave prison and re-enter the community. In all, the mayor has pledged \$130 million for this effort.

A CIT (Crisis Intervention Team) is a method of policing that provides officers with the tools they need to respond to incidents involving people in emotional distress. CITs ensure safe and respectful interactions between mental health recipients and law enforcement.

CITs require coordination between the public health system, police departments and the mental health community. Police need a place to quickly drop off people in crisis and return to other police calls. This is why the mayor's centers are so important. Without them, police could sit for hours in emergency rooms with each person in crisis.

(Continued on page 4)

## Meet the New Deputy Executive Commissioner

By Dan Frey, Editor in Chief

### Crucial Issues to the Mental Health Community Discussed

On January 20th at Fountain House clubhouse in Hell's Kitchen, members of New York City's mental health community met the new Executive Deputy Commissioner for the New York City Department of Health and Mental Hygiene (DOHMH), Division of Mental Hygiene: Gary Belkin, MD, PhD, MPH. The event was organized by the DOHMH Office of Consumer Affairs whose mission is to ensure that the consumer perspective is heard and integrated at all levels of government. Carlton Whitmore is the director of this office and Teena Brooks, LMSW, assistant director.

Dr. Belkin responded to questions from a planning committee whose members were: Wendy Brennan, Lynnae Brown, Angela Hebner, Carla Rabinowitz, Samene Reid, Rachel Saloman and Moneer Zarou. Topics ranged from housing and criminal justice to employment and managed care. Some topics listed in the evening's program such as cultural competence and the assisted outpatient treatment program were barely touched upon.

#### Housing

On housing, Dr. Belkin said that governor Cuomo might approve funding for around 5,000 units of housing for New York State's homeless, mental health, HIV/

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# Ward Stories

A column organized by Dan Frey

Two poets are featured in the summer 2015 edition of ward stories: Craig R. Bayer and Sheryl. Craig describes his hot and cold relationship toward the King of the Universe and Sheryl's song encourages her (and all women) to be strong. Enjoy.

## Untitled Poem

By Craig R. Bayer

God  
You've blessed me with so much  
A loving family  
A privileged background  
Charismatic rabbis  
Great teachers and professors  
A joyful and carefree youth  
Yet you've seemingly cursed me, too  
My family was ultimately cynical about religion and it stifled my early attempt at zealotry  
You crippled my mother with mental illness  
Took away my kindergarten playmate Teri (whom I thought I was destined to marry yet she declined to attend my bar mitzvah)  
Deprived me of sex until I was in my twenties  
Made a joke out of my attempts to find a career  
Yet you saved me that postgraduate summer in Boston  
When this bold artist and revolutionary couldn't find a decent job or pay the rent  
The stress was so intense that my ears heard the slightest of sounds  
I was depressed and virtually psychotic  
I thought I was under surveillance  
My anger turned me from a peaceful democratic socialist into a potentially violent Marxist-Leninist  
But then I read the biography of Martin Luther King: "Bearing the Cross"  
And it described how his faith in You gave him comfort, direction and strength  
And I gave my mind and soul back to You  
And my inner turmoil subsided...  
From that point on, it's been a journey about how to properly serve You and the people  
Should I remain a Jew  
Or go Christian or Buddhist?  
What if I don't want to accept that Jesus is your son or that the world is what it is?  
Should I give up Marxism, embrace capitalism?  
Should I be a professor or rabbi or journalist or hack?  
I always fall back on being Marxist Jew and poet  
But I think that my journey will never ever be complete  
All I know is that I need You for my sanity  
Because secular life turned out to be bankrupt and traumatic.

## Who You Are

By Sheryl

It's hard to be optimistic  
Looking though an aged mirror  
Not seeing the girl  
I used to know  
The smile hiding inside  
Somewhere like a rose  
Its leaves die

People say you're pessimistic  
Why can't you see the glass half full?  
You would rather tip it over  
Cry out yesterday a river  
Distress eustress  
Negative and positive  
Where is the empowerment of the woman you use to be?  
Has generativity after the break up  
Confused you on commitment  
Are you quality?

Chorus:  
Procrastination will not bring you anything  
What you're waiting for  
It's time to open the door to today  
Perfectionism is hard to attain in the past  
The clock on the wall  
Stop forgetting who you are  
Who you are?

Stop meditation on the past  
You should be glad that it past  
Hypnosis on one guy

Why wait and listen  
To the stranger's feedback  
They all are lies  
Why treat them like cognitive self talk  
Can you see the lack of self-esteem  
Keep your mind on who you are  
Rather than what people think you do  
Only you know the truth.

Distress eustress  
Negative and positive  
Where is the empowerment of the woman you used to be?  
Has generativity after the break-up  
Confused you on commitment  
Are you quality?

Chorus:  
Procrastination will not bring you anything  
What are you waiting for  
It's time to open the door to today  
Perfectionism is hard to attain in the past  
The clock on the wall, stop forgetting who you are  
Who you are?

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poetry

# More Sensitivity Needed Toward Trauma Survivors

By Angela Cerio, Psychiatric Survivor and Certified Psychiatric Rehabilitation Practitioner

## Insights Gained from Trauma Informed Peer Support Training

How much do you know about trauma? What comes to mind? The Veteran, returning from combat with “Post Traumatic Stress?” The disaster survivor? The battered spouse? The abused child? Abandonment?

Trauma goes much further than that, as I recently learned in a Mental Health Empowerment Project (MHEP) sponsored training on “Trauma Informed Peer Support.” Studies show that over 90% of people with psychiatric diagnoses, and nearly 100% of incarcerated women are trauma survivors. Trauma can be defined as “extreme stress brought on by shocking or unexpected circumstances or events that overwhelm a person’s ability to cope.”

According to SAMHSA, there are three E’s to a traumatic experience: 1. Events and circumstances which cause trauma; 2. The person’s Experience of these events determine if the event is traumatizing; 3. The Effects of the traumatic event on the individual, which includes adverse physical, social, emotional or spiritual consequences.

We use language every day which reinforces the violence in our society. These words in themselves can

remind the survivor of the original trauma—perhaps without conscious awareness of the connection.

A list of dotted points in a presentation are referred to as “bullets.” Those things which evoke powerful negative emotions in us are called “triggers.” The professionals we deal with every day in behavioral health programs are frequently referred to as “front-line staff.”

As a peer support specialist, I learned early on to see “coping mechanisms” where clinicians see “symptoms.” One of the key elements needed to avoid “triggering” those behaviors we have developed to cope with trauma is feeling safe in the present.

When confronted with a threat whether real or perceived, the brain signals the body to respond with “Fight, Flight or Freeze.” When the threat is gone, the switch turns “off” and the body returns to “baseline.” If the switch is stuck in the “on” position, and the body remains prepared for threat—this is a “trauma response,” evoking whatever mechanisms the individual has developed to cope with the traumatic event. Instead of “think, process, act,” the individual goes immediately to “act.”

I cringe when I hear a mental health professional talk about a client “acting out.” “Fight” becomes “non-compliant” or “combative.” “Flight”

becomes “treatment resistant” or “uncooperative”. “Freeze” becomes “passive” or “unmotivated.”

In the language of trauma-informed peer support, we see “Fight” as a struggle to hold onto or regain personal power. We see “Flight” as disengaging or withdrawing to feel safe. “Freeze” becomes giving in or giving up to those in power to avoid further harm.

The consequences of trauma include mistrust, loss of power and control, manipulation, silencing of one’s voice, invalidation of personal rights, helplessness and hopelessness, violation of personal boundaries and sense of safety. It leaves people feeling powerless and has a lasting effect on a person’s ability to trust others and form lasting relationships.

People are frequently unaware that their emotional challenges are related to past trauma. They may be responding to the present through the lenses of the past. Their coping mechanisms could lead to punitive reactions from others who may label their reaction as “non-compliance.” Trauma survivors have good reason to be sensitive to misuse of power and authority.

Healing from trauma requires first a sense of safety. Then the survivor may be able to develop the ability to trust themselves and reconnect with (or connect for the first time) and trust others. Healing begins when the trauma survivor regains a sense of control over their life and environment.

Trauma-informed services could change the way we receive help for our emotional challenges by creating

safe, welcoming environments, by avoiding reoccurring trauma and victimization, by using our listening skills toward collaboration and mutuality, by giving people voice and choice, by focusing on “what

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**“Clinicians are not immune to trauma responses and may not be aware when they are reacting to our challenges through the lens of their own past.”**

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happened to you?” rather than “what’s wrong with you?” Safety for us as people with emotional challenges means controlling our own lives. For providers, safety means maximizing control over the service environment and minimizing risks for both the client and the agency.

One last thing to remember is that people with emotional challenges are not limited to those of us who have been labeled by psychiatry. Clinicians are not immune to trauma responses and may not be aware when they are reacting to our challenges through the lens of their own past.

*Note: Thanks to the Mental Health Empowerment Project, Cathy Cave, Bill Gamble and the NYC Department of Health and Mental Hygiene’s Office of Consumer Affairs for making the training on trauma-informed peer support possible.*

affecting policy

## NYAPRS’ Annual Legislative Day in Albany

By Sharon Spieler

### Outlined Are Their Priorities

The Annual Albany Legislative Day sponsored by the New York Association of Psychiatric Rehabilitation Services (NYAPRS) took place on February 25, 2015.

Consumers from all counties throughout New York City and New York State attended. There was a full schedule of events for the day. The morning began with a welcome from NYAPRS Co-Presidents Carla Rabinowitz and Alison Carroll and Public Policy Co-Chairs Carla Rabinowitz and Ray Schwartz. **After this, NYAPRS laid out the 2015-16 State Public Policy Priorities. Various speakers made their case:**

1. There is a housing crisis. Funds are needed for supported housing as the cost of these houses has risen over 50% and are now underfunded. Add \$82 million to the Executive Budget’s \$17 million allocation;

2. Expand housing for the homeless by creating 30,000 New York City and 5,000 statewide units of supportive housing;
3. Adult home residents with psychiatric disabilities have been promised a transition to community-based residences and in order to achieve this, an approved \$30 million allocation must remain;
4. Much was said about criminal justice reforms such as expanding crisis intervention teams, raising the age of youthful offender status to 21, prohibiting solitary confinement for any person with a psychiatric or physical disability, establishing Medicaid eligibility for all individuals discharged from forensic settings to enable immediate access to needed services and supports, and

expanding the New York State’s Office of Mental Health (OMH) criminal justice services for persons leaving state prisons through discharge planning, wrap-around community supports and supported housing. Use the \$22 million executive budget allocation for this;

5. Those persons with disabilities should have access to a home health aide for personalized assistance and a smooth community transition from institutional settings;
6. There should be no interference in what kinds of medication can be prescribed to patients to ensure the safety and choice of public benefit consumers regarding their medications and restore \$4.1 million;
7. Preserve \$115 million in Medicaid funding to support a recovery-focused transition to Medicaid managed care; and finally
8. Approve \$15 million in new community-funded services such as urgent care, crisis respite, housing and recovery supports.

