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NEW YORK CITY VOICES

A Consumer Journal for Mental Health Advocacy



Recovery is a Long Winding Road



Within every edition of New York City Voices you will find stories of recovery from people walking down their own winding roads.

Self-Direction in Medicaid for Well-being and Empowerment

By Briana Gilmore, Public Policy and Advocacy Director, NYAPRS

Self-direction is a strategy in organizing and delivering Medicaid-funded services and community supports that can dramatically enhance opportunities for people living with disabilities. The process transfers some of the funds typically afforded through Medicaid payments directly to the consumer, who develops a plan to utilize the money for services and supports for increased engagement and well-being. Hundreds of thousands of people experiencing developmental disabilities already utilize the approach, and many states have implemented or are seeking pilots to bridge the method to the behavioral health recovery community.

In New York, the Office of Mental Health (OMH) selected self-direction as a new service to implement through a Health and Recovery Plan (HARP) for Medicaid recipients with enhanced BH (behavioral health) needs. Implementing the program thoughtfully will take some careful planning; therefore the program will be piloted for a few years before being brought to scale statewide as a benefit for eligible recipients.

Any self-direction model must take into consideration the particular recovery needs of the community for whom it's modeled. For people with physical needs, funds are often self-directed to health aides, house modifications, or other consistent supports. A model to support the behavioral health needs of a community must take into account social needs that span employment, education, community inclusion, well-being, and traditional rehab supports. New York is looking at an approach that would allow recipients to buy services like habilitation (services that help a person learn, keep, or improve skills and functional abilities that they may not be developing normally) and supported employment, but also direct funds to community wellness supports like gym memberships and yoga classes, college classes and bus passes.

The implications of self-direction are vast; it is the most flexible way for consumers to take ownership over their recovery and invest in chosen supports. The success of

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Medicaid Managed Care: Rising to the Challenge

By Briana Gilmore, Public Policy and Advocacy Director, NYAPRS

During a recent forum where policy and business leaders met to publically discuss health care reform, Arthur Gianelli from Mt. Sinai hospital said that for the first time "Medicaid is at the vanguard of delivery system reform." This statement is a sign of a big change in thinking as Medicaid becomes a new beacon of progressive change in New York State (NYS) and across the nation. The current expansions and experiments in our Medicaid program are driving change at every level: from member satisfaction, to service integration, to oversight of insurance companies and to quality incentives.

These changes have been in the spotlight since Governor Cuomo implemented the Medicaid Redesign Team in 2011. The Redesign Team started to engage experts—including consumer advocates—in a process to transform our expensive but low-quality service system.

An article I wrote in the spring edition of NYC Voices introduced integrated Medicaid Managed Care for people with behavioral health needs and a special option called a Health and Recovery Plan ("HARP"). In spring 2015 in NYC, all adult Medicaid recipients

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Ward Stories

A column organized by Dan Frey, Interim Poetry Editor

For this winter 2015 edition, we feature three poets, each with their own style and message. R. Martinez Jr. makes addiction real for his readers in *Love is a Drug*. Paul Chipkin grows into a peaceful man through his poem *I Am That I Am*. Beryl Khabeer explains that our soul is beyond the material world in her poem *Brooching SOUL*. I hope that you enjoy as much as I have.



Love is a Drug

By R. Martinez Jr.

I need a quick fix
I'm addicted to you
feeling high feeling low
what am I to do?
an aphrodisiac
affection in a sack
I can feel you in my veins
but I'm stuck without a track
I'm drowning in a bottle
of absolute sorrow
if I can't have you now
there will be no tomorrow
Pure euphoria
when I'm with you it's ecstasy
I take so much of you in
that I can't even see
I might have to quit cold turkey
I might have to ween
Love is a drug
you already proved it to me.

I Am That I Am

By Paul Chipkin

I am the very one
Who did those things
That I can be the one
Who is growing into
Who I am today
Because I am who I was
And have seen complexity
As I strengthened
Growing
And making peace better.

Love appears here,
Sprouts anew there...
Goodness greets me
In response to faith.

Divinely-inspired liberties
And holy trust
Bring me to pray
That those
Who I hurt along the way
Are exercising forgiveness,
(Believing in that eases my burden
as I stand in this present moment
loving my fellows with developing
confidence).

Having fought off hopelessness,
I hold an optimistic vision
For the salvation of individuals.

Now, as it always was,
I am grateful for all that I have!

Brooching SOUL

By Beryl Khabeer, M.A.

The body is just the shell I live in.
I am no sensation; I am no senses.
I am a living S O U L.
The beat of my environ touch my
true self,
Touch my S O U L
And echo through the senses.

Knowing and using the senses
For only the senses' sake
Is to abridge Creation and Creator.

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A Voice for the Voiceless: One Man's Saga

By Pete

A Call for Mental Health Advocacy

I was born at the Flower Hospital in New York City in 1936, the only child of older parents. There were questions as to whether my mother, whose health was unfavorable, should have contemplated childbirth at the age of 36, but she found a way. My father was 57 years old and didn't want children.

I was otherwise a healthy baby boy born into a life of privilege. My mother ensured that I would be afforded every opportunity to succeed. I attended kindergarten at Friends Seminary and in 1946 joined the St. Thomas Boys' Choir.

After moving to Bucks County, Pennsylvania, I attended the Lawrenceville School where I played soccer and became an All-American swimmer. During the summer I held various jobs as camp counselor and lifeguard. I attended Brown University, majoring in Classical Studies. I became captain of the swim team, and set a number of swimming records. After graduating from Brown, I attended the Institute for Classical Studies in Athens, Greece, then returned to Lawrenceville to teach Latin. I also

became a Housemaster and coached Lower house athletics.

I was married in 1960 and earned an M.A. in Latin from Columbia the following year. That Spring my wife and I had our first child.

In 1961, I began teaching Latin at a private school near Toledo, Ohio, where I also coached the Greek and Chess Clubs and was involved in community-based classical associations. Our second child arrived in 1963.

In 1965, the Toledo Blade published a story on our propitious expanding clan entitled, "Family Puts Fun In Learning." I began working that year toward a second Masters degree at the University of Michigan. We moved to Ann Arbor where I obtained an M.A. in Greek in the spring of 1966.

As I started work on my doctoral thesis, our third child arrived. I was now 30 years old and looking forward to a promising future in academia and ongoing roles as a coach, mentor, and community leader. But my proudest and most important responsibility would always be the one which carried me home every day, as a loving husband and father of three.

Then I started finding Satanic messages hidden in the works of Cicero and Virgil. Then came the

voices. My wife and I argued. I became violent, threatening her and the children. I grew withdrawn and became complacent. I paced, began smoking, and gained weight. Needless to say, the family was thrown into a collective shock, confused, helpless and terrified.

In November 1966, I was diagnosed with paranoid schizophrenia. Thus began an odyssey of torment and disgrace which I have now endured for nearly half a century. The out-of-pocket cost of my care over this time is well into the millions of dollars.

By the early 1970s, as the situation became increasingly volatile, my wife filed for divorce. Paranoid schizophrenia decimated my family, which has since, for all intents and purposes, ceased to exist.

I had no contact with my children for nearly 20 years, until one day in 1994, my son came to see me. By then I was known as "Sir" and insisted on being called "Sir." Later I changed my name again. To this day my caretakers refer to me as "Pete."

Prior to her death, my mother set up a charitable trust naming me as its life beneficiary. She was well-aware of the severity of my condition while reserving the hope I would someday improve. Nevertheless, medical understanding of schizophrenia was still in its infancy. By all accounts, she had arranged to provide for my care for as long as I lived, if necessary.

Thus far, the courts disagree. After 29 years' residency in a long-


term psychiatric facility (which does not accept Medicaid) I am now 77 years old, in ill health, and at risk of eviction as the result of nonpayment of expenses exceeding \$220,000. In pursuit of a resolution to my legal

"After 29 years' residency in a long-term psychiatric facility (which does not accept Medicaid), I am now 77 years old, in ill health, and at risk of eviction as the result of nonpayment of expenses exceeding \$220,000."

dilemma, my son and guardian has learned firsthand that the mentally ill have no voice in mainstream society and little influence in our courts and legislature.

The severity and progression of my disease has left me psychotic and utterly incapacitated, unable to manage my own life and affairs. Consequently, my story has been provided by my son who not only assumed the responsibility for my care but in so doing became a voice for all victims of mental illness and their caregivers who seek justice and peace of mind.

personal story



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Editor-At-Large/As I See It: The Dangers of Lithium

A Column by NYC Voices' Business Manager Marvin Spieler

Exercise Your Consumer's Right to Choose

After being on the medication Lithium Carbonate (Lithium) for twenty-one years, I became toxic. I knew potentially I could become toxic, but I was playing the odds. However, I lost in the end. Now I am on dialysis as a result, as Lithium ruined my kidneys.

The kidneys: we all have two of them, they filter our body's blood to keep it clean. The kidneys excrete the waste products through the urine. Now as a result, I am with two kidneys that are almost useless. Dialysis acts as my artificial kidneys. Without dialysis, I would die. That's the bottom line. Go on dialysis or die.

Here's the problem that I now have as a result. I must go to a dialysis



center three times a week. I spend approximately five hours each day there. Actually, three hours on the dialysis machine, and usually about two hours in transportation time to and from the center.

The result is that I waste three days of what used to be productive time doing other things. I used to be a mental health advocate. However, I had to drop my advocacy work. I can no longer attend meetings, go to conferences, or go on trips to Albany with NYAPRS members to keep legislators from cutting the mental health budget.

At first I became depressed over my new reality, but that has passed. I am used to my new lifestyle. I finally accepted the fact that I had to drop my mental health advocacy work. However, it is a great loss.

Why am I telling you all this? GET OFF LITHIUM NOW IF YOU TAKE THIS DRUG!! Fortunately for you, now there are substitutes like Depokote or Tegretol that work just as well for most mental health consumers. Only in rare cases, a few consumers have no choice but to stay on Lithium. I tried Depokote and Tegretol. Tegretol is now my drug of choice. I am doing as well on Tegretol as I was on Lithium. Like Lithium, I need periodic blood tests to see that the level is in balance, so that in itself isn't new for me.

