SEE FULL COLOR ARTS PHOTO SPREAD PAGES 12 & 13!

City VOICES

The Newspaper for Peers & the Peer Workforce

Winter 2020

Vol.XXIII

Winter is Upon Us!

For helpful tips on how to cope with the winter season, see Max's article on page 10.

Dan Frey

From the Editor

By Dan Frey, Editor in Chief

Support is Here for the Taking

I hope that you are coping well with the harshness of winter and dealt well with the major holidays. This time of year can be cold and lonely for a lot of people. I find that working on something can help and I have been working hard. This year, 2020, marks the 25th anniversary of the City Voices newspaper!

We now have a 10-member editorial board that's been meeting on a quarterly basis to plan newspapers and other projects that are in the pipeline. Editorial board member Max Guttman has written an article on how to cope with the winter season and its harsh conditions: the low temperatures and the difficulties of maintaining your mental and physical wellbeing during this time. Please give it a read.

We have begun a monthly peer worker support group called "Peer Workers United" to help peer specialists with the challenges they face personally and in their work environments. I run this group with editorial board member Edward ODowd, a peer specialist with Community Access, a non-profit that provides the space where we meet. I am learning about the highs and lows of the peer profession from the people who are actually doing the work. If this group grows, we would like to see other groups sprout up around the city. Some estimates say that there are close to 1,000 peer specialists working or living in New York City.

(Continued on page 4)

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FLIP THROUGH PAGES 18-23 FOR PEER WORKFORCE CONTENT!

Felix Guzman

When Mental Illness is Criminalized, the Community Suffers

By Felix Guzman

Police Should Not Be Responding to Medical Emergencies

(Continued on page 5)

What's Inside...

"Life is 10% what happens to us and 90% how we react to it"-Dennis P. Kimbro

Ward Stories

Organized by Dan Frey, Editor in Chief

Winter has arrived. And four poets have come out of the cold to grace the City Voices' stage with works that reflect this often unforgiving season. So read up and stay warm. Have a hot mug of herbal tea and enjoy.

Preparation for Life
By George Gillson

they prepared me for life in society
"be a good boy, behave with propriety"
I absorbed their stern warning
then woke up one morning
prepared for a life of anxiety!

Bread Alone
By George Gillson

from bread alone no solace comes
nor from tasty meats or sugar plums
for if there's missing
hugging, kissing
bread, at last, is only crumbs!

That Smothering Blanket
By Glenn Slaby

The Bastard

Darkness's offering

Barren bareness

Dying pangs of world's pain

Loneliness' forthcomings

With Labor's farewell

Light's old Glories fading

Naked Absence

Other Human soul's breath tortured by snow's splendor

Future's gray muck in pain's companionship

Seek; Accept; Surrender; Advance toward

Shortest days come; Dark forebode

Hold unto Hope as more Darkness Dread awaits

Loneliness' forthcomings

Generations prior survive unscathed?

Anyone hear their mourning? Collective loneliness. Our cross to bear

Share to Christ's arrival. His Cross awaits

He Knew. We know

Trials Await in petulance's joy. Cold darkness bleak.

I curse seeking relief. God expects the swear of free will's grant

The Glorious of Gifts. Through commonality friendships renew

The communal despair forever

together

These are God's gifts

Anxiety's distress; Depression's shade; Shared pains bonding

Bolsters our cross's gift. Fortune's common future

Bastard's trails trials united on a cross

Bastard's coldness. Curse with our piercing will

With mind, heart & soul love

Time's cold bastard announces our rebirth

Hold fast through enduring Darkness bringing glories of light

Avoid Escape Resist

Drastic actions endure, persisting beyond us

As salt stings to the wound, but brings palate of taste

Constant abundance is no treasure; no gift

A prison of addiction

If the bird's voice is never silent, constant noise we hear

Not the songs' joy

Debilities highlights the beauty if you know how to see.

Pity those with all. Missing magnificent beauty of human empathy

For without the Darkness, who can recognize the Light?

"SHE"
By Eva Tortora

She is similar to her
Her who steals my shoes
With a sun tan
In summer
While I drown in leaves
Scraping the sun
Wishing for a plaid picnic
And puppies
While you're out on a carousel
Eating pumpkins
In winter
Dripping silver fireflies
Back in summer
And I travel with you
In lakes of Mercy
Canals of glitter
Gold like love

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The views expressed in this publication do not necessarily reflect the positions of City Voices or its staff.

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Black History Month: Honoring African American Peer Movement Leaders

Jonathan Edwards, Jonathan has been dedicated to the peer movement, having supervised for almost 30 peers, and serving on boards and committees during his personal time to further shape and promote the movement.