The featured Speakers included Assistant Deputy Secretary for Health Tracie Gardner, OMH Commissioner Ann Marie Sullivan, Assembly Mental Health Committee Chair Aileen Gunther, Senate Mental Health Committee Chair Robert Ort and Assembly Criminal Justice Committee Chair Daniel O’Donnell.

NYAPRS Awards were presented to Jennifer Parish, Karen Wera, Dottie Harie and Michael Virtanen. A rally took place in front of the Capital Building and groups of Consumers met with their own state legislators to discuss these mental health issues.



CITs are needed because the NYPD responds to 150,000 calls of those in mental health crisis a year. They call these calls EDPs (Emotionally Disturbed Person calls). And today NYPD officers receive little training on how to handle these calls.

Sometimes, these encounters take a turn for the worse. In the last two years there have been several fatalities and beatings of mental health recipients by the NYPD. There are also the financial costs.

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**“In response to police shootings of people in crisis, the mayor said that he was going to put new training into place to better help address these incidents.”**

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So what happens? A family member or a housing agency calls for an ambulance if a person is in crisis. Police show up and go into their routine training model of “Command and Control,” proving police are in control. Police may start shouting commands or say to the mental health recipient “do you want to do this the easy way or the hard way?”

Right away the encounter escalates, and the mental health recipient who is in crisis becomes more upset. Sometimes all that happens is a long wait at a hospital or city jail.

New York City has set aside \$674 million to cover claimants’ cases against it and expect to pay \$782 million in 2016. Police misconduct, injury and civil rights allegations against the NYPD make up more than 1/3 of claims against the city. Just one of those shootings could cost a city millions of dollars.

The benefits of a CIT program are:

1. Less time for officers in between crisis calls. Chicago reduced this down time from eight hours to 30 minutes;
2. Fewer injuries to police and

mental health recipients. San Antonio, which has trained 92% of officers, has not seen one use-of-force case since 2008. Houston, which trained 50% of its 5,200 officers, also reported a drop in cases of force;

3. Improved perception of police by mental health recipients and staff at mental health agencies. Many times families or mental health providers are the ones who call the police. They need to know they can trust how police will treat the people they are helping to care for;
4. Law enforcement’s better view of mental health recipients and better confidence working with mental health recipients;
5. More positive media relations for the NYPD and the mayor. In response to one recent police shooting of a person in crisis, the mayor said that he was going to put new training into place to better help address these incidents; and

6. Lends prestige to NYC. Before the mayor’s plan was released, NYC was the only one of the seven largest cities in the USA without CIT training of police.

Some cities like Houston and Los Angeles have social workers riding along with police. Houston has the social worker co-responder model, but does more. Houston trains all of its officers in the traditional CIT 40-hour training and has a telephone line for officers who are not trained in CIT to call in and get advice when the officer is handling an EDP call.

CITs are a win-win for police, the mental health community and the general public. I am excited that the mayor has embraced better training of police and more interactions with mental health community leaders.

*Note: To add your email address to Carla Rabinowitz’s Mental Health News and Event list, email [crabinowitz@communityaccess.org](mailto:crabinowitz@communityaccess.org) and receive information on where to go/what to do to be more active in the mental health community.*

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## Editor At Large/As I See It

A Column by Marvin Spieler

My Friend Nancy, As I Remember Her



that she wasn’t a Jewish American Princess either. Nancy was down to earth, not a gold digger, honest, and a good person.

Nancy, unfortunately, had schizophrenia. In a sense it was self-induced. Sounds like a weird statement, yes? Well “acid” was in vogue in the nineteen-sixties. Nancy took, I guess, her fair share of it. Many years later, she had a major side-effect from it. Up until I met Nancy, I never met anyone who had become schizophrenic from taking acid, but I heard of this side effect. Thank God acid is not as popular a drug now as it was then. It is a mind-altering drug. Different people had different experiences with acid, some good and some bad.

I never asked Nancy what her experiences were like. I was curious. Whether her experiences were good or bad, I had no way of knowing. She’s dead now, unfortunately. In my eyes, she died because of one major side effect of acid—schizophrenia. I had read about this potential problem, but never knew anyone who had it until I met Nancy.

We cared for one another and helped each other when we could because we were friends. Our relationship grew. We saw each other frequently as we both had a lot of spare time.

She was unable to work as was I. We got to know one another. Basically, she was a kind individual. She never said a bad word about anyone. She was bright, had attended college and graduated. She had a good mind. She was no dummy. She especially cared about her friends and helped them when she could. She showered us with gifts of needed items we couldn’t afford or didn’t want to spend money on ourselves. In a word, Nancy was generous. She was there for her friends

which was full of her weird thoughts and feelings.

But the cure that she did experience eventually, in a way, made her worse. Her sanity after being put on Clozaril really didn’t help. She felt miserable knowing how sick she was previously. She couldn’t accept who she had become—a sane individual. Is this a crazy statement? It sounds that way, but she was very uncomfortable with her new found sanity.

Another major problem developed

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**“But the cure that she did experience eventually, in a way, made her worse....She felt miserable knowing how sick she was previously. She couldn’t accept who she had become—a sane individual.”**

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when needed. Nancy had a good soul.

Why she actually died couldn’t be determined. An autopsy was inconclusive. But I felt it was a suicide. Nancy was depressed a great deal of the time. This went on for weeks. The last book she was reading was on the afterlife. The book seemed to calm her. Unfortunately, none of her friends picked up on this signal, which led to her eventual death. This is what I feel she did to herself. She’s missed greatly.

Her symptoms of schizophrenia were primarily of being paranoid. She also had low self-esteem and she may have heard voices. I really don’t remember for sure. She kept a journal,

that I felt actually did her in was Tardive Dyskinesia. She had a severe case. Her hands shook and her mouth movements were also very severe. It embarrassed her. Nancy kept a towel over her hands so they wouldn’t be seen. Her mouth movements she couldn’t hide. This in effect did her in. She couldn’t live with these involuntary movements. Eventually, this problem became constant. She was severely depressed as a result and spent a lot of time at home. Nancy was seen infrequently. She didn’t answer her phone regularly. At some point she must have taken an overdose and was finally at peace with herself.

AIDS, substance abuse, and domestic violence populations, including families and youth. The campaign for supportive housing, known as NY/NY 4, requested 30,000 units for these disadvantaged groups in New York City over ten years.

#### **Criminal Justice**

On criminal justice, Dr. Belkin said that, in response to the unnecessary death of a mentally ill Rikers' inmate, mayor de Blasio's criminal justice taskforce will address issues of mental illness and substance abuse at every stage of the criminal justice system, including proper discharge planning from jail to the community. He said "drop-off centers" will be created as alternatives to incarceration for people with mental illness, with the first one to roll out in the fall of 2015 in upper Manhattan. These drop-off centers should offer an array of services to help keep our peers out of the justice system. As part of a comprehensive plan, corrections officers and police officers will receive training on "deescalation" and understanding behavioral health issues similar to what other states have been doing with good results.

#### **Employment**

The unemployment rate among people with serious mental illness is a staggering 90%. Dr. Belkin said his department funds 15 different

employment programs and continues to advocate for more peer hiring. He said that in the future managed care environment, providers will be held accountable for improved employment outcomes and that peer services will be Medicaid reimbursable. He said an "RPC" or regional planning consortium

will be created that brings advocates and stakeholder groups together to discuss issues of standardization, performance, service planning, and resource allocation.

#### **Peer Jobs**

will be created that brings advocates and stakeholder groups together to discuss issues of standardization, performance, service planning, and resource allocation.

available for people with both Medicaid and Medicare who use community-based long-term care services.

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**Peer Jobs**

There was a concern among those in attendance that peer workers who lacked a GED or high school diploma, which is currently required to become a

certified peer specialist, would lose their jobs in this new billing environment, but Dr. Belkin assured us that not all services will be billable to Medicaid and some will continue to receive funding from the city. The smaller provider organizations will receive technical support to help them make the transition to Medicaid billing. He said he was unsure how many city contracts, if any, will be displaced by the shift to Medicaid billing.

#### **Medicaid Managed Care**

On the future of service delivery in a Medicaid, managed care environment (see "Medicaid Managed Care: Rising to the Challenge" by Briana Gilmore, Winter 2015 edition), Dr. Belkin said "HCBS" (home and community-based services) will be offered through the "HARP" (health and recovery plans) for individuals with significant health and behavioral health needs. Fully integrated dual advantage plans (FIDA) will be

certified peer specialist, would lose their jobs in this new billing environment, but Dr. Belkin assured us that not all services will be billable to Medicaid and some will continue to receive funding from the city. The smaller provider organizations will receive technical support to help them make the transition to Medicaid billing. He said he was unsure how many city contracts, if any, will be displaced by the shift to Medicaid billing.

#### **Conclusion**

Although Dr. Belkin and his senior staff were weary from a long day at the office, we were glad that they made it to the forum that evening. His liberal

use of acronyms was a bit off-putting, but he did his best to explain some difficult concepts. The crowd seemed pleased with the event, but I was left wondering how much influence we would have on future policies that will affect our lives. Most of us don't even know how to speak the language that large bureaucracies use, let alone how to affect change within them. For those of us who do, I hope you step up to the plate and get involved. We desperately need representation with sensitivity, intelligence and strength.



Deputy Executive Commissioner  
Gary Belkin, MD, PhD, MPH

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## Emotional Support Dogs and Service Dogs for People with Mental Illness

By Cissy Stamm, Co-Founder, New York Area Assistance Dogs

### You Too Can Benefit from Animal Companionship

#### **The Basics**

Something happens when humans and animals interact. For millennium we've been aware of it. Now the science is developing. Much of the effect of human/animal interaction appears to be the result of the release of the hormone oxytocin, often called the bonding hormone between mother and nursing child. It now appears that the release of oxytocin may be mutual, meaning both the animal and the human experience it.