Again my advice to you is this. Seriously, have a discussion with

your psychiatrist. See what he says. Listen to his point of view. But in the end you have "the right" to determine what meds you take and don't take. That is a right you have. Use your judgment. Mental illness doesn't kill your right to think or choose. Use your brain to control your health.

When I went on Lithium there wasn't much else to control my moods. It worked. I had twenty-one glorious years of continuous freedom from psych wards on Lithium. I built a life for myself. I made long-term friends, met a wonderful woman and married her. We decided on

as I take my meds daily, I do thank medical research and modern drug production.

How Long Have You Been On Meds?

To be blunt, the drug companies in this country have pushed their products to the point of being the totally acceptable panacea to help the mentally ill. It is my understanding that in Europe, medications are used as a last resort.

Also, drug company representatives, meaning salesmen and psychiatrists who represent drug companies, have brain-washed most

"...you have 'the right' to determine what meds you take and don't take....Use your judgment. Mental illness doesn't kill your right to think or choose. Use your brain to control your health."

no children as we both had mental illness and didn't want to potentially pass it onto our children. That is my only regret. Children would possibly have been a blessing, but that was our choice back then. Medications were crude and usually not very effective. We didn't and couldn't anticipate a modern second generation on psychiatric meds. So my advice is get married and have kids if you desire to. However, be ready for the turmoil your kid or children may have initially with mental illness. Mental illness is like no other illness I know of.

By the way, I am proud to say I am hospital-free for over thirty years now, a record I am proud of. This is one of my major accomplishments in life. To be free of the goons in psych hospitals is a real joy. To no longer worry about a hospitalization as long

of our American psychiatrists. We consumers, as a result, have been practically forced to take meds for life. It is my assumption that after "x" number of years on medication, it is almost impossible to get off meds on our own.

Most psychiatrists swear never to take you off meds. That is what they are probably taught. Otherwise, why is it so hard to find a psychiatrist who will help get you off? In the end, we ourselves begin to believe the common line of thought about staying on them.

After a lifetime of medication, my concentration and memory are shot. As a result, I haven't been able to read a book in years. I guess I must be thankful not to be hospitalized for years on end. Thank you, drug industry. HAH!!

(Continued from cover Self-Direction in Medicaid for Well-being and Empowerment)

a self-directed recovery plan is largely dependent on the relationship between each recipient and a support broker, who is a chosen navigator that helps to maximize an individual budget. A recovery plan is based on current capacities and supports, and incorporates wellness goals for overall health. A recipient uses the plan as a tool to guide their spending. Purchases of traditional services and community supports are now typically made with smart debit cards that can track allowable services and be refilled directly by the payer.

There are many considerations that go into creating a self-directed design that benefits people with BH needs. The plan must take into account accessibility and enrollment processes, ensure culturally competent approaches, and allow for creative community-based solutions for enhanced well-being. The design must also plan for a relationship between a recipient-driven recovery plan, and a treatment plan that is supported by a Medicaid Managed Care Organization. Support brokers—who in most models are peer specialists or recovery-trained life coaches—should be supported by an infrastructure that can foster innovation and adaptiveness within the model. And

ultimately, the financial process has to offer an efficient transfer of funds from the state Medicaid program.

I've been involved in a planning process with NYAPRS and the Columbia Center for Practice Innovations to help OMH develop a

"[Self Directed Care] would allow recipients to buy...services that help a person learn, keep, or improve skills and functional abilities that they may not be developing normally...like gym memberships and yoga classes, college classes and bus passes."

draft model for BH self-direction. The team has worked for eight months to review research, meet with experts in the field from around the country, and engage Medicaid recipients, DOHMH (dept. health mental hygiene), and other stakeholders to develop a strategy for implementation. The process will continue in the coming months as OMH explores the best framework and negotiates the process with other state

agencies, Managed Care Organizations, and recipients.

NYAPRS (New York Association for Psych Rehab Services) has been advocating for a self-directed model in New York for nearly a decade. It's exciting to know that the model could be

offered to tens of thousands of Medicaid recipients with BH needs in the coming years. The state agencies, particularly through the Medicaid Redesign process, recognize that innovative approaches like self-direction can contribute to long-term savings and system benefits. These gains will be as a result of quality of life improvements like reduced hospitalizations and increased community engagement, as

well as better overall satisfaction with the Medicaid program. A New York State pilot will include a strong research component to look at how recipients of different ages, backgrounds, and with different geographic living settings use and benefit from self-direction.

Barriers do remain, particularly in the appropriate financing of the approach. It's also essential that appropriate protections be in place for both consumers and insurance companies before the design is implemented as a standard benefit. The design may provide a truly fundamental shift in Medicaid programming and consumer rights, if stakeholders on both sides continue to work together to actively improve the design through emerging best practices.

Look for opportunities in your area to participate in a self-direction pilot in 2015, as well as information about how you can get involved in the state's planning process.

Robin Williams' Death Shines a Light on Depression

A William Jiang, MLS

We Still Need a More Open Discourse on Mental Illness



I have been putting off writing about the death of Mr. Williams. Although I never met the man, I still smile when I think of his comedic antics. He made me laugh so so many times. It was shocking and sad to hear of his suicide. I remember I learned of his death on Facebook. It was a gray day.

I feel Robin Williams' untimely death teaches us a lot about mental

illness and specifically clinical depression in today's USA. In 2020 clinical depression will be the new number one cause of long term death and disability, worldwide, according to the World Health Organization, so a conversation about depression and suicide needs to happen. The stigma of depression and mental illnesses of all kinds must end because, in the end, the stigma of mental illness kills

people just as surely as the illness itself. Not only must the person deal with low mood and feelings of hopelessness and isolation due to the mental illnesses themselves, but the shame and further isolation of the stigma associated with the illnesses is an additional stressor.

They say it is lonely at the top. Robin Williams said, "The worst thing in life is not to end up all alone. The worst thing in life is to end up with people who make you feel alone." When one is a rich star who makes

a broken leg. If we become depressed, we are not a depressive. We are a person worthy of love and respect who is struggling with a dangerous beast that lives within called depression.

The US and the world society needs to come out of the dark ages and have an open and honest discussion about mental illnesses of all types. Why? We need our sparkling gems of people, all imperfect, like Mr. Robin Williams, to continue to sparkle- all of us. Matthew Fox said, "If you look closely at a tree you'll notice it's knots and dead

"Robin Williams said, 'The worst thing in life is not to end up all alone. The worst thing in life is to end up with people who make you feel alone'"

his money in mirth, the last thing he wants to project to the public is that he is not feeling like laughing all the time. What a personal hell that poor man was in, trying to live up to the public's perception of him as a comic character. I have a feeling the pressure of being two people—the comic and the man—suffering with depression caused a cleft in his mind and life.

We should all be comfortable with the slings and arrows of outrageous fortune, in the sense that if we break a leg we are not a broken leg. We have

branches, just like our bodies. What we learn is that beauty and imperfection go together wonderfully." Every knot and age ring in a tree's trunk tells a story of the personal history of the tree. The imperfections are what make each tree uniquely beautiful. Robin Williams wasn't crazy. He wasn't ever alone. He is now a fallen star. He was loved by many who never even met him. He will be missed.

Who Stole the Fun?

By Robin
Brain Chemistry Run Amok is the Thief of Joy

In my autobiography I'm a war hero of sorts. Depression and schizophrenia are wars where brainstorming and dueling neurotransmitters wreak havoc with our lives in ways too horrid to consider, stripping us of our dignity and leaving us with cold night sweats for weeks at a time. And it is always there.

"Have a nice day. Cheer up. Things will be better," they say. And we try to cheer up and have a nice day, but things don't get better.

We spend time in hospitals taking their medications, shocks, and patronization. We spend our every waking hour with a killer at our throats. Looking in the mirror we see the reflection of our murderer, one day to claim us as victim.

Then there are the constant assaults to endure, doctors who cannot quite fit us into their cookie cutter textbook diagnostic categories. Some days there is a palpable coldness chilling us to the bone that our beds, blankets and garments cannot cure.

Other days, tender nerve endings make light, sounds and other stimuli unbearable. A kind word cuts deeply. Birdsong sounds like nails on a blackboard. The fine sunlight filtering into our room blinds us, forcing us deeper under the covers. Waiting is

all there is.

The next week a favorite tune becomes our enemy roiling around in our brain for days on end pulling us downward and down toward the edge. Television becomes the perpetrator of countless jingles that wound. Obsessions abound. Compulsions embarrass. Delusions lead us astray. Waiting is all there is.

We are victims of illnesses so cruel they can turn on us at any time. And the world rarely knows the penalty it extracts from us many days just to be able to walk down the street, holding onto our sanity.

We have no dreams to escape to. Our nightmares wrestle with us instead, leaving us in sweat-soaked beds and tear-stained pillows. Neither wife, nor husband, or family has a clue as to what is wrong, or knows what to do. Nor do we. We curse God, and feel shunned by those who seem to shy away from us. Our best friends stop coming around, write or call. The sun never shines in the sunshine state and all is not right with our world. Maybe it never has been or never shall be. That gun or that razor blade seem so seductive at times, and the large building we pass on the way to the store seems to call out our name, beckoning from its height. Wouldn't the fall at least offer surcease of sorrow?

Who stole the fun? Brain chemistry run amok is the thief of joy. It steals our heart and soul and if we ever let our guard down, it takes our mind as well—and a mind is a terrible thing to lose. We could even tolerate their medication and all those side effects, their electricity, their patronizing,

if only there were some glimmer of light at the end of the tunnel, but the tunnel has many curves, detours and

same person they knew and loved. You were probably pretty scary to them. Give them the benefit of the

"We are victims of illnesses so cruel they can turn on us at any time. And the world rarely knows the penalty it extracts from us many days just to be able to walk down the street, holding onto our sanity."

dead ends. Maybe we get lucky and find redemption in Prozac, religion or AA and become a friend of Bill's. Maybe not.