Celia Brown, Celia is president of MindFreedom International, co-founder of Surviving Race: The Intersection of Race, Disability and Human Rights Coalition and was one of the first Peer Specialists in New York, being instrumental in developing the Peer Specialist Civil Service title for the NYS Office of Mental Health.

Teena Brooks, Teena is the assistant director of the Office of Consumer Affairs at the NYC Dept. of Health and Mental Hygiene. She worked for 13 years at the Urban Justice Center, served as a NYAPRS regional organizer and co-president of their board of directors. She is also currently a lecturer and adjunct professor at Columbia University School of Social Work. Teena is an active runner, partner, and dachshund momma who moves city government from within.

Christina Sparrock, CPA, Christina is passionate about eradicating stigma and serves on the mayor's crisis prevention and response taskforce where she suggests improvement to public safety. She also trains police in de-escalation techniques and crisis communication skills.

Carlton Whitmore is the director of the Office of Consumer Affairs at the NYC Dept. of Health & Mental Hygiene and is the founder of the NYC Mental Health Film Festival. He is a wonderful advocate for mental health recipients in area of housing.

Mark Jennings, Mark is a former employee of Community Access, currently deputy director of a non-profit in the Bronx, Divinity School graduate, family man, who is brilliant at facilitating meetings with peers.

Lynnae Brown, Lynnae has turned the Howie T Harp Peer Specialist Center into a machine that produces work-ready peers. Under her leadership, the 6-month training program focuses not only on working but maintaining one's own wellness and peer ethics.

Ivanna Bond, Ivanna is Chairperson of the Peer Workforce Coalition and a certified peer specialist. She works toward fair pay and comfortable working conditions for all peer specialists.


Jonathan Edwards


Celia Brown


Carlton Whitmore


Mark Jennings


Lynnae Brown


Christina Sparrock


Teena Brooks


Ivanna Bond

"You get in life what you have the courage to ask for"-Oprah Winfrey

(Continued from cover story From the Editor)

A major issue of concern for employers is that peers can become unwell during the course of their employment and everybody loses if that happens. I'd like to see our groups help peer workers to develop a strong support network if they don't already have one and maybe we can prevent loss of work time or worse just by looking out for one another.

A mentoring program is in the works. We are seeking to partner with providers who can connect mentors to mentees. We hope to foster bonds that will help participants to maintain their wellness and to foster a learning environment and sharing of valuable skills. Physical isolation in our social media age is real, especially for people coping with mental health challenges. We hope that the mentoring experience will challenge people to become more active in the community and battle the self-stigma that comes from having a diagnosis; that feeling that you don't belong or are less than what you really are. Building back confidence is key to helping someone get their life together. I believe mentoring can do that. It worked for me.

"The community is vibrant. The support is here for the taking. Take. Please take. Make some friends for life and be well."

The healthy cooking group is going well. Thanks to Fountain House for providing the kitchen, the volunteers who are members of the clubhouse, the ingredients and the equipment. We hope to partner with them on upcoming events.

Thanks to NAMI NYC Metro for providing us with the space and resources to conduct our editorial board meetings as well as their advertising support. They have a large number of weekly support and information groups, one of which helps people who are voice-hearers. This group de-pathologizes voice-hearing and focuses on coping strategies. Check out all their offerings: naminycmetro.org/support-groups.

A video project is in the works that will highlight our accomplishments and the value of the work that we are doing. Once all the footage and all the interviews are done, we hope to have a brief promotional video posted on social media, email campaigns and our website. The extra footage will be archived for future use.

Finally, we are planning our 25th anniversary celebration organized by editorial board members Ellen Stoller, the force behind the annual peer specialist conferences, and Teresa Burgado, also an experienced event planner and social media savant, a peer specialist who works at Howie the Harp Advocacy Center.

We have a lot going on, but we also manage time to support the works of others like Carla Rabinowitz's film festivals, #HALTsolitary campaigns, rallies against violent police responses, Bring It Home housing rallies, anti-stigma comedy shows, and other events and meetings. The community is vibrant. The support is here for the taking. Take. Please take. Make some friends for life. I personally know that it can be a struggle to maintain wellness. Find your supports. Take risks. Put yourself out there a little bit. I firmly believe that it is worth the effort.

"It makes a big difference in your life when you stay positive"-Ellen DeGeneres

I've Worked Myself Off of Benefits and Now I Can't Work Anymore: What Happens?