For the research on the reasons behind the beneficial effects of human/animal interaction and what those benefits are, a summary of the research can be found if you Google: "Psychosocial and Psychophysiological Effects of Human-Animal Interactions: The Possible Role of Oxytocin."

This is good information to give to any healthcare provider if you are

considering getting an emotional support animal (or service dog), especially if you live in "No Pets" housing.

One of the first things that need to be clarified is proper and legal terminology.

#### **Therapy Animals**

A Therapy Animal is an animal that provides comfort to a person other than its owner. The animal can in addition act as an emotional support animal for its owner. Therapy dogs usually have to go through special training for this kind of work, be certified and have insurance, normally provided through the organization that trains therapy animals and arranges pet visitation in various venues.

#### **Emotional Support Animals**

An Emotional Support Animal is an animal that provides comfort and support to a person with a psychological disability. They need not have any specialized training, and are not considered pets for the purposes

of people without these conditions. A request for reasonable accommodation must be given to one's landlord in "no pets" housing or housing that has pet weight limits (which your animal may exceed) if your animal is for emotional support. A letter from a healthcare provider stating the need for the animal is required. It need not state the nature of one's disability. It is important to note that Emotional Support Animals do not have public access with their handlers except under certain conditions—on airlines and possibly as a reasonable accommodation in employment. Emotional support dogs must not create a nuisance in housing. A sample request for accommodation letter for a landlord can be found if you Google: "Fair Housing Information Sheet #6, Bazelon Center Right to Emotional Support Animals in No Pet Housing."

#### **Service Animals**

A Service Animal is a dog who has been trained to do tasks to mitigate an

help. People using service dogs have access with their dogs to places the public can normally go. Service dogs are expected to behave appropriately in public and not bark, bite, to be house-broken, and not interact with other people or dogs without the handler's permission.

Another thing that must be considered when thinking about a service dog is one's ability to deal calmly with situations in which one is denied access because she is accompanied by their service dog. This can happen at any time whenever you encounter an employee or owner who isn't familiar with or doesn't care about the law. If you are not prepared for the possible stresses of public access, you might be better served not considering a service dog.

In either case, one needs to be able to afford to feed a service dog (food allowance under SNAP still being tested), and veterinary care and training if necessary.

Reasonable accommodation as described for emotional support animals should also be requested for service dogs in no-pets housing.

Persons with questions on emotional support animals or service dogs in housing can contact their local HUD office. Questions on service dogs in employment and places of public accommodation can be answered by the ADA hotline: 800-514-0301 (Voice) and 800-514-0383 (TTY) or you can contact Cissy Stamm at New York Area Assistance Dogs for free information and advocacy at 212-677-4383.

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**"An Emotional Support Animal...provides comfort and support to a person with a psychological disability... need not have any specialized training, and are not considered pets for the purposes of most housing pet limitations."**

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of most housing pet limitations. They are legally covered under the Federal Housing and Urban Development (HUD) regulations and are considered "reasonable accommodations" so that people with disabilities can have enjoyment of their homes equal to that

ADA-covered disability. A description of a service dog and the laws covering its use can be found at: "Revised Service Animal Brief ADA."

It is very important to note that most individuals are not qualified to train a service dog and will need professional

## Service-Dog Training for Veterans

By A.J. Johnson

### Helping Service Members Regain a Sense of Self-Worth

I first met Sherri Waters in early April 2014, upon the advice of my next-door neighbor. They were training a German Shepherd that was helping them with their PTSD (post-traumatic stress disorder) symptoms suffered from their tour of duty in the marines. They recommended that I talk to Sherri to see if I would be a good candidate for a service dog to help with my own struggles of PTSD and bipolar disorder.

Waters has had her own private

dog-training business since 2001. She began using her skills to help her deal with her own issues of PTSD. But her desire to help others with post-traumatic stress was only matched by the need she saw arising with the war in Afghanistan.

“I wanted to do something for our wounded, because they’re the reason we have everything. So one day I was standing in line at Petco, and I ended up behind a combat corpsman that was looking for dog training. He was a wounded warrior, and I said, ‘I’ll help train your dog for you for free.’ I started training his dog, and then he started bringing his friends, one by one, and we started a little class about five or six of us initially, and it was like, I got my in, I get to do this for them now.”

With that small beginning, Sherri’s project, Wounded Warrior Pack, was born and has recently acquired their 501c3 certification. They’ve grown

to over 100 active clients, with a healthy staff of over twenty. Most of the people working for the project are fellow veterans like Sherri who go through the program and stick around once they graduate.

With an unofficial motto of “We help the hell out of you,” Waters

graduate from the course and are considered a fully functional service dog/handler. Sometimes the course can take a few months; sometimes it can take longer depending on a variety of factors.

Upon graduation, they are awarded a certificate, and legal

**“There are veterans who have lost limbs and the ability to walk. And then there are people who have lost something that can’t be seen that make them just as vulnerable and in need of a service dog as anyone else.”**

is constantly surprised at the outpouring of love and support the project has received. From fostering dogs to helping families in need with food, shelter, or even getting furniture for their homes, the “Pack” works hard for its clients.

The small project, a labor of love for both Sherri and her husband Joe, is something that she says is nothing short of a miracle. And it’s no small feat what they’ve done. With branches now in Bakersfield, California as well as Michigan, Texas and New Mexico, the Pack focuses on veterans who suffer from combat-related PTSD as well as military sexual traumas. The intention is to expand, but on their own terms, to continue helping with the same level of quality.

Each veteran is initially interviewed for candidacy to be accepted into the program. After a check of credentials, a veteran is either placed with a dog, or they are recommended to a shelter where there is a possible match for them for a dog.

Once the dog is cleared to begin training, all the handlers and their dogs go through a three-stage training process where they are taught basic obedience, distance, and specialized skills before they

paperwork to certify their training as well as a patch and a healthy dose of accomplishment. Sherri feels that giving the handler and the dog a certificate adds an element of legitimacy to the program, although according to the Americans with Disabilities Act of 1990, it is not necessary.

If you take a look around at the people who are a part of the Pack, it is easy to see how Sherri’s love and determination shine through in her work. It’s an example of how a labor of love may start small but can build and grow into the stuff that dreams are made of. Veterans and service members alike are flocking in to see her, to become a part of her little slice of heaven as I call it, to gain a sense of safety and independence that was once lost.

There are veterans who have lost limbs and the ability to walk. And then there are people who have lost something that can’t be seen that make them just as vulnerable and in need of a service dog as anyone else. And it’s because of the gratitude of one woman for her fellow service members that the rest of us can regain our sense of self worth and the ability to stand on our own two feet again.



## Primal Therapy

By Michael Gottlieb, BS

### Healing the Tension Around My Heart

I am the son of Private Benjamin Gottlieb who was killed in action July 23, 1944 in St. Lo, Normandy during World War II.

Can I use the temporary leg paralysis I experienced when I visited my mom as a “trigger” to get deeper into primaling? Just how severe are my wounds?

“Healing is available. The MS, the rheumatoid arthritis; the stiffness and rigidity of your knees and legs when

you attempt to walk, the shallow breathing, your ‘blindness’ or inability to sense what is going on around you are all symptoms of your wounds. My son Michael, the repression of the memories of what transpired when you were alone with your mother after your dad was killed—1944 through 1947—these wounds are extremely hurtful and extremely painful. You were a needy, vulnerable baby and small child and the deprivation of basic nurturing, basic mothering needs is catastrophically hurtful and painful. The body does not release its memories quickly or easily. The repression is a fundamental survival mechanism without which you would have perished as a baby. Your leg paralysis when you visited your mother

is a symptom of how deep and painful these repressed memories are. To lose the use of your legs when you visited your mother indicates the devastating wounds you suffered.” And Dr. Janov’s statement that the body titrates the amount of pain one can remember in any one primal session is accurate. “You can only access what you can handle. It is a process that requires dedication, persistence, consistence and determination.” That is why Dr. Janov indicated that primal therapy is not for dilettantes.

The movies “Citizen Kane” and “Home of the Brave” indicate just how painful and devastating it is for an individual to suffer trauma and hurt and not to access those memories and feelings directly as well as the

consequences when those mental wounds go unhealed.

Would I describe primal therapy as a blessed healing tool? It hurts, but it hurts good. It heals deeply wounded individuals. It frees individuals from a lifetime of pain, hurt, handicaps, addictions, etc.

Was my head-banging during my primals another symptom of catastrophic wounds? It was the mind-body unity trying to cope with catastrophic hurt and wounding.

I seek to stop struggling with skeptics and non-believers. What say you? Present information and then move on. Struggle with your parents in primals.

## Book Ends: *Left of the Dial* by Christina Bruni



Reviewed by Columnist Kurt Sass

Christina Bruni's book, *Left of the Dial*, is an uplifting, triumphant account of her ongoing battle with schizophrenia, a battle she is winning every day. I found there to be three main messages in her book: 1) Never give up, no matter who tells you what you can or cannot accomplish; 2) Acceptance of an illness is a major component in the battle; and 3) that service to others in life will bring you joy.

The very first thing that struck me about Ms. Bruni's book is that

she pulls no punches and gets directly to the core. No five to ten leading chapters on how I grew up and how grade school was and this and that. The very first sentence, "It happened that night," within the first chapter of the book we find Ms. Bruni in the psychiatric ward. No pussy-footing around with this memoir.

And no pussy-footing around with Ms. Bruni, either. While still in the hospital, her doctor tells her that she would probably never go to grad school or get into writing again. She also reads in the hospital that only 30% of people with schizophrenia fully recover. Rather than resign herself to the opinions of the "professionals," she makes a conscious decision "to be determined to be the 30%" and begins to set up goals for herself. Immediately upon her release, she buys a computer (one goal) and was soon writing (another goal).

Shortly after this, Ms. Bruni's journey takes her to a day treatment program. She is still feeling optimistic about the future until she reads in another "professional journal," a book titled "Surviving Schizophrenia," that only 6% of

people with schizophrenia go on to obtain full-time jobs. At first she retreats into herself and bows to the pressure, but then summons up the courage to fight the stereotype once again.