But if it is not too late, and somehow you have not given up, then maybe these words from a survivor of these wars can assist you in the long, slow, never ending climb out of the black hole, back into some light. The journey back is not easy. Some don't want you back. And the work never ends if you do come back from the edge. You can never relax and forget. The edge is slippery and strewn with banana peels. The best you can do is never give up and keep trying. That helps. Never give up. You will always have bad days. There is no cure. There is some hope.

Never Give Up

If you try to return from hell on the slow train there is no welcoming committee and life must in fact begin anew and not where you left off. Your first and still favorite girlfriend and your best male friend aren't waiting at the station. But there are other people to meet. And perhaps some of those old friends will be happy you returned as well. You became different and are not the

doubt; be willing to move on.

Then perhaps one day if you are lucky, technology lends you a hand. By chance you acquire a computer and get online. The internet or video games become a real presence in your life. You miss it when you are away from the consoles. You have something to wake up to. Email from online friends. News of any sort you choose. Music. Endless tutorials. Software to review and share. A Journey to take.

The light at the end of the tunnel gets a bit brighter. Days pass more quickly as you learn to work the net, play the games. There are search engines to try. Sweepstakes to enter. People to meet. Interactive games to play with others. Time is not so much of a burden. You can still learn, grow, socialize in a new way. Your views can be sent to multitudes of e-zines hungry for input. Reality of a different nature begins or returns slowly. Not as you wanted perhaps but life is more bearable again. Writing begins or continues. There is a renewal of hope, a rebirth of sorts in cyberspace.

who are not dually enrolled in Medicare will start receiving mental health and addiction services through their chosen insurance plan. Members with greater behavioral health needs will be enrolled in a HARP, and will have a personal assessment to determine eligibility for recovery services.

Several challenges remain before the state can successfully implement HARPs and integrated managed care for over seven hundred thousand Medicaid beneficiaries who use behavioral health services. The greatest challenge is arranging effective care management for every HARP recipient.

Care management is the backbone of NYS' plans for Medicaid redesign, and Health Homes were implemented statewide to meet the challenge of coordinating care for people with mental, substance, and physical health needs. The implementation of Health Home care management has met challenges since the beginning, including low reimbursement rates for care managers and high case loads. Many Health Home beneficiaries have needs that include homelessness, legal implications of criminal justice involvement, and complex health needs that make behavioral health problems harder to manage.

Care managers have worked hard and in some instances have offered successful coordination, but in others have not been able to effectively assist individuals with all of these needs.

The current expectation is that Health Home care managers will provide a detailed assessment for HARP beneficiaries that can translate into a plan of care that may include an integrated set of recovery services. The plan of care will have to be translated to the HARP insurance plan and then coordinated amongst a network of service providers.

Achieving this for all HARP recipients in a timely way will be very complicated, particularly because the Office of Mental Health (OMH) and the Office of Alcoholism and Substance Abuse Services (OASAS) are estimating eighty thousand NYC

and supported employment and education—for years, recognizing their ability to keep people leading a full life in the community. The management of these services by insurance companies will be a new approach to behavioral health delivery.

Managed Care Organizations offering HARP services were evaluated with strict criteria from OMH, OASAS, and the Department of Health. They have to meet readiness standards and a feedback process to the state by which they will be evaluated. But they also have to provide access to a range of new services that have never been offered on such a large

health has previously been the responsibility of OMH and OASAS. They may take on this role to a greater degree in our transformed system, or may rely on HARPs to ensure quality service delivery.

In order to meet access needs, new rehabilitation services including crisis respite, supported education, and psychosocial rehab will be provided by some “traditional providers” like clinics. The ability for these providers to understand the nuances of a recovery journey, support that journey effectively, and offer real change to our community members is a future that seems far away from our current delivery system. The system as a whole must create expectations for standardization and quality improvement and then commit to meeting that challenge.

Many genuine and hard-working people who promote recovery are guiding this transformation within state agencies, community programs, and HARP insurance plans, but rising above the complexities and achieving the challenge of recovery-oriented service delivery will be reliant on dedicated partnerships. The protection of Medicaid beneficiary service access and rights throughout this process must be maintained, without allowing the possible pitfalls of change hinder true progress in our mental health and addiction services.

“The ability for these providers to understand the nuances of a recovery journey, support that journey effectively, and offer real change to our community members is a future that seems far away from our current delivery system.”

residents will be eligible for these assessments as soon as the plan is implemented. The complexities around care management must be negotiated between state agencies and HARP plans, in recognition of the barriers within Health Home implementation and the needs of Medicaid recipients.

NYAPRS has been advocating for the recovery-oriented services offered in a HARP—like peer supports, crisis diversion, family caregiver training, non-medical transportation,

scale before, and understand social outcomes like employment and education.

The challenges around recovery services aren't only at the level of the insurance company, but through interactions between provider and beneficiary. “Recovery-orientation” is easy enough to say, but entails far more than adding a new list of services to a program. Training on best practice models and continuous quality assurance in community behavioral

Through the Fire

By Angelica

Transforming Challenges into Success

The flaming started with my husband's suicide. His father had been bipolar and we knew it was a possibility for John. But we never expected to be diagnosed simultaneously. We had the same doctors, but I was hospitalized for what was supposed to be one year.

I was drugged almost to death. I'm very sensitive to medication. My mother and husband waited two weeks for me to recognize and speak to them. My thoughts kept flying away, but I managed to say “Hi.” Mom got me out AMA (against medical advice).

At this point John wanted a divorce. I dove into fear mode. We had three kids to raise and I only had one semester of college. What kind of job could I get? At this point, I could barely go to the grocery store. By then, I was in and out of three hospitals. Medications ruled again.

John racked up \$122,000 in debts in two months. The judge did not

grant him custody of one of the boys. His lawyers were exasperated with him. He quit his job. He had essentially no friends. The kids and I got the house. Thus, the suicide. Ironically, he received a job offer that same afternoon.

I went to support groups and endeavored to stay out of hospitals. I never went to a grief support group, but we all should have. I was off medication and did alright for one year. I met Chris in that time frame through a computer dating service. I told him I was bipolar and had three children, none of which seemed to bother him. We married six weeks later.

Unbelievably, Chris was diagnosed with bipolar several years later. He forged through his job until he was 59, then went on disability. We graciously allowed for each other's shortcomings. We didn't worry so much about money as much as we demonstrated our love for each other. It wasn't all roses, but the love grew and grew. We have been married for twenty-seven years.

I painted, wrote, crocheted and did needlepoint through the mood swings. I adore colors and am fascinated by words. When I painted, I focused on colors, shapes, shadows and light. Words were invisible

to me. One night, I was painting a piano and flowers when a big storm stirred up. I paused. Then I decided if it were my time to go, I would go with a smile. I kept on painting with a quiet joy.

Whenever I was writing my book, all worries and concerns were gone. In a way it was traumatic, yet in another way it was cathartic and left me drained. I was still happy to finish it twenty years later.

Two years after meeting Chris, I found my guru. Jesus had been my first teacher, but I wanted a physically embodied teacher. Baba's teachings were a lot like Jesus' only phrased differently. Instead of the Golden Rule, Baba said, “Help ever, hurt never.” I was so happy that I trucked off to India to see him. I spent two months there. It was heaven. I saw Baba in darshan (the seeing of an avatar) over 100 times. He didn't speak to me there, but he did later in Canada.

When He saw my finished book, He said there were a lot of Vedic truths in that, and how could I sell the truth? So, I promised to only gift them in the future. It was a big test. I always wanted to be an author and sell my books to raise my level of living. I guess God decided differently. So, I accepted that with just a whimper.

Around the same time I met Baba, I also lucked out with a great psychiatrist. His vote was out on the God issue, but he was so caring, I knew God loved him. After several medication cocktails, he hit on the

“One morning, Dr. T leaned forward and said, ‘I learned something.’ I was all ears. ‘I learned that you don't need so much medicine.’”

right one. He was surprised how the low dosages were so effective for me. Gratefully, the sparks went out and I stabilized. I haven't been hospitalized in eight consecutive years. Thank God.

One morning, Dr. T leaned forward and said, “I learned something.” I was all ears. “I learned that you don't need so much medicine.”

“I told you so...”

“No, I learned that all my patients can have less medication.”

Amen.

Now, one son has bipolarity, and the beat goes on.

Wellness Fair to Enhance Peer Health

According to data from The National Survey on Drug Use and Health (NSDUH), adults aged 18 or older with any mental illness (AMI) or major depressive episode (MDE) were more likely than adults without these mental illnesses to have high blood pressure, asthma, diabetes, heart disease, and stroke. Adults with serious mental illness (SMI) were more likely than adults without

SMI to have high blood pressure, asthma, and stroke. Those with AMI, SMI, or MDE were more likely than adults without these mental illnesses to use an emergency room and to be hospitalized.

Our peers therefore need education and screenings on physical health issues to improve their overall health and quality of life. With that in mind, the New York City Department

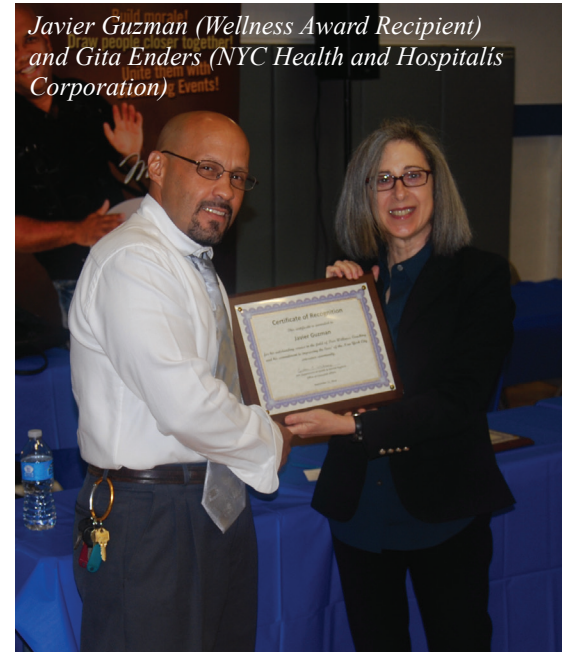
of Health and Mental Hygiene's division of mental hygiene's Office of Consumer Affairs organized a Wellness Fair to kick off Wellness Week.