By Michael Nugent

The Dignity of Risk and the Right to Fail

I lost my SSI cash benefit due to earning too much money at work, but I still managed to hold onto my Medicaid. How long does my automatic reinstatement last if I fail at work and need to return to SSI? What happens to me if I need to return to SSI and have worked beyond the reinstatement time limit? Thanks, Joe from New Jersey.

Once you are cut from cash benefits you are entitled to expedited reinstatement (EXR) for a period of 60 months (5 years).

This means that "if your benefits ended because you worked and had earnings, you can request that your benefits start again without having to complete a new application." Social Security will then determine whether you can get benefits again. They can give you provisional (temporary) benefits for up to 6 months while they make a determination of whether to give you benefits again. Your provisional benefit includes your cash benefit and Medicaid or Medicare.

Both SSI and SSDI recipients are eligible for expedited reinstatement.

Even if a determination is made that you no longer qualify for cash benefits, you will usually not have to pay the provisional benefits back.

Your provisional benefits will end earlier then 6 months if you (1) Are notified of our EXR decision (2) Engage in SGA or (3) Reach full retirement age.

The Catch

I have heard from multiple Social Security recipients that it can sometimes take a while before you start getting your benefits after you have applied for provisional benefits. This can be frustrating if you have been earning income and then have to wait for a few months before your provisional benefits kick back in.

The second part of Joe's question is also frustrating, though not without a glimmer of hope. If you have worked beyond the five years, and for whatever reason, you need to collect benefits again, it is necessary to go through a new application process. You basically have to start from scratch.

Positive aspects of EXR

You are not left high and dry if you start working and something happens in your life within five years of you going off of your cash benefits that necessitates you going back on benefits.

"There is some risk when you attempt to go back to work…This is…the case for…the general public as well...If we decide to stay on Social Security benefits…we are certain to live a financial life where we are hovering around poverty…If we do succeed (at working)…there is the chance and hope for a better quality of life."

In theory, you will be given provisional benefits while a decision is made determining your continued eligibility. Thus, once you enter the world of working, the situation is not do or die. There is a cushion to fall on.

Another important aspect of EXR is that it allows the individual to eventually get another Trial Work Period (TWP) and Extended Period of Eligibility (EPE). After 24 months without working above substantial gainful activity ($1220 a month in 2019), you receive another TWP and EPE as if you had gone on benefits for the first time.

Precautions

Michael Nugent

Expedited reinstatement allows for six months of provisional benefits. Social Security will still be reexamining your particular circumstances and making a decision about whether you will go back on benefits permanently. There is a risk that you will be denied eligibility.

If you are denied reinstatement you have the right to appeal. This must be done in 60 days and is similar to the appeal process for an original application.

The Dignity of Risk

There is some risk when you attempt to go back to work that you may fail. This is not only the case for people on social security, but for the general public as well. The good thing about Social Security benefits is that they have created work incentives that help you to make your way back to work slowly, so that there is little risk of losing everything.

There is still risk. You can apply for expedited reinstatement, collect provisional benefits, and then get turned down for expedited reinstatement if medical records show your condition has improved.

The bright side of this scenario is that you have probably already proved (to yourself) that you can work for a significant length of time. Usually, our worst moments are only temporary. If you are able to go through a crisis and get through it, the odds are that you can succeed at work again.

If we decide to stay on Social Security benefits as our primary source of income, we are certain to live a financial life where we are hovering around poverty. If we choose to risk going off the benefits, there is always the chance we will not succeed. If we do succeed, however, and earn substantially more than we can on benefits, there is the chance and hope for a better quality of life.

(Continued from cover story When Mental Illness is Criminalized, the Community Suffers)

Formerly incarcerated, formerly homeless, person in long-term recovery from the use of narcotics and alcohol, and mentally ill. These all could be used to describe me, but I self-identify as a survivor of many broken systems. The mental health system is broken and in need of overhaul. To do so, stigma needs to be addressed and that includes crisis handling by the NYPD. The stigma of mental health is quite isolating and unforgiving toward those assigned a diagnosis. When it comes to encounters with law enforcement, being known to the police as an emotionally disturbed person can be dangerous to one's health. The baseline for EDP-related 911-calls usually sees that two uniformed cops are dispatched at the very best, or in some drastic cases a collective show of force appears. As a pacifist, I don't agree with violence at all, which says a lot considering the amount of violence which has been perpetrated against me.

Such a show of force is not necessary always, understanding that when the black gloves are on, they are used for a purpose: subdue using necessary force to make a person comply whether breathing or not. If no crime is occurring, there is no need for law enforcement's presence during a vulnerable person's battle with crisis and amplified emotional states. Health emergencies require medical intervention. Unfortunately, there is no guarantee that when calling 911 for medical emergencies, law enforcement will not appear even if requested not to.