Ms. Bruni eventually graduates from the day treatment program into a halfway house, and enrolls in a journalism class. Her hopes are crushed on the first day, however, when one of the requirements are that she keep a journal of news reporter mistakes each night on television, a task she knows will prove impossible, as the halfway house has only one shared television set for all the residents.

There does come a point in which Ms. Bruni believes that once she does in fact find full-time work, she can stop her medication and be drug-free. This day does come as her dreams of becoming the "6%" come true. Unfortunately, even though she tapers off the medication in accordance with her doctors instructions, she suffers a psychotic break and is hospitalized. This break teaches her a valuable lesson, and she comes to the realization that schizophrenia is just one part of

who she is. She decides, rather than fight the diagnosis, to work with it.

After accepting her diagnosis, Ms. Bruni continues to flourish. She enrolls in a Masters of Library Science program, finding it a perfect fit. She finds love and loses it when her partner gets an out-of-state career opportunity, but is not crushed. Today Ms. Bruni continues to work full-time as a public service librarian and writer.

It is easy for any mental health consumer who has ever been told by a mental health professional that he or she can't do something to relate to this book. In 1998, while in my deepest, darkest depression, I was told by a therapist that I would not get much better, and I would just have to learn to deal with it. Today, I celebrated my 10-year anniversary with the non-profit company I work for, so I know, to some extent, what Christina had to go through. I recommend this book very highly for any consumer in the mental health system, or, for that matter, anyone who has ever been told "You can't do that." Christina Bruni retorts "Yes you can."

## Wellness in 8 Dimensions

By Sharon Spieler

A Conference by Collaborative Support Programs of New Jersey's Wellness Institute

On March 26, 2015 I attended a conference sponsored by Collaborative Support Programs of New Jersey Wellness Institute or CSPNJ titled "Wellness in 8D." The Collaborative Support Programs of New Jersey empower consumers in recovery to realize a lifestyle centered on wellness. For CSPNJ, wellness consists of eight dimensions. They are: emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental.

The conference began with a welcome from the Wellness Conference Organizer Peggy Swarbrick and Executive Director Jody Silver. Attendees were acknowledged from all over New Jersey and New York. These included providers of mental health services, peer specialists, advocates and consumers.

The first speaker of the day was Chacku Mathai, Director of the STAR Center, a National Technical Assistance Center funded by the Substance Abuse and Mental Health Administration (SAMHSA). He

spoke on "Making Wellness in 8D Real in Our Communities." He spoke from personal experience. Not only was he a consumer of mental health services, but had been a substance abuser in his youth. One of the best ways of overcoming his mental illness and substance abuse

for the press to see and report on. He is known as author and lead sponsor of the Mental Health Parity and Addiction Equity Act of 2008. His main belief is that mental illness and addiction are diseases much like any other disease of the body and should be treated as such. This means that

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**"We have to get to know each other as individuals. Cultural influences are not static. They can change. Don't create stereotypes. Ask questions. Culture can create barriers but can also create tolerance."**

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problems was to become a peer helping others. He offered other suggestions. The first thing to do is to acknowledge that one can recover and that wellness and recovery is for all. We have to believe that we can have an impact on our health and have the confidence and knowledge to do something about it. We then have to act by making decisions to change our actions and make self determined choices. We can do this even under stress. We have to go from doomed thinking to prevention thinking.

The keynote speaker was Patrick Kennedy. He was in the U.S. House of Representatives for 16 years before giving up his seat. It was during this time that he was diagnosed with bipolar illness and alcoholism. He fully admitted this to the audience and said that his life as a representative was on full display

mental health services should be covered by insurance companies in the same way as physical health services are covered.

The conference also consisted of various workshops. They included the value of pets and animal-assisted therapy, the role of peers in addiction recovery, how culture can enrich our journey to wellness, yoga, how peers can facilitate groups with consumers, creating places in which to meditate and reduce stress, how to bring the eight dimensions of wellness into our communities, how supported employment can enhance wellness, how music can have positive effects on an individual's physical, emotional, social and intellectual wellness including stress management and relaxation, and how to achieve financial wellness.

I took part in two of the workshops. The first was how culture can

enrich our journey to wellness. We were put up into different cultural groups based on color. My group was green. We were to hug people when greeting them and touch them while speaking. The opposite of the green culture was the orange culture who backed away from people and never touched. The red culture shook hands and touched on the shoulder with their right hands. The yellow culture was to shake hands and touch on the shoulder with their left hands. This was to demonstrate that there were all kinds of people with all kinds of traditions which were not necessarily your own. We have to get to know each other as individuals. Cultural influences are not static. They can change. Don't create stereotypes. Ask questions. Culture can create barriers but can also create tolerance.

The second workshop I attended was how we can provide leadership in bringing the eight dimensions of wellness into our communities. We broke into groups of two. One person was the leader, the other the follower. Then we reversed roles. This was done by moving your arms in one direction while the other person followed your moves. We lifted our arms over our heads or swayed from side to side. The next exercise was to touch palms and move while touching. We were then told to figure out how we can apply these exercises to everyday situations. We have to look within ourselves. We have to figure out how to work together.

# Bruni in the City: The Perfect Macaroons

A Column by Christina Bruni

## Stay True to Yourself and You'll Find the Right One

I've drowned myself in macaroons, courtesy of Cream, a new coffee bar in Bay Ridge on Third Avenue at 72nd Street in Brooklyn. My favorite is the wedding almond. I buy two and a hot chocolate with whipped cream, no marshmallows.

Cream has free wi-fi and a quartet of tables in the back, plus a restroom. I prefer going here to the Starbucks down the street. Donuts are also on offer, like the hibiscus or the chocolate with cocoa nibs. A standard variety of coffee, too.

The winter is not my favorite season. Late summer into early fall is when I have the most energy. Thus I decided to try to find a guy in the early spring or thereabouts. I bombed out on the Internet matchmaking services. Earlier this year, I decided I would never again be untrue to myself by trying to get other people's approval.

The guys online left a lot to be desired. That is, I wasn't willing to settle for one of those average guys. For a number of years, I've bristled at how sick people are praised because they hide behind a cloak of normalcy. You can be rude to customers. You can fail to do your share of the work at a job. You can be outright hostile. And you'll be celebrated because you don't have a mental illness.

The guys online were crackers. I was open-minded, so I sent a message to a vegan, and he didn't respond because I eat chicken and fish. I also sent a message to a psychiatric worker who specified he wanted to meet a "sexy" woman. No response here either.

Not only were the guys a few bricks short of a house, I realized I couldn't compete in these traditional dating arenas because 95 percent of the guys are only interested in finding out if a woman is "fuckable." If you're an intelligent, hip, socially savvy woman, you're expected to be grateful for the crumbs on the table that these guys deign to give you. You're supposed to overlook that they're unmedicated yet not normal.

As my efforts derailed, one after the other, over the last two years, I decided that I hadn't failed; it was my approach that failed me. I took myself off the market to focus on publishing my memoir, *Left of the Dial*, which went on sale on Amazon

this past December 2014. After the book came out, I kick-started marketing it and selling it via my new website and my blogs and other channels.

The more I thought about things, the more I realized that changing myself to fit a mold of what other people in society deem acceptable is a no-win game. The self-doubt

want to get under my skirt. I am not a bimbo. My great worry has always been that I would have to stuff down my personality and change myself to be in a relationship with a guy.

Have no fear. A free spirited woman I know wears cowboy boots

with a skirt. She is always nattily attired in jeans and a t-shirt. She pulls it off with her own joie-de-

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**"The equation is simple: Only by acting true to yourself can you find your true match. I'm convinced there's a guy out there for me."**

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was replaced by a new confidence because it suddenly hit me: Do I really want to date a shallow guy who seeks a tarted-up, tatted-up woman? No, no, no.

Two real-life experiences cemented the truth in my mind that settling for any old guy who expresses an interest in me is not the way to live. I hold two truths to be self-evident. First, I have a best friend I'll call Josh. He has a female companion who collects SSI. He takes her to lunch. He takes her to dinner. She doesn't wear stilettos and a cleavage-baring, leopard-print dress.

This cheered me because I realized I might be able to find a great guy like Josh who doesn't immediately

vivre. And no, she doesn't wear stilettos on a date either or slit-up-to-there skirts.

That's how I realized there was hope for me. A psychiatric worker only wanted a sexy woman, and a narrow-minded vegan was critical of a woman's food and fashion choices. Since I couldn't compete online in this arena, I realized I would have to live my life and see who I met in person at a book talk I gave.

I saw the light at the end of the tunnel. I didn't have to get tarted-up or tatted-up to snare a guy. The equation is simple: Only by acting true to yourself can you find your true match. I'm convinced there's a guy out there for me. Right now, the macaroons sure are delish.

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# Crazy Is Not A Bad Word

By Cathy

## How I Survived My Childhood

I'm crazy. I used to feel ashamed of that. I see the world through the eyes of a lunatic. I earned my crazy the hard way. I was raised by maniacs. I reckon I've finally accepted the fact that they probably couldn't help themselves any more than I can sometimes. I was also raised in the Deep South, in a place I lovingly call the asshole of the Bible belt. If you've been there then you know exactly where I'm talking about.

When my parents split up, I bounced from house to house. My reverend grandfather and grandmother opened their Baptist home to me and my mother on many occasions. It took me awhile to forgive mom for that one. It's always funny to me that people act so shocked and indignant when it turns out preachers can be vicious bastards. I spent much of my teen years misdiagnosed and dosed by a shyster with one black and one grey Mercedes. On days he wore his grey Armani he drove the grey Mercedes. I'm sure you've met him. He didn't treat the upper middle class kids with the double sets of parents and mega coverage. He just kept us locked up, played pill popping roulette with us, and taught us to question the validity of every thought or feeling we had. I do hope he rots in hell, tortured by all his ill-gotten gains.

People get annoyed with me because I tell them an entire story just to answer what they believe to be a simple question. I scream like a banshee at times. I learned that from my granma. My granma was

a fantastic, beautiful, emotionally crippled woman. She really helped cultivate my insanity, but she loved me, and I knew it. Most of the time. She was what some would call bat-shit crazy. I miss her every second of every day.

I don't scream as much as I used to. I don't self-harm anymore either. I've been coke-free for more years than I can remember. I don't hate me anymore most of the time. When I do, we talk, and sometimes the conversation ends up falling out of my mouth usually in front of people at really inappropriate times. I don't hang my head anymore when I'm caught being crazy. Screw that! I'm the fat old crazy lady who mutters to herself and then laughs like an idiot when you give her that silly look of alarm.