On September 12th from 10AM to 4PM, attendees were treated to nutrition, yoga, and drumming workshops, health screenings for blood sugar, blood pressure and body mass index, resource tables, exercise

and fitness, smoking cessation, social and cultural activities, education resources, diabetes management and a healthy and satisfying lunch. For more information, you can contact the Office of Consumer Affairs via phone or email: 347-396-7194 and bnovack@health.nyc.gov



Teena Brooks (NYC DOHMH Office of Consumer Affairs) and Digna Quinones (NYS OMH Office of Recipient Affairs)



Javier Guzman (Wellness Award Recipient) and Gita Enders (NYC Health and Hospitalis Corporation)



Jennifer Cohn and Christina Serrano (CSPNJ)



Sandra Mitchell (Wellness Award Recipient) and Gita Enders (NYC Health and Hospitalis Corporation)



Digna Quinones and Celia Brown (NYS OMH Office of Recipient Affairs)

wellness

The Right Perspective is Everything

By Allan

I Enjoy My Senior Years By Helping Others

At the age of forty, job related stress brought on my first episode of major depression. Since 1980, I had been diagnosed with bipolar I and have had seven breakdowns requiring electro-convulsive therapy.

My last event was four years ago, and today I am in full recovery, not cured, but able to fully function. I attend support group meetings at NAMI and Recovery International. I believe my acquired coping skills and new positive attitude allows me to not dwell on the past, which is subject to interpretation, nor the

future, which is unknown, and to focus on the present. For thirty years, I was able to work on Wall Street. I've been married 51 years, have two grown children and four grandchildren, despite my recurrent illness. Bipolar has made me sensitive to the plight of others, more understanding and appreciative of the people in my life.

When I am well, I think back to the darkest days of my life, and when I am ill, I remember how I overcame the nightmare that is mental illness seven times. If my dark days return, I know that with treatment I can survive.

My recovery has been reinforced by my advocacy efforts. As a member of JAC NYC (Jails Action Coalition), I fight to end solitary confinement, especially for those with mental illness, and I am active with RIPPD (Rights for Imprisoned People With Psychiatric Disabilities), which fights for Community Crisis Intervention Teams.

In 1990, after 30 years of employment at a major firm, I was downsized and told that my position was being eliminated due to the recession in the economy. When I responded that I had seniority and they were keeping younger people on the job with less seniority than I, they said seniority only applies to union workers. So much for loyalty in the capitalistic

sports, current events, their children involved in Little League baseball, was no longer available. I had to find other dreams and outlets that provided me with involvement.

I am now a speaker for MHA and last month I made a presentation at Bellevue for consumers such as myself. My biggest happiness is seeing other consumers who have struggled to cope with their new

“For thirty years, I was able to work on Wall Street. I’ve been married 51 years, have two grown children and four grandchildren, despite my recurrent illness.”

system. I sued under the Employment Disability Laws and was eventually given long term disability and Social Security Disability.

Not working was a shock for me. Having a schedule each day, putting on a nice suit, white shirt and tie, working alongside fellow workers, engaging them in conversation about

life eventually helping others in the support groups I attend. They help, not with advice, but by relating how under similar circumstances they found out that “eventually every problem has a solution.”

Resilient Not Incompetent

By Pamela

Finally Knowing the Reason for My Distress

I think I always knew that I had a problem. When I was young I used to be afraid of everything. I stuck close to my parents and stayed home with my youngest brother Andrew who had cerebral palsy. While my other brother and sister went out and made friends, I was at home.

“It is a relief to know that it was not my fault to have failed at the many things I’ve tried so hard to accomplish. For years I believed I was stupid and incompetent, when what I really am is resilient.”

I hated school. I was bullied and didn't have friends until my senior year. I was a terrible student. I found things very confusing and took a long time to grasp concepts. I would stare off into space and zone out, missing entire portions of my class. I thought I had a learning disability or that something was wrong with my brain, but I just couldn't figure it out. I was afraid to talk on the telephone because of the people on the other end and what they thought about me. What they were saying about me were things that scared me.

It doesn't happen often, but sometimes while having a conversation with someone, I will

be in mid-sentence and then I begin what I call “word salad” where I jumble up a bunch of nonsensical words that mean nothing. It's embarrassing. I can hear myself saying it, but pretend I didn't do it.

I've attempted to go to school to change my career twelve different times, each time leaving for a different reason. My instructor was sabotaging me, I had chosen the wrong field to study, I wasn't smart enough, I didn't feel comfortable in my classes because the students were talking about me under their breath.

I've changed jobs about as many times as school. Left and came back four times at one job. At my last job prior to treatment, I worked with a small group of people who were as frightened of me as I was of them. I was manic and tried really hard to do a good job. I worked and spoke quickly, again speaking word salad, and could not understand why they weren't pleased with my hard work. One day I just fell apart, hallucinating and seeing blue dots all over the floor, ceiling and walls. I thought everyone at work was responsible. I left that job the same day and never returned. After talking to my priest, a criminal psychologist, about my experience, he gave me the name

of a psychiatrist. This wasn't the first psychiatrist that I had been to, but the first to name my condition: schizoaffective disorder.

I began the challenge of finding the right medication to help my depression, mania, delusions, paranoia, hallucinations and anxiety. While waiting for relief, I became suicidal. I was at work and had the good sense to tell my supervisor, who took me to the emergency room where I was transferred to a hospital for behavioral health and substance abuse. I was there ten days while they played with my medication. For one week after being released, I had

panic attacks every day, causing me to have fainting spells. I would pass out and end up in the emergency

not lucid.

Right now I'm taking my meds as I should. I know that down the line



room. I thought I was going to get fired. I requested a change in shift from first to second shift, so I would not have to work with too many people.

After five years and two more psychiatrists, I finally have a mixture of medications that work for me. I read all the time about people wanting to get off their meds and take care of their mental illness without them, but for me medication is a necessity. I've needed medication for a long time, and without it I am

I'll probably have another break. I think it's inevitable. My symptoms seem to be cyclic and I don't know that I'm in trouble until I'm in the midst of it, when someone tells me something is wrong. I am grateful to be finally aware of my diagnosis. It is a relief to know that it was not my fault to have failed at the many things I've tried so hard to accomplish. For years I believed I was stupid and incompetent, when what I really am is resilient.



**USE YOUR BRAIN
CHECK OUT
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Be Sure to Comment on the Stories that Matter to you!

About an Individual Named Chrissy

By Chrissy M. Strawn

Transforming Challenges into Success

Chrissy is an introvert. She likes to meet new people, but on her own terms. She can be honest to a fault. She is a very bright interesting person. She lives with her husband Lance who takes very good care of her. He is also a great cook. Chrissy is an army veteran who gave five years of service when she was found to have a service-related disability, for which she now receives compensation from the Veterans Administration.

She has a diverse array of talents. She is a brass instrument musician, and also a fourth degree black belt in karate. Her current major activity in life is volunteering with NAMI connection groups, of which she currently co-facilitates three. Every Saturday afternoon she attends her home group with Lance.

Chrissy is a photographer and artist. She had a long career as

a telecom technician that lasted 20 years. She is unable to work anymore due to the disabilities she currently suffers. She has chronic back pain from the hard work she did in the telecom business.

Chrissy is a disabled person on the inside with borderline personality disorder, adjustment disorder and more, but she shines when she is talking to new people.

She has seen her share of trouble. She was convicted in 1998 for touching her daughter inappropriately, costing her a twenty year sentence. She is currently on parole in Portland, Oregon. From her own point of view, she is an acquired taste. She can be somewhat of a braggadocio. But she likes to listen too.

Chrissy is a very compassionate and empathic person. Caring and selective, she is generous with those she calls friends, and does not take friendship lightly. Helping people brings a shine to her life. A transgendered individual who is male to female, she suffered great gender dysphoria, the conflict between a person's physical gender and the gender he or she identifies as, during the last years of her male existence. In 2004 she started her transition from male to female.

As of 2014, Chrissy is much more stable. She credits NAMI.org for her current stability and continues to help others the best

way she can. She also took DBT (dialectical behavioral therapy) at the VA and continues to receive therapy from her therapist while seeing her psychiatrist on a regular basis. Chrissy has great empathy for her fellow mental health peers. She took some classes to become a peer

are always on the look-out for able volunteers.