I am a person who lives with Complex Post Traumatic Stress Disorder. My family thought it best to call 911, instead of seeking out healthy, emotionally-sound collateral supports. Police encounters were many, and as a formerly incarcerated individual, that is something to be avoided at all cost. Reflecting on my past encounters, I was failed time and time again, and victimized by the mental health system and NYPD subsequently.

"Why aren't warmlines and crisis respite centers being touted as much as prescriptions to stem the tide of mental health crisis in the community? Why aren't qualified mental health professionals present at all 911-emergencies?"

Being a client of a Medicaid mill where one affiliated psychiatrist was arrested by the DEA, another being sanctioned by the OPMC, and narcotics and psychotropics being peddled in a staff-sponsored open-air black market, I was offered sedating medications with reckless abandon. As a result of being prescribed medications at non-therapeutic dosage levels, as well as misdiagnosed, I was in a consistent state of flux emotionally and physically. In choosing to stop taking medication, and no longer wanting to attend such types of community health clinics, my loved ones were told that my being noncompliant deems me a danger to self and others. I fell through the cracks while wanting only to be heard, not abused into submission/compliance/non-resistance.

The mentally ill are usually treated in such ways as if they are without value, and as faceless throwaways who don't fit societal norms. If they are not treated inclusively for their respective differently-abled needs, then failure is to be expected. The often faceless in the crowd find themselves named and recognized when mentioned in news media headlines, where the lack of empathetic interventions failed their existence.

Persons living with mental illness, or as I like to say, experiencing alternative states, should be celebrated and empowered in the community, not punished for being in critical need of holistic wraparound services.

I spoke recently at the November 20th One Police Plaza Mental Health Decriminalization Rally with the intention to neither demonize the NYPD nor antagonize relations between law enforcement and the mental health community in any capacity. I shared testimony and offered suggestions on how to create pathways toward healthy crisis intervention that preserve dignity and life. Wondering how to address the crisis at hand, I made a list of questions: Why aren't warmlines and crisis respite centers being touted as much as prescriptions to stem the tide of mental health crisis in the community? Why aren't qualified mental health professionals present at all 911-emergencies? If there is no differentiation between calls necessitating medical and law enforcement intervention, then why aren't ALL NYPD officers receiving Crisis Intervention Training and Mental Health First Aid? Why not establish a non-law enforcement number to address medical-related emergencies?

I know from first-hand lived experience that when mental Illness is treated as a crime, not only does the individual suffer, but the community suffers as well.

What a Young Woman Learned from Her First Hospitalization

By R. Penelope

And the Incredible Support System She Created

I am learning how to deal with myself on a daily basis throughout this process; learning how to handle mental health and the importance of taking the time to fully participate within myself, break down old habits, behaviors and unresolved trauma.

I had been hospitalized for two weeks around August 2019. Being a nineteen-year-old Black woman that has been through the mental health system, I expected more. It had been my first time being hospitalized for my mental health; I didn't know what to expect.

A nurse offered me pills I couldn't pronounce the names of. Other short-tempered nurses, ignoring my and other patient's comments and concerns, gave me shots to force me to sleep. Staff were quicker to oppose patients than to listen and doctors lacked empathy or even interest in building bonds of trust with their patients.

The lack of inattentive service at the mental health center was unimaginable. I used to assume that individuals who take jobs to help people who had suffered through life-impacting trauma would at least commit to helping them.

I realized throughout my hospitalization that I actually needed the support of others around me. A woman and fellow patient helped me to understand more of the Bible and the importance of establishing faith and a religious background. Religion provided me with the structure I had lacked. The support that I received from fellow patients helped me to seek support from my family, church and neighborhood friends. These supports directed me to structure my life and create a routine for myself.

"I've learned to accept my experience within the mental health system and to fight the self-limitations induced by fear. I hope to bring the odds around in my favor by accepting support that helps me to reach my goals and level of independence."

My supporters are active listeners and make me feel worthy of expressing vulnerable parts of who I am. They genuinely show their concern for me and have always welcomed me to feel that I'm part of a greater cause. Each supporter motivates me toward becoming my higher self. I feel motivated to create my legacy toward the end of every conversation. The important factor isn't time, it's emotion and connectedness; to feel that I am seen as someone of value to the people I care about helps me toward my own independence. Due to my support system, I feel more committed to becoming greater than I felt I once was. I notice my levels of productivity and confidence rise.