I'm almost 40, and older than I should be. I'm still pretty. I don't mind saying that anymore. I'm pretty and I know it. I'm still working on liking the other parts of me. I've stopped caring that I'm the crazy lady. My old man loves me, even when I scream like a banshee. Who knew how much an old grouchy ass-pie-hermit could heal a mad woman's heart. When I have random outbursts of pure silliness (cos I really need to let it out) he doesn't walk away and pretend not to know me when it happens to be in the middle of the grocery store. My crazy mama loves me, and even though our relationship hasn't always been healthy, it is amazing now. My beloved sons love me, and I would kill for my boys. I have so much love in my life now.

And we're all freakin' nuts! We're crazy and we're the walking wounded. Everyone I know is crazy. My "sane" friends are crazy. Ohmygosh! Have you seen the state of the world? There isn't a sane person on this planet! I'm not even sure if the cosmos itself isn't

bat-shit crazy! Sane people stand by and watch their governments drop 21st century bombs on 18th century villages? Sane people turn on each other over which political party is doing the best job of fucking the masses? Fuck sanity! Give me paranoia with a side of whatever

an awesome therapist. Keeping the anxiety in check helps me deal with all the other fun stuff that comes with a personality disorder, PTSD and some other fun labels that are all just part of who I am. I no longer want to be cured. I no longer apologize for being who I am. The more I accept

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**"I no longer apologize for being who I am. The more I accept and cherish the crazy parts, the less control they seem to have."**

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I may need to keep it from getting stupid!

So, that's now my treatment plan. I take the medication I need to deal with the anxiety, and I have

and cherish the crazy parts, the less control they seem to have. Crazy is not a bad word, because without crazy I might not have survived my childhood or my twenties.



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# Black, Christian and Mentally Ill

By Robyn Carrothers

In case you haven't noticed, I'm African American. My people did not ask to come to this country yet it was built on their blood, sweat, tears and backs. I'm proud of the sacrifices that my ancestors made. Therefore, I stand on their shoulders and strengths.

I'm a Christian. I believe you have to accept Jesus as your personal savior. I attend a good church. The people there are very friendly and giving. They also support you when it's needed. They are also very

caring. I've gotten a lot of support and love there.

I'm also mentally ill. Yes, I said it. That's the part that gets to everybody. I have to take three pills a day to remain stable. If I don't, I will be in serious trouble. Not to mention, I've been in the hospital five times because of it.

Okay, you think I'm a hot mess and full of contradictions. I am not supposed to be black, Christian and mentally ill. Black and Christian, yes, mentally ill, no. So there is a taboo with that.

Being black and mentally ill is something that black people shy away from. In the black community, some consider it to be weak or retarded. If the illness pops up, yes, they'll say we're crazy. Sometimes, families will not support you.

Whispering and talking about it won't make it go away.

In the Christian faith, it's either you get delivered or you're not trusting God. Yes, I would like to be healed. This is my cross to bear. This is the thorn in my flesh. If God chooses to heal me, then that would be good.

These three qualities together seem like a contradiction. Some people will say there is nothing wrong with you. You just need one good piece (if you get my drift). Others feel, this is something you will grow out of.

I try not to think about what people or my family think. My family had a hard time with it at first. When I got a correct diagnosis, they were relieved. Many people feel that I want attention when I have a mental

breakdown.

The point I'm trying to make is that it doesn't matter if you're black or Christian. What matters is how you and the people around you take it. Some can be supportive, others will say, "Go away." I'm not weak, but I'm going to be okay with the support of my family, church, friends and peers.

So I'll hang in there along with this illness, trusting God and hoping this will encourage someone to hang in there, too.

# The Challenges of Social Anxiety

By Igor

## I Wish People Would Treat Me Better

I often hear people complain about their lives, people who have families, children, friends, good jobs. Why should they complain?

One man complained about his partners, how he had so many and every relationship ended quickly. Another complained about his wives, about ruined marriages. Is this what people should complain about? What should I do then?

I am 23-years-old and I have never had a girlfriend. I first kissed a girl on the lips when I was 22 and that was a call-girl. Also we tried to have sex, but it wasn't successful, because I was shaking.

I shake because of my social anxiety. I shake when someone touches me, such as a doctor or barber. I shake even when someone looks at me for too long a time. I shake badly.

I was diagnosed with social anxiety in 2013. My whole life I

hardly spoke. First I thought that this was alright, but with time I understood that it is not.

There was a time when I was even afraid to go outside. But I just forced myself to go to the city. I was doing that every day. Then I found the courage to go to my GP (general practitioner) and I thought that it would save me for sure. I had sessions with two therapists, but that didn't help me. Then I tried medication.

I have been to five different GPs, tried six different kinds of medication, including beta-blockers, but that had no effect on me. On the internet I heard lots of people saying that medication would help for sure. But medication has not had the slightest effect on me. I started to feel like an alien from another planet. How is it possible that the strongest beta-blockers have no effect on a human?

I have only one friend whom I see only during his holidays, as he studies in another city.

I should mention here that I am Lithuanian, but now living in the UK. This is where I had my first job working in a factory. I think this was the hardest time in my life. People were rude to me. They hated my looks. They despised me because of my appearance; I am sure about this now. There have been many similar situations to confirm that.

One such situation was in my school. I had changed schools and it was the third day in my new class. I had a lesson with a new teacher. At that time, a mother of one of my new classmates came in and told the

I'm not sure why I still haven't done that. Maybe it's because of religion.

Once I was sitting in the canteen and a few people sat with me. One girl sat and started talking straight away, saying, "So, we all sat here to

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**"I have been to five different GPs, tried six different kinds of medication, including beta-blockers, but that had no effect on me."**

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teacher that someone was hurting her son. They spoke a little and when the woman left, the teacher asked the class, "Who is hurting this boy?"

The teacher came straight to me, leaned on my desk with both hands, looked at me and said, "I don't really like you..."

She had never seen me before this day, and I had not even spoken one word.

You can say that she was just crazy, but there have been many such situations in my life. People always judge by appearance. It seems to me that some part of the brains of certain people have not evolved enough to understand. This is not so good, since appearances do not say much, really. And I never behave rudely to anyone. I always try to speak kindly to people.

Back to my factory work. There were lots of people around. Almost every day I thought about suicide.

interact," and then pointed at me and continued, "Look at that goon sitting there." Turning to me, she said, "Can you talk at all? You will never find a girlfriend like this!"

Yes, she may have been speaking the truth for all I know, but who needs it? It is the same situation when someone comes to disabled person sitting in wheelchair and says to him, "Look at that goon sitting there. You will never be able to walk!"

Social anxiety is a disorder. Persons with social anxiety cannot enjoy life and take everything they can from it.

Someone is complaining about their lack of money and how it's hard to raise kids. And I don't need money, because I have no one with me. For me, to have kids is my dream. But it seems that this dream will never come true.

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# Repeated Tragedies Still Hit Hard

By Regina

## Suicide Was My Answer



I have suffered from depression and anxiety for most of my life, but kept it under control by being busy with my family, career and the occasional visit to my therapist. Things came to a head, however, when my husband of twenty-nine years unexpectedly left me.

I was devastated. In spite of the fact that I had my nineteen-year-old son to take care of, I felt as if I did

not want to go on living. I started drinking. One night, after several glasses of wine, I took a whole bottle of anti-depressants with the intent of taking my life. Just moments after I took the pills, I realized I wanted to live, and immediately called 911. That was my first suicide attempt.

I kept sinking lower and lower into depression. My performance at work began to suffer. I lost my job and my house. Then my son turned to drugs. But I was fortunate in that I met a wonderful man named Terry who fell in love with me and accepted my son and his addiction as "part of the package."

Things began looking up. I was able to find another job, though at a much lower level of salary and responsibility. Then six months into that job, my drinking and depression led to frequent absences from work and I lost the position. I still missed my ex-husband and my house, perhaps more because of the lifestyle I led when I was married than because of a broken heart.

When I lost my new job I sank into a deep depression and my drinking became out of control. One evening, when my son and Terry were out, I drank a bottle of wine and took a full bottle of Clonazepam (Klonopin). Did I want to end my life? I still don't know to this day what my intentions really were, I just knew that I wanted the pain to end.

I awoke one week later in a psychiatric ward on my way back from an ECT treatment. I had been

conscious before that moment, but had no memory of it. And I had no recollection of consenting to ECT. I was told afterward that my doctor

Realizing it had to do with my depression and anxiety, I should have known better, yet I risked my life again by mixing Clonazepam,

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**"Upon awakening, I realized how fortunate I was to still be alive....I always felt that there was a possibility of having a normal life, and most important of all, being there for my son."**

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held a family meeting with myself included to make the decision to go with ECT, as I was unresponsive to other treatment.

The ECT treatments made all the difference and brought me back to some level of functionality. The important thing was that I was happy my suicide attempt was unsuccessful. I realized how my drinking and taking prescription drugs indiscriminately could have resulted in my death. I was taking chances and fortunately was lucky enough that Terry found me in time to save my life.

My life has not improved much since that incident. Terry was diagnosed with bladder cancer and died a year and a half ago. I was left without money, as we had no savings. I did not know where to turn. Fortunately, my sister helped me financially and I was able to find an affordable apartment. My son, unfortunately, continued his heroin addiction and became an alcoholic.

Ambien and alcohol. I slipped into unconsciousness that would have led to death if I were not rescued in time by my son.

Upon awakening, I realized how fortunate I was to still be alive, even with the emotional pain of living with my son's addictions and the grief of Terry's death. I always felt that there was a possibility of having a normal life, and most important of all, being there for my son.

I am still depressed and dealing with issues of loneliness, my son in jail and financial problems. There are days when I escape into my bedroom and just read. I let everything go, my personal hygiene, taking care of my apartment, going out, talking to family and friends.

No matter how bad things become, I have stopped taking chances with my life. I no longer turn to drugs and alcohol for relief from pain. I want to live. Because where there is life, there is hope. And hope is what I have now.

# Managing My “Gifts”

By Ondina

## Self-Acceptance is the Key

At the age of 16, I was diagnosed with depression and anxiety. I was suffering long before being formally diagnosed. In 2014, I was diagnosed as a schizophrenic, which I discovered was the answer to all my questions and problems as a child and young adult. It seems I was always this way. Once this became the reality I could no longer run from, I “freaked out.” I was so tired of being a statistic that I tried to deny that I have a mental illness even though it was obvious. I even learned there is a direct line that connects my family background to mental instability. I guess I caught the recessive trait.