Advice from Chrissy: For those who have mental illness, consider social security disability. Though you may initially be denied, the vast majority of people are denied the first time. Chrissy recommends

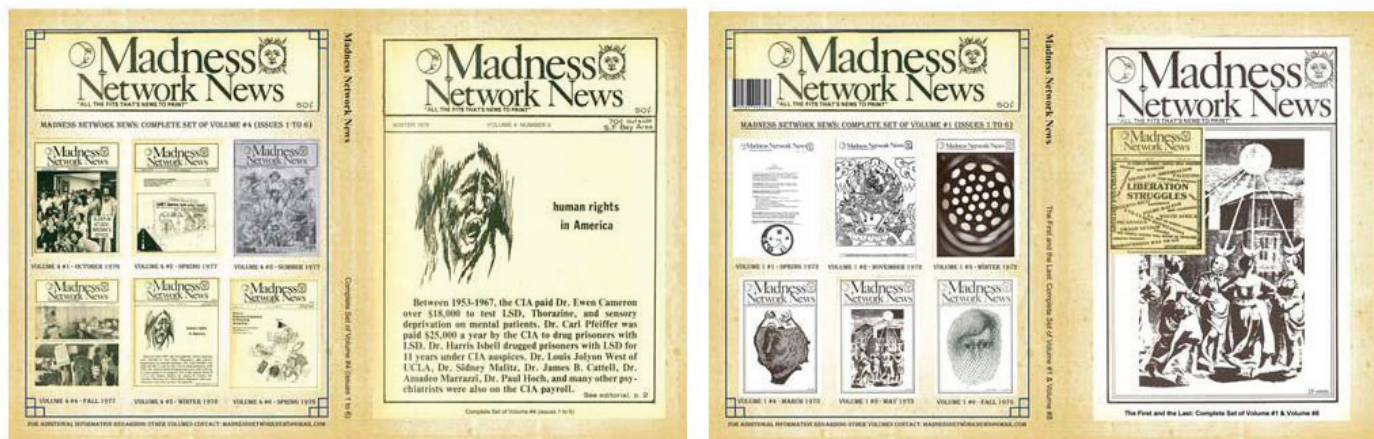
“A transgendered individual...she suffered great gender dysphoria during the last years of her male existence. In 2004 she started her transition from male to female.”

support specialist and connection facilitator. Those courses include peer to peer, peer support specialist training, and connection facilitators course. It gratifies her deeply to assist others.

Chrissy prides herself for her ability to stay calm in a dramatic situation. As it is her role to help those in need, she works to calm and understand what troubles her peers. It isn't easy to be rational when all hell is breaking loose. But that is what her job entails. Peer support is worth it when the other person says “thank you” or “I am sorry.” She loves the challenge and reward that comes from helping others. She would encourage others interested in the helping profession to check out their local NAMI office, who

obtaining a social security lawyer. They specialize in the area of helping those with mental health problems get the fiscal assistance needed.

Chrissy's solid twenty years in the telecom business built up a large cache for her to receive disability income. What you receive will depend on the amount of cache accumulated while you were working. The more you earned and the years you worked, the more that cache will be. Along with SSD you will qualify for Medicare. That will take some of the money you get for your benefit in order to pay for your portion of Medicare. Get the support you need. Apply today with a social security lawyer.



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Traumatized by a Severely Dysfunctional Family

By Olivia

Getting Help is Not a Moral Failure



We all know the unfortunate stereotype of someone with mental illness: the unwashed hair, the disheveled appearance, the strange awkward gait. Like most stereotypes, this one hurts both the victim of the stereotype, and the believer in this negative and mostly false view of a large group of people. However, we need to accept the fact that this stereotype, like most, has a kernel of truth to it, especially for those who have not yet gotten proper treatment. This fact allows many who don't fit the stereotype to take false comfort in the fact that they don't match it, and to stay in their denial.

I grew up in a family that looked very much like the Cleavers (from the 1950's sitcom, "Leave it to Beaver"): a professional dad who was devoted to his family enough to be home every night for dinner, a pretty mom who cooked a healthy

balanced dinner every night, a beautiful spacious home in the suburbs, all of the latest greatest toys. Add two extra girls to this picture and you have our family.

But the pretty family in the pretty house hid an ugly secret. Some of us were being severely physically abused. This abuse stems back to early childhood. I can't recall a time when I did not carefully choose my clothing to hide my bruises, burns and abrasions. I cannot remember a time when I could go happily play with other kids not worried that my already painful injuries would be reinjured. I just can't remember a time when I wasn't beaten, bullied, threatened or tormented into silence.

How did this happen with what appeared to be loving devoted parents? One word—Depression. More accurately, two words—Untreated Depression. Yes, these are the devastating consequences of untreated mental illness in both parents. My dad somehow managed to go to work every day and pay the bills. He bought us beautiful things and unfortunately did little else but escape to his workshop or music room as often as he could. My mom hid also, theoretically, behind the "Leave it to Beaver" façade she constructed in that house.

Her youngest daughter wasn't abused, I was just a "normal kid" who was a clumsy tomboy, even though I wasn't a tomboy at all. Just a "normal kid" who got punched in the face so hard at age nine that my nose bled for four hours straight until my parents finally came out of their stupor long enough to take me to the ER. Why did I bleed so much? It couldn't be because I got hit so hard by someone meaning to injure me. No, it was somehow my fault, because I was found to be anemic (blood loss will do that to you). It was my fault I was anemic because I "stubbornly" refused to eat the

healthy balanced meals presented to me. It couldn't be because I was so traumatized from the abuse I lost my appetite. I was just a "normal kid" whose arm was broken in three places because I was "horsing

that keeps on cursing. Long after the initial trauma is over, our own brains continue to force us to relive it (flashbacks) and then add insult to injury in the form of nightmares. And we can't leave out other debilitating

"I just can't remember a time when I wasn't beaten, bullied, threatened or tormented into silence."

around" with one of my siblings.

I was not just physically abused, I was emotionally abused as well. My abuser (an older brother) was able to convince me that I was adopted and that was the reason for the level of abuse inflicted on me and why my pleas for help went ignored. I was a usurper, sucking resources from a family in which I was unwanted and never belonged to. The fact that there were always plenty of resources to go around never occurred to me at age seven. Why was this older brother so abusive? Who knows why in a family in which mental illness was denied, ignored, fed by isolation and allowed to flourish.

It's ironic, the ways in which we think and try to heal the raw wounds inside of us. When I finally escaped that house of horrors to an early doomed marriage (as so many abused young women do) and got pregnant, I had a professional photograph taken of myself at seven months. I wanted my baby to have proof I was her real mom. When she was old enough, I told my daughter the reason for the photograph. My beloved child looked at me as though I had three heads and replied in sheer disbelief, "Why would anyone ever tell me I was adopted mommy? And why do you think I would believe them?" Why indeed.

We have all heard the expression "the gift that keeps on giving." Well, I think of PTSD as the curse

side effects, such as hyper vigilance, (I used to sleep on the sofa with the windows open so I could "hear" someone trying to break in before they succeeded); general mistrust of people (I sized up every potential boyfriend as to how I would fare in a fight if they tried to beat me up); anxiety (I separated my shower time into sections, wash my hair in the morning, my body in the afternoon, shave at night, so that I was never naked and vulnerable for long "in case someone broke in").

I don't know how I was able to endure such long suffering without treatment. I was merely surviving, and not that well. I considered getting help a sign of moral failure at not being able to deal with my "memories." I was actually proud of myself for being like my parents and dealing with everything on my own. I was smart enough to not need help, or so I thought. I am so relieved that my instinct for survival was stronger than my pride, and I finally got professional help before I became suicidal from the intense emotional suffering of untreated mental illness.

I urge anyone suffering from any sort of mental illness to seek professional help, even if you don't believe it will work. You will never know until you try. For the first time in decades, I am actually learning to thrive, not just survive.

I Used to Be a Dog Person

By Connie Jean Conklin
What I'm Learning From My Cats

I used to consider myself a dog person. And then I realized using dog as an adjective also applies. Like a dog, I did everything to please my "owner" (whatever man was in my life, and before then, my parents). I lived and enjoyed life when told to do so (i.e. "fetch"). And I relied on my "owners" to take care of me (in my case tell me what to think, feel and do).

I had dogs in my life, too. And thank goodness! They listened to me and loved me unconditionally. Dogs are the only reason I have any degree of sanity today.

Now I have cats, and boy is my life different!

I've been learning to take care of myself. I now know what I want, need, think and feel. And I express my thoughts and concerns in co-dependents anonymous meetings, with friends that I now have, with therapists, and in Facebook posts. And while I've had cats before, I did not understand them then. But I think I'm beginning to get the idea, not only to understand them, but to be a cat person.

To a cat, playing is their number

one priority. They enjoy their life. They do what they darn well want to with little concern for what I have in mind for them to do. They seem to care about me. They cuddle with me, show affection for me, purr and respond to my requests, as long as it's not too inconvenient or interrupts their pleasure. But they give up their enjoyment of life for nobody.

I ask forgiveness from the cats in my life. I was incapable of understanding them in the past. And while I still want a dog in my life, I vow to be a better cat parent and cat person in the future.

At age sixty-two, I own four hula hoops, a drum and two inner tubes. I play in the creek pretty much every

day throughout the summer. I dance with my hula hoop at concerts on the creek most Friday nights. I drum and hula hoop at community drumming every month. At this mature time in my life, I have finally learned how to master the art of play. And you know what? I accomplish much more now. I don't just "survive" in life, I know how to "live" my life more fully.

I have also founded an organization for adult survivors of child abuse, called SEASCAT.org. Send me a friend request on Facebook saying you read this article in NYC Voices and I will accept your request.

Book Ends: *A Vision of a Dream* by Angelina Darling

Reviewed by Columnist
Kurt Sass

A Vision of a Dream is a book that I recommend for anyone that is in recovery from mental illness as well as family and friends. Its main message, at least to me as a mental health consumer, is that the definition of recovery is different to each of us. It is a personal definition. As a consumer, my recovery should not be based upon what my family/friends feel it should be, or what society thinks it should be. My recovery is my own.

The book starts out with a laundry list of “how to help a loved one struggling with depression” and “strategies for dealing with depression.” As with any of these lists, some items are extremely useful, while others not. Simply pick the ones that are applicable for your situation. On the list of helping a loved one, there are a lot of basics (cooking, shopping, etc), but the three I found the most helpful on the list to be: being kind, donate time and patience. On the list of strategies, the ones I found most helpful were:

protect your sleep, make provisional appointments with friends and keep your chores down to three simple steps. Ms. Darling definitely knows the importance of self-care.