After my hospitalization, I achieved a sense of what I had been putting off and what I needed to do. Self-care and self-love routines became a huge part of my life that I had once neglected. Self-care meant noticing when I was overwhelmed, taking a step back and releasing tension by doing something I enjoyed. Self-love was accepting that I couldn't take on every task and that it was okay for me not to without feeling as though I had let someone down.

I practice these assets throughout my daily life. Religion became a part of my self-love routine, playing a huge part because it implements self-love, forgiveness and self-acceptance. Volunteering at a local garden is my source of self-love; I truly have a green thumb. Submerging into nature soothes my soul. The soil and the bark from the trees ground me and oftentimes let me visualize the world in a natural state unlike the industrial aspects that surround us.

Self-care is attending therapy sessions at the end of the week. I feel extremely comfortable when communicating through my feelings with someone who will give me the proper advice. Waking up early, even on weekends, are self-care routines, because I'm allowing myself to feel alive with purpose. The warmth of the bright sun gives me the motivation to say, "It's time for another day!"

I've learned to accept my experience within the mental health system and to fight the self-limitations induced by fear. I hope to bring the odds around in my favor by accepting support that helps me to reach my goals and level of independence.

R. Penelope

"The beginning is the most important part of the work"-Plato

"Do what you can, with what you have, where you are" -Theodore Roosevelt

Mural Fights Stigma in Brooklyn

By Staff Writer

After months of discussion, participation and work, the ribbon was finally cut on a massive mural outside of P.S. 24 in Sunset Park, Brooklyn that raises awareness of mental health issues.

The ceremony at the school, 427 38th St., was held on Thursday, Oct. 24, led by representatives of the New York City Department of Health and Mental Hygiene. The mural, titled "Feeling All Four Seasons, Bridging All Four Seasons," was designed by local artist Julia Cocuzza, with help from neighborhood residents, and peers from Baltic Street AEH, Inc, an employer of over 100 people with mental health issues.

The mural is part of the larger NYC Mural Art Project which is a Health Department initiative. Currently, there are eight murals up around the city.

The seasonal aspect of the mural drives home one of its overarching themes, that "our trauma or diagnosis does not define us, just like race, gender or other stigmatizing labels do not define us," said Cocuzza. "We in the mental health community are just like you: We experience all four seasons in New York, we cycle through emotions, highs and lows, and we all seek connection, understanding and compassion—from family and strangers alike—just like everyone else."

Three paint festivals brought the community in to help complete the mural. Doing so helps to put an end to the shame that may come with having mental health issues. "The event was enlightening as to what building communities of hope and compassion can be about," said Isaac Brown, CEO of Baltic Street AEH.

"Mental health is slowly becoming more of a priority for New York City and for this country as a whole, which is so great to see," added Cocuzza. "Social barriers built by stigma and bias are slowly breaking down, one small interaction at a time. Public art is a powerful tool to enact change and connect communities. I'm happy I could use my medium to make a contribution to this positive movement."

It's not *magic*— It's food *processing*!

By Robert Karmazyn, Program Director, Community Access

The Food Industry is Killing Us for Profit

Those of you who are in your 60s, maybe even 50s, may still remember that a long, long time ago, food in general didn't last long and was more perishable. Who knows, maybe we are the last generation to remember and understand that, usually, natural, unprocessed food products have a very short shelf-life. We may also be the last to remember that natural products may look less visually appealing without all the artificial colors, be less aromatic, less tender, and less fluffy without other artificial additions.

However, those times when food products were not "improved "by adding various chemicals are gone and almost forgotten. Why? The answer is simple. The food industry is all about money. It is a strict business which focuses on how to sell more products, how to limit losses and how to make the largest profit. The food industry is extremely lucrative. That's a good enough reason to make artificial "improvements," in efforts to "engineer' good tasting, highly processed food and beverages that are later displayed and marketed at cheap prices and long shelf lives in every C-Town or corner bodega. Additionally, every year billions of dollars are spent on marketing.

Food marketing is often promoting false nutritional information. According to Rosie Wilson, as stated in her book The Media and Communications Industry, as of 2011 the "average American encounters between 600 and 625 ads a day." When watching ads and advertisement we should remember airtime is very expensive. Yet, obviously the ads pay back. For decades, food companies have paid academic authorities and funded research that promotes false nutritional information. For example, Coca-Cola, the world's largest producer of sugary beverages, is questioning the role of sugar as an obesity crisis factor and promotes a new "science-based" solution to the obesity crisis: To maintain a healthy weight, get more exercise and worry less about cutting calories.

"Coca-Cola, the world's largest producer of sugary beverages, is questioning the role of sugar as an obesity crisis factor and promotes a new 'science-based' solution to the obesity crisis: To maintain a healthy weight, get more exercise and worry less about cutting calories."