I am my mother’s namesake, Ondina Hawthorne, and I carry her name with honor now. Ondina Hawthorne was someone I didn’t always identify with. When I started to change my name, I did not realize this was my schizophrenia exposing itself to the masses. I never knew that this wasn’t what the average child goes through. From time to time, my emotional

scared, I didn’t know how to control what was going on and I didn’t even fully understand what was happening within me. The voices in my head got louder and louder. I felt like I was on fire and I no longer identified with my mirrored self. I attempted suicide many times to stop the burn and to shut off the noise. I thank God He had favor on my life and I am here to share my testimony. I survived.

Fast-forward. After the completion of high school and college, I made very poor choices. Somewhere on my journey, my schizophrenia, depression and anxiety took full control of my life. I was drowning and just wanted to disappear. Dying was my only option according to thunder. I contemplated suicide again. I was 21 years old. I asked God to show me a sign that he was real by asking Him to remove the burden that I was carrying. He did. I didn’t grasp the full understanding that when I was calling on God to help me, I was also asking Him to show me who I really am, what I’m dealing with and how to manage what makes me different from others. Since then I have gotten married to an amazing supportive man and have two wonderful, little, adventurous, vivacious boys. However, there was still much work on my part that needed to be done.

I started to acknowledge that I have a mental illness. I said it aloud

institutionalized as a child and had been battling my mental illness for a long time. I explained to him that I needed to be mentally healthy, not just for myself but also for our children. He agreed to help me through my journey toward a sound mind. I opened up to my immediate family members for their support. I never thought that taking the first step to admitting and accepting I have a mental illness was going to be so painful.

My mother told me, “Baby girl, ‘schizophrenia’ is your gift. It is

who you are. Don’t try to control it, manage it. Don’t fight against what is, but accept what is. Depression and anxiety will always be there, but once you learn to manage it you will be alright and your story will inspire others to take that leap of faith.” We cried together and I accepted the challenge to start managing my mental illness. I currently sit with a counselor. I pray and I have my medication on standby. I do still feel the burn from time to time, but I am grateful I know how to manage my gifts.

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**“...Baby girl, ‘schizophrenia’ is your gift. It is who you are...once you learn to manage it you will be alright and your story will inspire others to take that leap of faith.”**

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state would fluctuate between very erratic and calm. I would converse with myself and have conversations with what I considered my “imaginary friends.” I suffered physical, verbal, emotional and spiritual abuse, but it was the sexual abuse that introduced me to the more dangerous voices within. There was always the calm one, the gentle one and the thunder. I was

to myself. It took me a while to feel comfortable saying it aloud and owning it. I remember telling my husband, “If you no longer want to be with me, I understand, because you didn’t sign up for this.” He replied, “I love you and we are going to get through this.” I revealed to him the names of all the personalities I converse with. I told him that I was



*personal story*

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# Texas’ Mental Health System

By Donald Wayne

## A Mixed Bag

Years ago, I was a stringer photographer for the local newspaper in Huntsville, Texas, covering an execution. I was outside the “Walls” unit, and toward that fateful midnight, when the execution took place, I photographed protesters, and advocates, stood beside the TV news videographers pointing their lenses at the lit outside clock. I was at a remove, but it was one of the most brutal events I’ve ever been through.

While Texas seems to be a mecca of law and order, mental health services are often underfunded.

While the nation spends per capita about \$125, the state of Texas spends \$39. In a Dallas Morning News essay online, Clayton McClesky, writing about mental illness and suicide, points out that when a few years ago the West Nile Virus killed seven people in Dallas, the authorities spent \$3 million for aerial spraying of mosquitoes. It is a matter of emphasis. Nor is access so good. About 488,520 in the state have serious mental illness, while 156,880 are being served. That’s about 33 percent. I think that may be due to a shortage of mental healthcare workers, as is the case in Texas.

Yet paradoxically, I have had good results. The procedure is something like this: you call the Texas Mental Health number, and participate in a phone interview. If you qualify, you then get an in-person interview, and

if qualified after that interview, are assigned mental health services. I was assigned a therapist, and have had three. My most recent, helping me for about five years. She was a godsend, and though it’s been difficult, I have nothing but respect for her. The mental health staff and professionals are caring, highly capable people.

A few years ago, my rural mental health center opened a Peer Support Center, and it is quite nice, with many donors and volunteers. It’s a place to relax. Sometimes we have big meals around the holidays, and there are computers, a television, and meeting rooms. I myself have been a Peer Center Board Advisor and have been on television and in the newspaper doing interviews about the Center. More recently, the Center serves veterans. There is a major military base in central

Texas; therefore helping veterans in mental health is especially needed. Pointing veterans to resources have been important, and volunteer colleagues have done a good job in staffing the center for all consumers.

Some years ago, the Texas legislature passed a bill that makes claims on Medicaid beneficiaries, like me, if one is 55 or older. Once a recipient dies, the State makes a claim on the person’s estate, unless there is less than \$10,000, or a spouse is still living, to make up for repeated expense to the State. I know, I know, there is no free lunch, but as I have never married and as my home is about the only thing of value I own, and it was inherited, I wanted to give it to whom I chose in my will. So, in this respect, I feel a little brutalized.

# It Could Be Worse

By Dave

## Successful Sobriety and Stability Aided by a Supportive Family

I don't know where I would be if it weren't for family. It has been hard on everyone. Was it drugs, kundalini, spirits, or miswired synapses? If my high school had voted on who was most likely to snap, it probably would have been me. I think I would have developed schizophrenia even without marijuana and a few acid trips. There is a family history. The substances just made it worse.

I was an engineering student with potential who acquired a marijuana habit, transferred and dropped out.

I had some strange ideas on the road, came back, lived with friends, family, then was hospitalized, back to work for a year, and again hospitalized. Six months after recovering to the point where I could work again for a year, I had a personal crisis and hospitalization. I went to a recovery house and got clean. I remained substance-free, worked for a year, got hospitalized, got my own place, worked for a year, and then rehospitalized. Right now, I'm working, hoping the kinks in my mind and the system have been worked out.

The mental health system is stretched thin and the turnover rate is very high. Even if they had checked on me, no clinician was ever around long enough to get to know the signs of my individual case. Each time, it began with not eating and sleeping, strange synchronicity and hallucinations. I would ditch my job,

write people crazy letters, drive my car somewhere without the gas to get back. Where would I be without my family? Certain people could talk me down. They knew when I was losing it and would get me into the hospital before it would turn into jail.

I've had more visual than audio hallucinations. It's like being in a dream state while I'm awake. I know what channel is on, I know what I put in the DVD player, but that's not it. There is an endless horror movie inside my head.

Things were quiet until I refused medication in 2008. Two weeks later, the internal dialogue became a quagmire. It's difficult to hear the still, small voice when there's so much noise inside. At least they go away when I'm concentrating on a task like writing or working, or having a good conversation. The doctors will ask if the medications help. At least by now, I know not to

stop taking them. Schizoaffective mania happens even when sober and taking meds.

There have been highlights. I was inspired to buy a guitar and have been playing ever since. I have produced some good songs, poems and sketches. I got baptized several years ago, made some friends, lost some friends, been employee of the month and got some raises and bonuses at several jobs. I smoke two packs of cigarettes a day. I work and do odd jobs to pay for them. I've been sober 4.5 years out of five. I've been considering completing my general studies degree.

I've put on a lot of weight and been sleeping 12 hours a day since I was put on medication 10 years ago. Right now, it's not so bad. I got my own place, smokes, a job, my family and a few friends who still care. What more could a guy ask for?

Letters to editor

## Letters and Emails to City Voices' Editors

### There is No Stigma

Stigma is defined as a 'mark of shame' or 'token of disgrace.' Mental illness is not a mark of shame. It is not a token of disgrace. Mental illness is—like many other illnesses—a no-fault disorder. Yet many persons with mental illness believe there is stigma. Why is that? It is because many in the general public are prejudiced against, discriminate against and dislike persons with mental illness. Some with the illness, rather than recognizing the bigotry, prejudice and discrimination in others, believe them and as a result have come to believe there is stigma—that having a mental illness is in fact a 'mark of shame.' Unfortunately, their belief system is encouraged by mental health advocates and organizations that go around teaching there is stigma. This is wrong. People with cancer, gays, African Americans, lefties and others once believed there was stigma to their circumstances for the exact same reason: others discriminated against them. Over time, these groups moved from believing there is stigma

to fighting the bigotry, prejudice and discrimination in others. Few believe there is stigma to having cancer, being gay, leftie or African American anymore. It's time to move on. Mental health advocates should stop teaching people with mental illness that there is stigma. Start teaching there is none. And start fighting bigotry, prejudice, and discrimination in others.

—DJ Jaffe, Executive Director, Mental Illness Policy Org.

### Loved the Winter Edition

Just wanted to take a moment to compliment you on your latest issue (winter 2015 edition). I was especially impressed with the pieces written by David Scott, "Tooth Extraction Unlocks Bipolar Adventure," and A.J. Johnson, "I've Been Here Before." The two pieces were vivid and illuminating. A.J. Johnson, especially, hits the alienation of being mentally ill on the nail. I hope that these two writers continue to contribute to your publication. Furthermore, both of the aforementioned contributors have inspired me to continue writing my psychological memoir, parts of which I may submit to your publication. Please continue your excellent work!

—Craig R. Bayer

## Changes in SSI and SSDI Benefits for 2015

By Ted Walner, Peer Advocate, Brooklyn Peer Advocacy Center, Baltic Street AEH, Inc.

With the recent onset of 2015, the Social Security Administration has made changes in the amounts we receive as well as in the amounts we can earn to qualify for benefits. Firstly there has been a 1.7% increase to the beneficiaries. This is a slightly higher increase than that of the previous year.

The monthly maximum amount of SSI has increased from \$721 per month to \$733 for an individual. It has also increased to \$1,100 per month for a couple from \$1,082 previously. The allowable assets for SSI remain the same. They are

\$2000 for an individual and \$3000 for a couple.