Ms. Darling then goes on to tell her life story, which includes numerous hospitalizations, (one in which she almost dies from an overdose of haldol), as well as having family members with bipolar disorder, some with tragic results. She describes how stopping her medications leads

At the end of the book, Ms. Darling describes how her life is in the present. To be honest, at first I was feeling sorry for her, as her descriptions of her current job status, love life and even grooming habits had me feeling that she was not in a very good place in her recovery. But then I continued to read about how she has good energy, good clarity of mind, decent concentration and is no longer in the “worry mode.” She also feels that she has won the battle

“After reading this, it is obvious that I had no right to pre-judge Ms. Darling as to her recovery, just as my recovery belongs only to me.”

her into a psychosis in which she believes the mafia are after her. She also has bipolar disorder, and is a rapid cyler, sometimes transferring from mania to depression and vice versa in a manner of minutes. She has tried ECT (Electro Convulsive Therapy or “shock treatments”), but they did not work, either. She had to stop after four treatments because they caused her mental confusion.

against her bipolar disorder, on what she says are the five fronts she was fighting: the illness; the denial; the side effects of medications; the self esteem; and society’s projection that she is worthless.

After reading this, it is obvious that I had no right to pre-judge Ms. Darling as to her recovery, just as my recovery belongs only to me.



All in the Family

By Eleni F.

Acceptance is Step One to a Better Life



There is magic everywhere; on the floors, on the sheets, in the walls. She tries to cut it out but it never really goes away. Spells are put on her by the same people who are always stealing her clothes and dishes. It’s the women her husband is always cheating with. They are the ones putting the evil in her home. She knows he is cheating because he never takes her out and they don’t have sex regularly. I know this because she tells me, because she thinks I am her friend, but I am not. I am her daughter.

My mom has paranoid personality

disorder. I finally got her to see a psychiatrist a few years ago but she only went three times. Aside from her mandated stay at the hospital resulting from her calling the cops on my dad for killing her brother who had just passed away in Italy, she has never seen anyone for treatment. As the officers escorted her to the ambulance, I could feel my mind fracture my heart. They kept her for two days, releasing her after discovering I was a mental health counselor. She still blames every pain she gets in her aging body on the drugs they gave her then.

My mom says she is fine. She doesn’t see her illness. That’s common for people with her disorder. Living life with mom has been both an adventure and a lesson in patience. She is one of eight children, most of whom had mental illness. Sadly, none of them actually sought help except for her brother, John, who was schizophrenic and briefly hospitalized when he became catatonic. My mom’s illness has progressively gotten worse. She has ripped the molding off most of the walls in her home. She burns incense every single day, twice a day, to the point where a neighbor once thought our house was on fire. She reads the bible daily, religion being a theme in her paranoia.

I often tell myself I should be glad the only thing I got hit with was depression. My mental health resume is as follows: When I was 14, I was afraid to brush my teeth at night with the door open fearing my father

would stab me from behind. When I was 16, I sat on my bed holding his gun, with the bullets spread out like a path to peace before me. When I was 22, I tested my veins with the blade of a knife and washed out the thoughts with vodka. When I was 29, I celebrated with a bottle of pills and some liquor. I was persistent, if

“With the support of a man who refused to let me drag him into the depths of my despair and also refused to abandon me there, I started to climb out of the abyss and find myself again, maybe for the very first time.”

not successful. I was also very lucky because I never wanted to die. I was just tired, exhausted from how hard breathing had become. I was tired of being tired.

I have been battling depression most of my life, though I didn’t always know it. I never went to a therapist until I was 22. She was the first of many I would see through the years. She tried putting me on meds but I stopped taking them, deciding I could do better on my own. I never liked the idea of needing something.

I had issues with commitment. I can’t remember the number of jobs I’ve held and quit, or the number of therapists I’ve seen. I soon discovered drinking would make me feel better in the moment. So partying became my new antidepressant and blackouts were just a side effect.

I met my husband when I was on this self-prescribed treatment plan. I hid my amount of binge drinking by pre-drinking. He was smart, hard-working, and despite having met at a club, not into partying as I was. He was handsome and he made me laugh. So nine months after meeting this man, who made me want to walk away from the ledge, I married him.

I wish I could say that was the end of my battle, some magical happily ever after cure all, but it wasn’t it. It took years of on and off again binge drinking and getting on and off meds before I managed to understand this was not something I could just get over, or cure. This was something I needed to make peace with and accept. I needed to accept that medication was going to be part of my routine, and that this did not mean I was weak or crazy, it meant I had an illness. It took me years to realize that just like my mother, I had been unraveling in my own way through my own denial. With the support of a man who refused to let me drag him into the depths of my despair and also refused to abandon me there, I started to climb out of the abyss and find myself again, maybe for the very first time.

Bruni in the City: *Madonna Mia! I Turn 50 Soon!*

A Column by Christina Bruni

Make a Fresh Start in Your Forties



Has anyone seen my eyeglasses? I'm reading the book *Style Evolution*, about how a woman can dress herself at 40 and beyond. The author, Kendall Farr, a fashion stylist, shoots down Madonna and Demi Moore as unrealistic role models for women whose bodies are no longer pointy and perky.

Everything goes south at 40, honey. Trying to emulate women whose sole mission in life is to sculpt or scalpel themselves into perfect form is fruitless and unhealthy. Better to buy the Spanx and let nature take its course. Sure, do an exercise routine and watch what you eat. The Spanx couldn't hurt while

you're at it.

Yet 40 and beyond, as a woman reaches this prime age, is not the time to still be in agony over your body or your life.

I urge every young woman reading this column to understand that 40 is the start of a new and wonderful phase of your life, and not the end of the best times. It can get better and better if you have the hope that you can live a good life into and through your sunset years.

I'm about to give a talk to senior citizens and I'm excited about this because I turn 50 in April of 2015. This seems unreal, given how I appear in my photo, yet that's how it goes: I'm soon to be in the target market for AARP.

Laughing about this is the only way to go. The kind of precious thing about it is that when you come to this age, you're no longer asked for proof of ID when you go into a liquor store. This charms me for some reason, that I can buy a bottle of Barefoot Pinot Grigio and the shopkeeper doesn't bat an eyelash.

Of course, when I was 21 and I looked like I was 14 I didn't get carded either in my neighborhood. When I was 14, I went to Butterfly, the shop on 8th

Street in the Village, and bought a fake ID to get me into clubs. The ID looked fake but the bouncers didn't care.

The old drivers' licenses in New York State didn't have photos when I came of age so you could report your license lost, get a new one, and forget the old license with a birth date that allowed you to buy beer and enter bars.

What I did when the new licenses with the photos came out, I acted like a makeup artist and added blush over my photo so that it looked better than a mug shot. Strange, but true.

No. I don't think 40 is the time when a woman should give up on herself.

A woman should never give up on doing things to feel beautiful, even if she doesn't look like Madonna or Demi Moore. If beauty is in the eye of the beholder, you should be the one beholding your own beauty, and admiring yourself when you get older.

The cruelest word in the dictionary is menopause. I don't even know if it's in the dictionary. I will see what happens in two years when it's bye, bye babies and hello hot flashes.

You need to have a sense of humor about getting older. Only the Grim Reaper should be grim, not you or me.

If you turn 40 and you still don't like yourself, continuing to agonize over every imagined flaw, that's not good when you have 30 more years to live. We all need to get over our jiggles and make peace with the fact that we're not Hey Nineteen anymore.

Where did those years fly? I don't know, but they're gone and they're not coming back. So I'm going to end here with this indisputable fact: if life isn't over when you're 22 and diagnosed with schizophrenia, it certainly isn't over at 40. You'll live to be 40, and then 40 will be a memory. So your life isn't over at 22 — it's only just begun. As hard as it is to imagine at 22, life gets better, whether you're 40 or 50, and so on.

For most people, recovery is possible. You might think the last call has sounded on the only life you've ever known. Not so. A new life beckons, and it can be better than you ever expected.

I'll leave you with this thought: you can have a good life.

Now if you'll excuse me, I must go look for my eyeglasses. I know they're here somewhere.

personal stories

A Crazy Guy Like Me

By Dave A.

How I Found Stability With Meds and the 12-Steps



I was born in a shack my father built in Northern California in 1976. My father was violent, mentally abusive, a heavy drinker and, as is now apparently a schizophrenic. I dreamt of fighting him off when I was young. I had resentment toward him yet a natural admiration that looked

for the good in him. My mother is bi-polar and began drinking after my parents' divorce. She did, however, quit drinking and introduced me to 12-step help when I was a teen for my heavy drinking and drug abuse.

My schizophrenia started aggravating my psyche when I was about 15, most likely triggered from heavy drug abuse. Along the way, I started dating a sweet girl. We fell in love, yet she left and I was devastated. I began isolating and was tormented by horrible visions. Scenes of violence would flash through my mind. When I returned to counseling, my therapist suggested medication, which I did not feel was a good natural remedy. In fact, I looked down upon medication as if it were a street drug.

Not too long after, I was institutionalized upon my family's insistence and my concurrence. Obsessed with my previous girlfriend, I continued to grieve over her. Whenever I seemed to stop thinking of her, someone would mention or ask about her, which I interpreted as God indicating her eventual return to me. After several trials and disruptions in medications, the majority of my psychosis involved my imagining this former girlfriend was with me. I knew she was not, however, I felt happier thinking she was somehow with me in spirit. My writing and the music I listen to is much inspired by this woman.

I have not drunk or used illegal

drugs since I was 21. I am 38 now and feel I have made a strong effort to do well in this life of illusion. I met Dan Frey (editor of NYC Voices) when I was about 23, and whom I consider a good friend, although we have not been in close contact for years. His efforts to support my musical shows are still appreciated.

Since I was 21, I have done my best work with psychiatric practitioners, having been in hospital psych wards once a year until about eight years

ago. The threat of psychosis has alleviated over time and I value my freedom with the assistance of outpatient care. I would, however, do inpatient again if needed, and have considered it on occasions when I struggled the most.

I have schizoaffective type 2, which means I have struggled with depression throughout my life. I continue to enjoy good times as well. The twelve-step program has taught me to find esteem in service, in hopefulness and faith in healing for the sake of others, as well as myself.