Link: https://well.blogs.nytimes.com/2015/08/09/coca-cola-funds-scientists-who-shift-blame-for-obesity-away-from-bad-diets/

Unfortunately, various celebrities and even health authorities persist in taking money from and forming relationships with big food businesses for their own profit. We love our celebrities and we follow their examples. Yet, we are not paid for eating (or often just advertising) highly processed, sugary, salty, colorful candy, or salty snacks. What's worse, we are the ones who pay the high price with our declining health, obesity and medical bills. What can we do to resist all this advertising, ads that make us crave unhealthy, processed food?

FIRST, to avoid it, we should learn more about "the enemy." What counts as unhealthy processed food? Examples include: Sugary Drinks and Juices, French Fries and Potato Chips, Cookies, Pastries and Cakes, White Bread, Low-Fat Yogurt, Processed Meat, Ice Cream, Candy, Milk & White Chocolate, Candy Bars, Processed Cheese, Margarine, Industrially Produced Vegetable Oils, Pizza & Deep Fried, Breaded Chicken (SO, SO SORRY GUYS!), Fast Food Meals, Sweetened Coffee Drinks, and many more Low-Carb Junk Foods. Note: it is not a secret that "fat-free" products were often described in the past as less tasty and less satisfying. To make up for that, food makers tend to pour other ingredients—especially sugar, salt, flour, thickeners such as xantam, guar, carob gums, and modified starch into the products. Additionally, low fat, fat-free products contain mono- and diglycerides, classified as emulsifiers and therefore exempt from the labeling requirement. If you are a label reader, you will find that many low-fat or fat-free versions of your favorite food products contain multiple fat replacers. That can add calories. Meanwhile, if you are still not convinced, and you read "low fat product," you may be tempted to eat too much of it.

Robert Karmazyn

SECOND, we should learn more about what makes processed food unhealthy. The list is long: Trans fats (hydrogenated oils), High-fructose corn syrup (HFCS), Artificial sweeteners, ie: Aspartame, Artificial colors, Sodium nitrites and nitrates, Growth hormones (rBST and rBGH), Monosodium glutamate (MSG), Butylated hydroxyanisole (BHA) and butylated hydroxytoluene (BHT).

THIRD, we should read the food labels. Don't let the claims on the front of the package fool you! Again, read food labels and avoid being tricked!

I realize, it is very difficult to

(Continued on page 7)

(Continued from page 6, It's not magic—It's food processing!)

eliminate or at least to limit some of the aforementioned processed food products. Maybe it will be easier if you keep in mind that if you continue eating unhealthy processed food, you'll pay later with the cost of poor health. And if you feed unhealthy processed, sugary food and drinks to your children, it may raise their risk of obesity and chronic disease.

At this point, you would probably like to yell straight in my face "What should I eat then?! You did mention here everything that I like!" Well, more about healthier options and alternative for unhealthy, processed food in the next article. Meanwhile, please focus on finding food products as close to the foods' natural state as possible and study FOOD LABELS!

Do not give up & Bon Appetite!

Together We Can #HALTsolitary Confinement

By the #HALTsolitary Campaign

The New York Campaign for Alternatives to Isolated Confinement (NYCAIC) #HALTsolitary campaign is doing everything possible to urge the New York legislature to pass, and the Governor to sign, the HALT Solitary Confinement Act as soon as the legislative session resumes in January.

Solitary confinement is torture. People in solitary spend all day, every day, without any meaningful human contact or programming. People in NY routinely spend months, years, and even decades in solitary, including over 30 years. The sensory deprivation, lack of normal human interaction, and extreme idleness can lead to intense suffering and severe damage. Over 30% of all suicides in NY prisons take place in solitary. A study conducted in New York City jails found people in solitary were nearly seven times more likely to harm themselves and more than six times more likely to commit potentially fatal self-harm.

Solitary further causes great harm to the families and communities of people in solitary. Solitary is also counterproductive to purported safety justifications. Jurisdictions that have reduced solitary have seen positive impacts on safety for both incarcerated people and correction officers. Reductions in solitary also leads to greater safety in the outside community and decreases the likelihood people will return to jail or prison.

Yet, NY continues to lock several thousand people in solitary each day, and tens of thousands each year. Solitary is disproportionately inflicted on Black and Latinx people, as well as on young people, people with mental health and behavioral health needs, and transgender and gender non-conforming individuals. A new New York Civil Liberties Union (NYCLU) report shows NY prisons have been increasing the use of solitary in recent years, despite a lawsuit settlement meant to limit its use, with nearly 40,000 solitary sanctions in state prisons issued last year alone.