A person receiving SSDI must earn less than \$1,090 per month to qualify for benefits. This is an increase from \$1070 per month last year. A trial work period for an SSDI recipient will count if they earn over \$780 per month. This is also increased from \$770 per month, last year.

I hope these changes are easy to understand. Basically entitlements have gone up for the New Year. Enjoy the increase and spend wisely!



# Bipolar, With a Side Order of Psychosis

By Jason Matlack, CPS  
How My Illness Was a Blessing In Disguise

It's amazing how sometimes the worst things in our lives can become our greatest assets. It isn't the cards we're dealt but the way we play our hand. Who would have thought having mental illness would become the exact thing that has made my life worthwhile.

I never did well in school. When I was young they didn't have all of these diagnoses and tests to discover what was what. Maybe that was a good thing. Even though I always felt like I was failing at a lot of things in my life I never seemed to give up. Without a diagnosis I did not have an excuse to give up.

Growing up I experienced sexual abuse at an early age. I don't know how much of that played a part in my mental illness. That experience and my inability to keep up with my peers in school always made me feel inadequate. Sometimes I would fail tests that I would have passed because I didn't meet the time frame.

I discovered alcohol and marijuana at an early age. When I drank and got high all those feelings of inadequacy went away. In fact, with a little alcohol I became self-confident, or so I thought. I never drank like regular folks from the start. I drank too much and too often.

When not drinking, my self-hatred surfaced and I would say horrible things to myself in the mirror. Sometimes I would do things to hurt myself. I thought about suicide

often. Drinking to oblivion was my only release.

I began to drink to the point of blacking out and became violent when drinking. At 19-years-old my verbal abuse turned into an attempt to beat up my girlfriend. I finally sought help in a 12-step program. I was raised in a loving family and thought female abusers were the bottom of the barrel. I moved out on my own, partially blaming my unhappiness.

I couldn't remain sober because of the secrets of the abuse and dysfunction in my childhood. I ended up in rehab and stayed sober for eight years with the help my involvement in a 12-step program. Even then I still didn't fit in. I was able to curb the anger and dealt with my childhood by finding peace and self-forgiveness. But the bipolar mood swings were a constant battle. While in my mid to late twenties I began to experience psychotic episodes. After indulging in the instant gratification of mania, I would then experience great guilt.

Once the psychotic episodes began, I would go super spiritual and hear a voice I thought was God. The business that I had started and ran for fourteen years began to fall apart due to my inability to cope. My wife couldn't take it and we ended up divorcing.

I started drinking again every now and then since my episodes isolated me. But I did not drink much. Instead, I would smoke marijuana. I didn't realize it, but the smoking prevented my psychotic episodes from occurring. Unlike alcohol, marijuana did not cause me to black out or become violent.

By my mid-thirties I lost my business. I went through some sales and management jobs, but manic episodes only caused more compulsive decisions.

When the economy crashed, the time share company I worked for as a marketing manager laid off 50% of the work force. I went into

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**“All I can say is that to those of you who think you can't, you have to know that you can. To those who are our supporters, do not sell us short. It is through your support and encouragement that we will soar to new heights.”**

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a psychosis that lasted about a year, thinking I was the second coming of Jesus Christ.

When the psychosis broke, I admitted myself to a psychiatric hospital. That was where I was diagnosed and started to receive proper medical care. It is also where I had my “Patch Adams” moment. I knew I wanted to get into the mental health field and help others like myself.

I had a difficult time coming to terms with the guilt from the damage I had caused others with my manic episodes and psychosis. I experienced a lot of anger about being born with this condition and became angry with God. Thoughts of suicide continued to plague me regularly.

I continued in sales, which I hated, but it was the only skill I knew would earn me enough money to survive. After getting laid off from a job selling cars, my therapist told me about a Certified Peer Specialist job, which is someone with a mental

health diagnosis who helps others recover from their mental illness and create a better life for themselves.

I have been a Certified Peer Specialist for almost a year now. It is the best thing that has ever happened to me. I thrive on the personal satisfaction of helping others and witnessing their progress. This job is what I was looking for my entire life but was unaware of it. Every day I go to my job with great enthusiasm. If I wouldn't have gone through hell, I would have not found heaven.

All I can say is that to those of you who think you can't, you have to know that you can. To those who are our supporters, do not sell us short. It is through your support and encouragement that we will soar to new heights.

The common threads to those that find a quality life are those that have support, whether it is family, friends or professionals. No one can do this alone. If you do not belong to a support group please find one. There are some that meet in person. If that isn't possible, there are tons of them on the internet. I belong to a few myself. There are also support groups for our supporters. I love you all and good luck on your journey!



personal stories

# What's Wrong with My Daughter?

By Diane

Desperate to Find the Reason For Her Behavior

Some I had the most amazing daughter for 18 years. She was a beautiful child. Everyone loved her and she loved everyone. She was so happy that she smiled when she slept. She was a straight-A student and although she had ADHD, it only seemed to enhance her life. Even as a teenager, she was delightful with none of the rebelliousness or drug use most parents dread.

When she turned 18, however, something changed. It seemed to

happen overnight. Her behavior became erratic, sparking explosive fights with her boyfriend. It still wasn't presenting so much at home, so I chalked it up to him. It couldn't be her.

Little by little she changed. She drifted away from us. This girl who once idolized her mother, suddenly couldn't stand me. She started drinking more, getting tattoos, and became someone I just did not recognize. I remember telling my friend I felt like my Shauna had died and this strange new girl had replaced her. I was heartbroken.

The week she was breaking up with her boyfriend of one year, screaming at him that she despised him right in front of me, she became pregnant. Then she became so happy. She decided to stay with the guy. My grandson is now two-years-old. My daughter expressed anger over my not being present when he was born. Everyone used to make such a big

deal about how close we were. They were envious.

In my wildest dreams I never would have imagined how she could get so angry at me in an instant, and go for weeks without speaking to me. I would tear my hair out trying to figure out the reason. Was it me? Did I deserve this?

I finally put it all together after an especially rough week. She had exploded in her husband's restaurant and made a huge scene because she thought the staff was purposely ignoring her. She dragged her sick son out into freezing weather to make her husband pay for not responding to her texts, and she completely melted down at my house because she was furious at me for serving her brother dinner at his computer. She was so mad she dragged her son back out into the cold and went home to the husband she was also angry with.

I finally started Googling her symptoms—paranoia, extreme anger,

fear of being alone, intense anxiety—and finally I had it: borderline personality disorder. It fit all the criteria. I just could not believe it took so long. All these years of anguish. I could see now how families would go through this and never know the reason, how someone with borderline personality disorder would go on endlessly being undiagnosed. I could not believe that for all the Oprah and Dr. Phil I watched, that this had never come up. It's tragic that there isn't more awareness about this type of mental illness.

Trying to compress ten years into words, it is comforting to finally have an explanation for the very extreme behavior I experienced with my daughter. It is my mission to share this information so that other families don't have to guess for ten years about their loved one's unusual behavior. It should not have to be so difficult.

# My Mystic Bipolar Autobiography

By David Dalton

How I Reconciled My Mystical with My Mental Health Experiences



In this article I claim that my mood cycles have been affected by lunar and solar cycles, and that I am similar to some past major pagan and non-pagan religious figures.

In 1986 at age 22, during a low year of the 11-year sunspot cycle, I suffered a long mild depression. It was treated first with desipramine, which didn't work and had too many side effects, and then with nortriptylene, which eventually worked but did cause my only epileptic seizure that December.

Early in September of 1991, while

organizing orientation week activities at the University of British Columbia Graduate Student Centre, (having been inspired by musician-songwriter Sarah McLachlan and some others, and having experienced shaktipat from my yoga teacher), I went into my first manic episode. It began with a shower of ideas early on September 1st, and culminated in a naked sun stare, thorn hill climb, and blue rose vision on September 5th and 6th.

Just before my manic episode started, I witnessed some clear sky lightning,

which I relate to an M-class solar flare that took place two days prior. This manic episode occurred during a waning crescent moon in a high year of the 11-year sunspot cycle. During the sun stare, I observed a curved tunnel effect, like a divine horn of oil with its wide mouth toward me, and then giant butterfly wings of space folding in on me. Then I blacked out and fell into the water.

After this experience, I remained at a mental health ward for five weeks while my lithium level was adjusted. In May of 1992, during a waxing gibbous moon, I smoked a marijuana joint on Wreck Beach intending to relax. Instead, I went into a mixed/psychotic episode resulting in a week-long hospitalization. I emerged from this stint on 5mg of haloperidol per day, in addition to the lithium. In early July 1992, during an early waxing moon, I had a suicidal period which ceased when my psychiatrist told me to come off haloperidol. After that, I would only

1991 high, my June 1993 high and August-September 1994 high had clear sky lightning at their onsets. The early January 1994 high occurred during highly variable weather. The highs were pleasant and characterized by playfulness and creativity accompanied by a feeling of mystical connectedness within nature. The trials were unpleasant and characterized by a feeling of the world turning sour around me.

Beginning early in 1996, I entered into low years. They were low in terms of creativity, at times in terms of mild depression and anxiety, and at other times in terms of delusion and even paranoia. For some past figures such low years seem to have lasted seven years, but for me they have lasted 18.5 years (as of July 29, 2014). So far, I think since I have had modern medicines, and since lifespans are longer today on average, it could be that my low years will not last much longer than 18 years (7 years plus an 11 year sunspot cycle). I

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**“The three figures I have the most evidence that I am similar to are Gwion (Taliesin), the Turquoise Bee, and Jesus .”**

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use haloperidol as needed and on rare occasions.

In the next two and a half years I experienced three more waxing gibbous moon trials, triggered by alcohol use, and three waning crescent hypomanias with onset 5.5 lunar months after each waxing gibbous moon trial onset. Based on the first two 5.5 lunar month separations, I predicted the late August/early September 1994 high.

After the March 1994 trial I gave up drinking alcohol during the week before a full moon but continued to drink at other phases with no ill effects. I had one more waning crescent high in early July 1994 that did not have a waxing gibbous moon trial precursor, but like the others had an M-class solar flare two days prior. Similar to the September

hope to come out of them soon after this writing date, which is August 20, 2014. But on my current medication regimen, 1250 mg divalproex sodium and 10 mg olanzapine nightly, the low years are not very low except in terms of creativity.