I can no longer drink or ingest the sickening amounts of sugar designed by junk food companies. Due to my borderline sugar levels, I cut soda and other sugary drinks out of my diet. I still acquiesce sometimes with chocolate, but not like I used to. I don't know for certain if I have fallen prey to Zyprexa's tendency to create sugar reactions, or to the junk food industry. Either way, I now

regulate my diet more consciously.

I bring a 12-step meeting into the psych ward down in the valley once a month. If I get the apartment I've been eyeing, I'll be just a block away from the psych unit and my plan is to begin weekly meetings. I have a sense of accomplishment having done the same with the hospital back east years ago.

Currently, I live in the mountains of Northern California and have an application pending for a low-income apartment down in the city's

"I bring a 12-step meeting into the psych ward down in the valley once a month...my plan is to begin weekly meetings....Maybe I'll meet a crazy lady who would understand a crazy guy like me."

valley. I'm making an effort to enjoy my current life while looking forward to having a mental health clubhouse about a half block away, as well as other fun activities, when I get down there. Maybe I'll meet a crazy lady who would understand a crazy guy like me.

SAVED BY IMAGINATION

By Carl Blumenthal

A Memoir of Depression and Recovery by the Book



“Depression is a double whammy. Negative thoughts and feelings flood in. The positive dissolves in a sea of self-doubt.” During my depression from 2006 through 2011, including two suicide attempts, two hospitalizations, and two years in day treatment, I tried to cope by withdrawing from the world: quitting my job as a peer counselor, ceasing hobbies and volunteer work, avoiding friends, and limiting contact with family, except my wife, Susan.

Most painful of all, I suspended my part-time career as an arts critic. Penning hundreds of articles about writers, painters, dancers, musicians, photographers, and filmmakers, I earned respect because unlike most critics I didn’t suck the life out of my subjects. Now writer’s block prevented me from living—

vicariously.

My world shrank to the living room couch where lying down was the most comfortable and comforting position, both during the day while I listened to the radio and at night when I retreated farther—into sleep and dreams. It was like clinging to a raft of calm on an ocean of bad thoughts and feelings.

I maintained this fetal-like pose by avoiding as much stress as possible because undertaking the simplest task made me feel as if I suffered from a permanent case of indecision. Thus hygiene went down the drain even though I didn’t shower. Determining what to eat and how to prepare it required an appetite I lacked. And household chores seemed like opportunities to malfunction.

If my living room couch resembled a raft in a storm, I also tried to batten down all hatches to the outside world. I only left our apartment to get the mail before other tenants arose in the morning. Then I would throw away most letters from family and friends. I dreaded checking my email and browsing the Internet for fear I would have to respond to demands on my attention.

I let Susan answer the phone so she could say I wasn’t available. She shopped, cleaned the apartment, washed our clothes, did the banking, paid bills, and generally interceded on my behalf whenever the world seemed too oppressive. She took everything in stride just as she had raised her younger sister and brothers when their parents weren’t around.

If the psychologist at day treatment hadn’t been a book lover, I might

never have started reading again. With the lending of a novel to me she overcame my resistance to the written word. Fiction proved too

“My outpatient social worker challenged me to write....I returned to her the following week with 40 pages of an incomplete essay, ‘Saved by Imagination’....I had cracked a five-year writer’s block.”

real, too raw, but non-fiction books on nature and history represented safe ground at first and room for growth later.

I also consumed a heavy dose of biographies about such heroes as the existential novelist Albert Camus; the Depression-era photographer Dorothea Lange; Beat poet Allen Ginsburg; radical folksinger Woody Guthrie; Thomas Paine, pamphleteer of the American Revolution; and the Belle of Amherst, Emily Dickinson.

In March of 2011, I was inspired by Jane Campion’s film, “An Angel at My Table.” It is based on the autobiography of Janet Frame, who survived years at mental institutions in the 1950s, enduring more than 200 electroshock treatments (ECT). She became New Zealand’s most acclaimed author of the 20th century.

My outpatient social worker challenged me to write about the movie. Despite my low expectations, I returned to her the following week with 40 pages of an incomplete essay, “Saved by Imagination.”

How I got carried away was as much of a miracle as Janet Frame’s recovery. Even when not pinned to a stretcher for ECT, Frame, like me, spent most of her time prone to despair. Cowering in bed on the verge of being carted away for a lobotomy, she is greeted by the

asylum’s director with the news of her release because she has won a literary prize. As if escaping a firing squad she’s bundled into a taxi for the ride home.

Thanks to Janet Frame’s example, I had cracked a five-year writer’s block. She was the medium for the message to me that “recovery is possible.” With this weight lifted, I returned to the Brooklyn Daily Eagle, the newspaper for which I covered the arts. Since then I’ve been able to round out my life by doing the following:

- relying on writing and other passions as if my life depended on them;
- seeking help from peers who understand my struggles;
- finding love in the advice of family and friends;
- accepting that how well I do at work isn’t a criterion for manhood;
- engaging in politics as a form of community responsibility;
- volunteering as a way of counting my blessings; and generally
- putting one step in front of the other as Elizabeth Swados recommends in *My Depression: A Picture Book*.

Editor’s Note: This is an excerpt from a longer essay to appear in the book Coming Out Proud published by the National Consortium on Stigma and Empowerment, Chicago, 2015.

personal stories

The Gym Is My Salvation

By Ryan

Stabilizing Bipolar Disorder Through Fitness, Nutrition, Meds and Music

Some people would call it a “rant.” I call it an arch-nemesis. Yes, people sometimes can be crippled by their own condition. Only if you’re a fighter can you make it. I spent the earlier years of my life during my childhood as “cryin’ Ryan.” That’s actually what my late grandfather used to call me as a child because I cried so much. Even as a two-year-old, I was moody. It could’ve been the bout of spinal meningitis that caused my bipolar I disorder, but it’s genetic.

Bipolar and unipolar depression

run on both sides of my family. When I turned the tender age of ten, I found my behavior to be quite odd. I’d go on binges where I’d starve myself until I had a Catholic school teacher give me a Snickers bar. I would retreat into the mountains a lot, as I’m from California (though I live in Illinois). It has been a battle ever since I was diagnosed with bipolar-I with psychotic features. I’ve had fifteen to twenty hospitalizations and am fortunate to be on my mother’s health insurance.

As much as it troubled me as an adolescent, I was always active in sports—until I got into the later years of high school. My most memorable class was weight training. It just clicked with me. The working out and the walks, runs, sprints as a kid kept me athletic throughout my life. This is what has helped me stay in shape while being on 8-9 medications a day. I choose a sort of diet that’s healthy and take my anti-oxidants, knowing that the

medication side effects on the long-term can take a toll.

Most of the time I would be battling with the illness and then go work out when I was able to drag myself to the gym. I also

suffered from the effects of electroconvulsive therapy (ECT) for two years. Yes, it helped my severe depression, but ECT rampaged my

(Continues on next page)



memory, so my short-term is very bad, but my long-term is intact, thanks to the effects of Acetyl L-Carnitine. I only take a few supplements, just high amounts of anti-oxidants.

I'd say the biggest battle for me besides depression is education. I spent four years at a city college and was at a junior level status at the university since I moved. I'm doing my Bachelor of Arts next because I just got my Associates degree and need employment that is good enough to cover my medication, doctor visits, hospitalizations (if I have any more) and ongoing therapy to help me cope with day to

day issues.

I'm 37 now and feel like a dinosaur trying to get mediocre

my illness help regulate my moods so that I don't have the severity in mood swings. I have a few friends

“The working out and the walks, runs, sprints as a kid kept me athletic throughout my life. This is what has helped me stay in shape while being on 8-9 medications a day..”

jobs. I'm currently on disability and will be for the rest of my life, but I'll still have my education behind me that no one can take away from me. Please, no more ECT. The lithium plus the other pills that I take for

here in Illinois, but they're living their lives which makes it difficult to get together with them.

I'd much like to consider myself a success story as I always strive to stay in shape by hitting the gym

six days a week. I've contemplated bodybuilding, but would never put a steroid in me even though I've been lifting more on than off for the past twenty-plus years. I'm nowhere near where I'd like to be physically, but I'm getting closer to my goal. The family support I receive has been fantastic. My step-dad and mother are wonderful to me. So again, I'll remain a success story no longer plagued with disease even though I'll have it for the rest of my life. Thanks for listening. Be sure to visit my heavy metal website, <http://www.secret-face.com/>, to view my writing and guitar transcriptions.

Tooth Extraction Unlocks Bipolar Adventure

By David Scott

Some Parts of the Adventure Were Better Than Others

personal story



The year 1995 was the greatest year of my life. The worst year of my life was 1996. That in itself comprised the highs and lows of bipolar.

In 1995, I was 22 and had two jobs, a girlfriend, lots of friends and my own car. One of my jobs was security at all the concerts in the Washington, DC area. I also worked security at all Washington Redskin games.

While I was backstage at a concert, my supervisor asked me if I wanted to work the Super Bowl. I was thrilled! They flew me down to Miami and I worked on the field at Super Bowl 29. I even took Steve Young, the MVP, back to the locker room after the game. 1995 was an incredible year.

In 1996, I had to have two wisdom

teeth removed. My mother took me to the doctor. The doctor had the same last name as me. I thought I was in good hands.

The procedure did not go well. I could feel the drill going into my gum. The novocaine kept wearing off. The doctor stuck me with the novocaine seven different times. I remember everything because I am forced to relive that day every day of my life. The doctor even told his assistant to get the larger drill because he could not extract the tooth. After it was all over, I felt strange, like my mind had been altered. My mother and I got into the elevator and I whispered in her ear that I could hear what the other people in the elevator were thinking. She did not

respond.

When we got into the car, all I could talk about was God and other grandiose things. We went to the pharmacy to pick up my pain medicine and I could hear everyone's thoughts. Two days later I was completely insane and violent.