NY must end this barbaric practice by passing the HALT Solitary Confinement Act, S.1623/A.2500. Thanks to efforts led by survivors of solitary and their family members, there are more than enough votes to pass HALT. Over 130 state legislators support HALT, including 99 Assembly members who voted to pass HALT in 2018, 79 current Assembly cosponsors, 34 Senate cosponsors, and additional Senators and Assembly members who committed to vote for HALT.

The bill would: limit solitary to no more than 15 days for all people in line with United Nations standards; prevent cycling to solitary by limiting solitary to no more than 20 days in a 60-day period; ban solitary for people with mental health needs, young people, and others; create more humane and effective alternatives; restrict the criteria for who can be placed in solitary or alternatives; and increase transparency and oversight. The #HALTsolitary campaign is also urging New York City (where the vast majority of people are held pre-trial and presumed innocent, and others are there for low-level misdemeanor convictions) to completely abolish solitary and instead utilize proven alternatives that are the opposite of solitary, with full days out of cell and access to meaningful human engagement and congregate programs and services.

There are growing calls across the state and the country to end solitary confinement from leading mental health organizations, faith institutions, Presidential candidates, social justice organizations, and countless others. The people of New York can wait no longer. The deaths of Layleen Polanco, Kalief Browder, Benjamin van Zandt, and countless others demand that NY end this horrific and deadly practice.

Beyond ending solitary, NY must decarcerate and shift from its extreme punitive approach (rooted in racism) to a public health, healing, and empowerment approach. As some examples, NY must pass Elder Parole and Fair and Timely Parole, restore access to higher education and full voting rights to people while incarcerated, end police and correction officer violence, promote community-based care for mental health needs and substance use, reduce draconian prison sentences, expand meaningful opportunities for in-person and overnight prison visitation, and adopt meaningful alternatives to incarceration and restorative and transformative justice.

Please join our movement to end solitary, challenge the entire incarceration system, and promote the health, safety, and well-being of all our fellow community members. Learn more: www.nycaic.org.

"There are growing calls across the state and the country to end solitary confinement from leading mental health organizations, faith institutions, Presidential candidates, social justice organizations, and countless others. The people of New York can wait no longer."

"Learn from yesterday, live for today, hope for tomorrow"-Albert Einstein

"A journey of a thousand miles begins with a single step"-Lao Tzu

Career Corner: Disclosure on the Job

By Christina Bruni, MLS

Should I Disclose My Mental Health Issue on the Job or Keep it to Myself?

The Americans with Disabilities Act ("ADA") signed into law in 1992 allows employees with disabilities to obtain modifications to their jobs so that they can be successful in the workplace alongside people who don't have these kinds of challenges. The ADA applies to all State and local governmental units, and to private employers with fifteen or more employees.

The ADA defines a "disability" as "a physical or mental impairment that substantially limits the performance of one or more major life activities of an individual." To request a reasonable accommodation, two criteria have to be met: first, the disability must be known or perceived by the employer. Second, granting the request cannot place an undue hardship on the operation of the business.

The question is whether or not you should disclose your diagnosis. My good friend who has schizophrenia and had a career as the CEO of a corporation disclosed only once and it backfired on him. The coworker he told used the knowledge of my friend's illness to his political advantage. It cost my friend a promotion.

Disclosing your disability before you're made a job offer can shut you out of a job. Only tell your employer after you've started the position.

The consensus among all the peers I've interviewed is that you shouldn't disclose unless you're confident you need a reasonable accommodation. Our feeling is that if you can do your job as well or better than the next person, it's nobody's business if you have a mental health condition. You do not disclose to your coworkers to obtain a modification. **You submit the request to your HR department.**

You should be comfortable with the information you give about your disability. Use the actual diagnosis, yet remember that you don't have to reveal every single detail about your symptoms.

> **"The consensus among all the peers I've interviewed is that you shouldn't disclose unless you're confident you need a reasonable accommodation…You do not disclose to your coworkers to obtain a modification. You submit the request to your HR department."**

Focusing on your symptoms instead of strategies to combat them places you in a diagnostic box that is hard to get out of. Framing your request in terms of a functional limitation can be better. Act collaboratively not confrontationally when requesting a change to your job duties or other assistance.

It will go a long way and be better to talk about what medication, treatment, or resources you're currently using to help you manage your condition. You will be viewed more favorably if you are positive and proactive in taking the right action so that you can function.