I have also done comparisons of my cycles to those of past figures. The three figures I have the most evidence that I am similar to are Gwion (Taliesin), the Turquoise Bee, and Jesus (the heavens opening and wings descending during Jesus' baptism I liken to my sun stare experience which I described earlier). For more detail on my comparisons to them and several other past figures, and on my mystic bipolar autobiographical details, please do a web search for Salmon on the Thorns.

## Psychotic Without Knowing It

By Jason

Surviving the Rollercoaster of Untreated Mental Illness

The last twenty years of my mental illness have been slowly progressive.

It all began while serving in the military in 1993. I started to have this feeling that I was being talked about and followed by others. After the military, in 1995, while living in Berlin, Germany, these feelings continued along with the sense that someone was spiking my food and drinks as a joke. At that time, I could only hold a job for a couple of months at a time.

In 2005, I went to London. There, I started experiencing an on and off sensation of fingers touching my body

(known as tactile hallucinations). Soon I started believing I was a victim of witchcraft. In London, I began to think that someone was angel-dusting (putting PCP in) the places I would sit to cause these hallucinations as a prank. I thought it was a newly developed hallucinogenic that was being soaked through my skin. This was the beginning of my psychosis.

I started to have delusional thoughts, believing things that were unreal, but which I perceived to be real. It was while I was living in London that I first became an inpatient at a mental

of the past (delusions of reference). This is when everything becomes a coincidence. I also started believing that I was a victim of a prank and I was being left out. I started to believe that behind my back I was famous (delusions of grandeur). I was paranoid but hid it well. When I would go into a grocery store, I would believe all the customers and employees there were waiting for me.

After London, while in Washington State, I started reading license plates and brand names on peoples' clothing, and thinking that there must be some sort of

had secret meaning about me. In Washington State I tried to commit suicide a few times and was sent to the mental hospital. California has section 5150 which allows a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes him or her a danger to self, a danger to others, and/or gravely disabled. In Washington there are no 5150s. The justice system in Washington will put a person in jail for having an episode and give misdemeanor charges. I went through a vicious cycle of mental hospitals, emergency rooms, ICUs, jails and courts in Washington State.

When I got to California I got real sick. I started to believe I was on camera 24/7 as a prank (which is The Truman Show delusion) and that my family members were switched by impostors and wealthy actors (which is Capgras syndrome, aka delusional misidentification syndrome). I then started to believe I was a POW and that

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**“The justice system in Washington will put a person in jail for having an episode and give misdemeanor charges. I went through a vicious cycle of mental hospitals, emergency rooms, ICUs, jails and courts....”**

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hospital. I started to believe that street signs were put up to remind me

hidden meaning. I started believing that the things said or seen on the television

(Continued on page 15)

(Continued from page 14 *Psychotic Without Knowing It*)

I was still in Germany and WWII was happening behind my back—because Anaheim is in California and Anaheim is a German name. Heim means home in the German language and Germany was also involved in WWI and WWII. Then I started to believe that the military was looking to rescue me from Germany and that enemy snipers were in the trees. So I started crawling around my condo in the dark to avoid being shot at by snipers through my window (as I had learned to do in boot camp while having live ammunition shot over my head).

Sometimes in my condo, I would hear machine guns firing and black hawk helicopters hovering right outside. I would also hear people speaking the German language outside

my condo. So I got a baseball bat to sleep with to protect myself and destroyed my heater/air conditioner, cellphone and computer internet modem and turned all electricity off in my condo. I avoided human contact and believed any and every person I saw was an actor. I thought that if one person was on a cell phone walking by me, the person was talking about me.

Last summer I became gravely disabled. I thought that if a person was driving next to me, behind me, or in front of me, the drivers were following me. I thought it was all arranged with cell phone communication. I got diagnosed with psychotic disorder, then schizoaffective disorder, then bipolar, and schizophrenia. My current diagnosis has reverted back to psychotic disorder. However, it does not matter what I am diagnosed with at the moment because most of

my symptoms are gone, thanks to the medication that I only need to take once a month.

Presently, I think like a normal man as I did when I was younger. I have very rare audio hallucinations and rare tactile hallucinations but I am not delusional or paranoid any longer. I also do not believe that everyone is an actor trying to fool me, like in “Rosemary’s Baby.” After I moved to Citrus Heights from Washington State a year and a half ago I had three 5150s in a four-month period in the summer of 2013. Since October 2013, I have found a medication that works, an injection once a month. I can easily slip off of an oral medication, thinking: “Oh, I am better now, so why should I take the medication? There is nothing wrong with me.” Luckily, I have no side-effects from the medication and I do not even notice a medication in

my system.

I now realize that alcohol had played a major role in my dramas during my vicious cycle of mental illness. Now I do not need to drink so much because most of my symptoms are gone. Since 1994 I have had a very slow progressive illness, so slow that I had a condition known in a neurological study as Anosognosia, a deficit of self-awareness, a condition in which a person who suffers a certain disability seems unaware of the existence of his or her disability (Wikipedia) and that means that a person is without knowledge of something being wrong and without knowledge of having a disability. Up until October, 2013 I was in complete denial that I had a mental illness. It was then that I began reaching out for help and got the help I needed. Talk therapy seems to have helped the most.

## Recovery From An Illness Best Kept Secret For Now

By Katalin

### There Were Many Steps

I attribute my recovery from mental illness to sound psychiatric counsel, positive lifestyle changes and consistent medication management. I have been stabilized for the past ten years, but things were not always this good, particularly before my diagnosis. Although I am delighted with my stabilization, my triumph over mental illness is wrought with certain medical problems due to the side effects of the medication I am taking. However hard these impediments might be, they have not deterred me from leading a rich and full life as a means to combat the negative effects of a possible relapse of my mental illness.

The psychosis I endured snuck up on me quite stealthily. At first it was

just some voices here and there, then images and later delusions. I grappled with these bizarre thoughts for about a year until I was admitted to the inpatient unit at Payne Whitney Clinic. It was during my three week stay that I was diagnosed for the first time with late onset paranoid schizophrenia at the age of 44. When I was psychotic, I was very frightened because I knew what hearing voices meant medically—a psychiatric problem. I was also in a state of denial as I had never experienced symptoms before. I was very afraid that if I were admitted to a hospital, I would end up like my father, who also has this disease and has been institutionalized for over 40 years.

Once I was discharged from the inpatient unit, I thought I was home free. My psychiatrist said “not so fast.” I attended PW’s Continued Day Treatment Program where I was immersed for nine months in numerous helpful workshops. I did make some lasting friendships there. Once I was finished with the program I was positive I would be allowed to stay home. Again, not so. My psychiatrist strongly urged me to attend group therapy. I joined a group organized for other schizophrenic patients and was in the group for a year and a half. I was stabilized and ready to move on to a full schedule of extra-curricular activities.

Despite all the hard work everybody does for psychiatric patients at Payne Whitney Clinic, I probably would never have recovered successfully were it not for the medication I take every single day. What has also really helped is that I also stopped drinking and smoking. When I learnt from my doctor that alcohol and nicotine have adverse effects on the chemical interaction of the psychotropic medications and the brain’s chemistry, I decided to quit. Stopping drinking was harder than smoking, but after several attempts, I was able to stop both. Today, I move freely among people who drink and smoke without difficulty. Where I have trouble is with the physical problems I am experiencing with the neuroleptics I am taking. I have gained weight and this has led to some other medical problems. I am watching and managing my medical problems, but compared to the active symptoms of paranoid schizophrenia, these side effects are a small price to pay for my newly discovered “normalcy.”

My psychiatrists who have been treating me in the past were concerned about my lack of structure in my life. What they meant was that they would like to see me busy during the weekday. They were concerned that given my schizophrenia, this would lead to isolation and possible relapse. I have

been attending concerts and shows, volunteering in a civic organization, doing my chores and writing. I also work out at a gym 4 days a week.

There are two drawbacks as I see it. One has to do with being unemployed when I am with others who are employed and the other has to do with disclosure about my mental illness. I choose not to disclose my mental illness to most people because of the stigma that is still associated with schizophrenia.

Be that as it may, I have had ten years to master the delicate balance of living in the world of “normals” and interacting with the mentally ill. Sometimes I feel like I am living the life of a charade, but regrettably I cannot disclose to the public about my mental illness at this time. The circles in which I move are not ready for such a declaration. What I am grateful for are the good people at PWC who show kindness and respect toward people like us. I have never heard anyone call me a wacko, schizo, psycho, crazy, or a lunatic behind my back. And I hope I never will. My experience has taught me that in my transformation from psychotic person to stabilized individual there was something in life that was lost forever, but also tangible things that were equally gained for an eternity.

personal stories



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# DID YOU KNOW?

City Voices has a policy of allowing writers to use either their full names, first names or pen-names with their articles. We have this policy because discrimination against people with serious mental illness is real and so is the fear of discrimination. By hiding their identity, many writers feel safer about submitting their articles. It is a policy that is used in Alcoholics Anonymous and other anonymous groups to great effect.

## Working and Living Well

Job Opportunities/Special Notices/Roommates/Personals

### Employment Agencies

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

NETWORK PLUS  
(718) 797-2509

NETWORK PLUS WEST  
(718) 377-8567

### Legal Help

MFY LEGAL SERVICES (212) 417-3700

URBAN JUSTICE CENTER (646) 602-5600

NYC BAR ASSOCIATION (212) 626-7373

LEGAL AID SOCIETY (212) 426-3000

### Housing

CUCS (212) 801-3300

COMMON GROUND  
(212) 389-9300

OHEL (718) 851-6300

COMMUNITY ACCESS (212) 780-1400

SUS (212) 633-6900

FEGS (212) 366-8400

### Clubs and Clubhouses

**Manhattan**

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

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

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

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

### Brooklyn

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

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

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

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

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

### The Bronx

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

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

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

### Queens

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

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

### Staten Island

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

### Volunteer Positions Available

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

NAMI NYC METRO: assist with office help, including mailings, answering phones, organizing files, making phone calls, and many other office tasks. This position is open

to those without prior experience. Call (212) 684-3264 or email [volunteer@naminyc.org](mailto:volunteer@naminyc.org)

### Telephone Resources

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

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

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

QUEENS ADVOCACY LINE: For information and referrals (718) 454-0705

### Advocacy

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

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

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

THE ICARUS PROJECT: join to help redefine mental illness as a "dangerous gift." Visit [www.theicarusproject.net](http://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](http://www.ritaproject.org)

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

### Free Support Groups

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

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

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

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

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

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

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