I was taken by ambulance to the local hospital. Once there, I fought with at least six doctors and hospital staffers before they knocked me out with a needle. When I woke up, a doctor told me that they thought I was high on drugs but found none in my system. I told them I had never taken drugs and I didn't even drink alcohol. The doctor told me I had bipolar disorder. I did not know what that was. He explained it to me. I told him that I didn't understand. Nobody in my family had mental illness and it was not brought on by drugs or alcohol. He said I had it all along but the severe trauma that I went through with my oral surgery had triggered it. I was devastated.

“When I discovered poetry slams I started writing more upbeat poems...I was winning poetry slams all over the Washington, DC area. One of my poems was on the hottest radio station in DC.”

I spent a month in the hospital, the first two weeks in restraints. One time they released my right wrist to eat the tray of food and when I took the tray off, I hallucinated that there was a live snake wrapped around the plate, so I threw it on the floor. Also, while in restraints, I talked to this shadow on my ceiling and this light that would form a shape of what I was thinking. I thought it was God.

After a month, I came home. I felt great and took my medication. I thought after taking the medication for two weeks, who needs the side effects? So I stopped taking it.

This time I had to go to a different hospital. It was not like a mental hospital with restraints and harshness of any sort. I was in the room with two other guys and I had the freedom to walk around. I participated in group and I played chess with this bipolar lady every day. It was

not bad except that I wanted to go home and every time I thought I was okay, the doctor was like, I think you need one more week. That was totally frustrating. What did I have to do to convince them to let me go? Well, I ended up staying there for a month, just like the other hospital. I would never stop taking psychiatric medication ever again.

When I got home, something was happening. I started writing poetry although I had never written any before. I was pretty good at writing in school but I did not know how to write poetry. In my manic state I was writing two poems per day. In my depressed state I was writing one every other day. I showed them to my father who was duly impressed. I started reading poets, beginning with Langston Hughes whom I had always admired. Then at a book sale, something just drew me to a rather plain looking book with the name Dylan Thomas on it. I was blown away by this guy and I discovered he was bipolar like

me. I also found out that people were mesmerized at his poetry readings. So I started going to poetry readings.

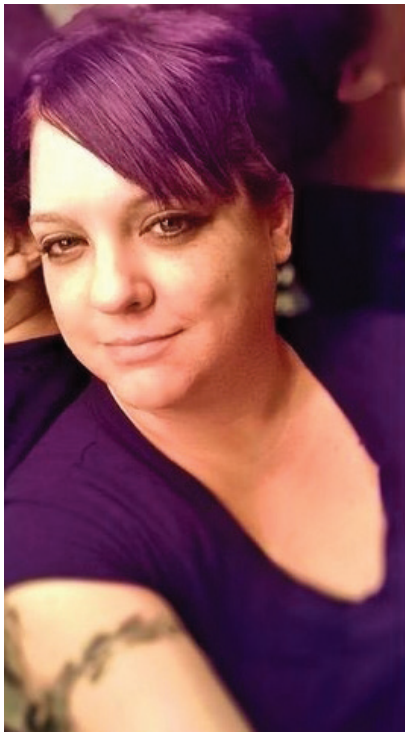
People responded to my poetry. Within a year, I was featured at libraries and literary venues. When I discovered poetry slams I started writing more upbeat poems for performance purposes. I was winning poetry slams all over the Washington, DC area. One of my poems was on the hottest radio station in DC. For some reason, getting published was not as important to me as performing was.

Today, I suffer a great deal with heat and mania but I am able to control it. I don't get depressed that much even though I don't have a girlfriend or any friends for that matter. I am still on the spiral staircase but I am ascending one step forward every day.

I've Been Here Before

By A.J. Johnson

The desire to be understood; the angst when you're not



I'm sitting at my desk, bawling my eyes out over everything and anything going on in my life. I'm hyperventilating at all of the possible outcomes of my situation, thinking the worst. My mind is racing from here to there to everywhere and back again, trying to figure things out, and it's not getting anywhere. I've been here before.

I'd like to think I'm different. Certainly, many people I meet think I'm unique, or even special. They can't quite put a finger on it. But I can. And so can many others around the world who live with the same issues I live with. People treat us differently, sometimes with empathy. Most of the time, it's with contempt, hostility, anger and fear. They don't understand what it's like to live with a mental illness, and they probably never will. It's difficult to get people to understand something you can barely understand or control yourself. I've been here before.

I ache all over from the sheer loneliness I feel, even after I've reached out to friends and family, telling them I need to talk, and no one responds. I'm usually so open and verbal about myself, that when I need a lifeline from time to time to talk privately about things, and no one responds, I feel like a shit heel because I'm bugging people too much. And no one wants to hear about my problems anymore. There's always something wrong with A.J. I've been here before.

I'm bargaining and arguing with my loved ones, bawling, weeping, sniffing, begging and pleading with them to just listen to me. They tell me to "get over it," "quit the crying," and to "go get a job." When I tell them I can't because my doctors highly recommend that I don't and I actually agree with the decision. It isn't because I want to be lazy, it's because I don't want to go to jail for killing someone. I don't want to end up on the news as my kid

finds me after school one day once I've taken a handful of pills. They end the conversation because they don't want to hear what I have to say, because they've heard it before and they've got their own ideas about my situation. I've been here before.

I struggle with my daily grind, trying to put my best foot forward. But it's difficult at best, excruciatingly painful at the worst. I try to do things that will help me feel better about myself so I can change my mental state and attitude. Sometimes it works. For the times it doesn't work, I'm left feeling flat, hollow and cold. I've been here before.

I try to do other things to make myself feel better. Safe things. Things that I don't have to pay money for, things I can do at home, because heaven forbid I do something like get out of the house. That would be expensive and I can't afford it right now. I've been there before too.

Point is: I've been here before. I keep coming back and I don't like it here. But it's one place I know better than I know anything else. It's not a happy or fun or sunny place. But it's more familiar to me than the lines on

"People treat us differently, sometimes with empathy. Most of the time, it's with contempt, hostility, anger and fear...It's difficult to get people to understand something you can barely understand or control yourself"

my own face. I want to change it in the most desperate ways possible and most of the ways I can think of are morbid, sad and heartbreaking.

It makes me seem selfish, inconsiderate, conceited even. But I'm not. I honestly wonder whether or not my life in any way possible means anything to anyone other than my immediate family. Why should I care? Because I'm one of those types of people; I care about others and I do care what others think of me, to a point. I think about those people whose lives I've touched, if at all, when I try to bring myself out of these doldrums. It brings me to a place where I think I can handle this mess of mental illness swirling through my brain. It helps me calm myself and think that I can move forward, even though I know, deep down inside, I'm really not.

I've been here before.

COMING OUT PROUD

Stories and Essays of Solidarity

Edited by Patrick W. Corrigan,
Jonathan E. Larson, Patrick J. Michaels

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Darkness Stayed After Mum

By Jayne

Peace and Love Quest Fraught with Peril

I couldn't say I had a normal childhood. Mum was frequently ill, and as a child I recall being sent to family since I was a baby. My Dad got a better job which meant leaving the security of the family, and when we moved away, I was left in the care of Mum.

Mum seemed to like the new area, and I was well looked after. It wasn't until I went to primary school at age five that I asked what the rope was in the gardens and was told that they were clothes lines where you hung your clothing to dry. We used the radiators, as Mum never went outside. Because if Mum didn't go out, neither did I, unless it was with Dad. I began to realize that my home was different from the other kids in my class.

Soon Mum was ill again and sent off to the old Victorian Mental Institution miles away from home. I was sitting on the stairs listening to the doctors

examining her and Mum screaming that she wasn't going back. I didn't see her for about three months and she had been given ECT (electro convulsive therapy). In the late 1960s you didn't get pain killers with the treatment. When Mum returned home, she had no idea that I was her child. And so I went to stay with family. In the end, I stopped feeling anything for my Mum. She had spent all of my childhood and well into my twenties in and out of hospitals having different medications and therapies.

My life as an adult wasn't brilliant. I made awful mistakes. I would absorb myself into the families of boyfriends, making myself into someone they would love. I had children and vowed that I would be the best mother I could be. But my husband fell in love with someone else and set up home with her and my children, resulting in my first breakdown. I wasn't a fit person to look after myself or my children. Then he moved away. I had no idea where they had moved to. Breakdown number two began with new meds and therapy, but nothing could take my pain away, so I thought I would. I had been cast as an unfit mother so my children wouldn't miss me, as they had a perfect new Mum.

I collected tablets, went to the doctors with bad headaches. They prescribed

painkillers, and didn't question me. I took them and found myself spending time in the hospital. It took a lot of time to feel at peace in my life.

When I slowly got back to my Mum, I think she started to care. I then remarried. After eight years of

with another woman. My life was shattered again and I wanted out. I began collecting tablets again.

One Sunday when he was out, the tablets went down with a bottle of wine and I went to bed. He came back home because I had acted odd, and caught

“The darkness that came afterward lasted a long while. But nowadays, I am able to see the signs of when I am slipping downward. And I am now able to ask for help.”

marriage, he started to change and do things I didn't like. In my dreams I would wish him harm in small ways. But toward the end of our marriage, I wished nasty things to happen to him. I found the strength to leave him and was getting a grip on my life, when he died within a few months. Feeling horrendous guilt, I blamed myself for two years. Pushing the guilt to the back of my mind, I tried to forget anything about him and our life together. I just could not settle anywhere. Then I met a man and fell in love again.

With this man, I felt that I had never experienced anything like I felt for him. At last I was truly loving and being loved. After about one year, I found out that he was having an affair

me just in time to save my life. But I am living with the consequences five years now. The guilt from wishing my second husband dead, losing my children, and then the affair, all mixed in with the pain of my Mum was just too much.

The darkness that came afterward lasted a long while. But nowadays, I am able to see the signs of when I am slipping downward. And I am now able to ask for help. Losing my Mum was scary for me. Those around me thought I would be unable to cope. Some days have been hell to go through. But I breathe, and that's all that matters in the moment. Small steps now will lead to bigger and better ones soon.

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

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

QUEENS 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

The Arts

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

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

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

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