Here's what could be an effective sample request to ask of the HR person at your company: "I'd like to exceed your expectations for what I can do on the job. Right now, I'm having a hard time with (fill in the blank). This is because I have (state diagnosis). I'd like a modification so that I can continue to excel in my performance. Here's what I think might be good: (list a suitable change). What do you think?"

The HR person will ask for a letter from your doctor to document what your disability is. There's no way around getting this on your doctor's letterhead. Yet any reputable business that doesn't want to run afoul of the law of the nation as regards the ADA shouldn't balk when the letter is given. As long as the letter was written and signed by an actual doctor your employer will have to consider giving you the accommodation.

If you fake a letter on letterhead you

Christina Bruni

cut-and-paste from the Internet with a bogus signature of a non-existent M.D., you will be found out. The HR person will call the doctor to verify the details.

The Job Accommodation Network (JAN) at https://www.askjan.org lists numerous accommodations by disability from A to Z. Some hardships experienced include maintaining stamina throughout the work day, managing time pressure and deadlines, initiating interpersonal contact, focusing on multiple tasks simultaneously, and responding to negative feedback.

You have to use judgment about what's *appropriate* to tell coworkers. It comes down to treating each other with *respect*. The key is to establish and keep *boundaries* between you and your coworkers. This is standard business protocol.

Steve Kaufman

Ask the Pharmacist: Are Psych Meds Right for Kids?

By Steve Kaufman, RPH, Senior Pharmacist

In today's article we are going to talk about psych medications for children. We will think about all mental health issues especially ones for ADHD and depression, which seem to be the most prevalent among young people. For the purpose of this discussion when we use the word children, I am thinking about kids eight to sixteen years of age.

Anyone who thinks children don't need to be treated for mental health issues is probably living in a fantasy world. The bigger question is how many of these issues are just children growing up and how many actually should be treated with medication. Are we overmedicating our younger generation? There are many factors to be looked at. When a student isn't paying attention in math class, is it truly ADHD or is there just something else more interesting to look at outside the window (like a squirrel eating a bird).

Let's look at some factors that lead to stress, anxiety and depression in children. First, we have the Internet, which exposes kids to tons of information that many of them are too young and naïve to fully understand. Puberty is a point in their life where their whole world changes. Social media and cyber bullying are things that never existed in previous generations and create a lot of stress and anxiety in children. Staying home and playing video games instead of playing outside prevents children from having social interactions and having a way to release energy. Also, a lot of children come from single-parent homes or homes where both parents work so parental guidance in the home is sometimes lacking.

So, how do we determine which children have true mental health issues and could benefit from medication and which children would benefit from a more structured lifestyle or just someone to talk to? This is not an exact science. It is actually more of an art then a science. Medications like Ritalin and Adderall work very well in treating ADHD. Many antidepressants work very well in treating anxiety and depression. The problem with these medications is that they can be addictive or create a dependence. We don't want our children to be on these medications for their entire lives. When they become adults, they feel Xanax is needed because the Adderall makes them hyper and Ambien is needed to help them sleep. That's where doctors, teachers and parents need to get together and find out what the best way to treat their child is. We do not want the medication to become a crutch that the child is going to need their entire life. I cringe at the number of times I see young adults on five or six medications.

> **"The problem with these medications is that they can be addictive or create a dependence. We don't want our children to be on these medications for their entire lives."**

Are ADHD and these conditions being over-diagnosed? Many times, it's just kids being kids and they will grow out of it normally. I think parents and doctors have to sit down and weigh the pros and cons. Many times, when both parents work or it's a single-parent home, putting the kid on drugs is the easier solution. We as a society need to have a better way to treat children with these issues. We need doctors to spend more time with these young patients. We need insurance companies to invest more money in this area and pay the medical professionals so they can put in the time. We need psychologists and psychiatrists to be more accessible to parents and we need the drug companies to stop spending big money trying to push medications on everyone.

So, yes, psych medications are necessary for some children. However, before we put them on theses meds, let's make sure we have tried other options first. Our goal needs to be not to just treat these patients, but to watch them as they grow and develop into adults and see if, as their life evolves, we can reduce or discontinue these medications.

Healthy Cooking Class Sponsored by City Voices and Fountain House

Grandma always used to say "Eat your vegetables!" And she was right. Vegetables contain the right vitamins and nutrients to help sustain a healthy body. But how do you make vegetables into something delicious? Easy, you make a quiche or a salad unlike any other. With this in mind, for the past couple of months at Fountain House, a clubhouse for peers with mental health issues in midtown Manhattan, City Voices' director Dan Frey and editorial board member Ellen Stoller worked with clubhouse members to create mouthwatering vegetable quiches and to-die-for salads! We chopped. We peeled. We poked holes in our crust. We steamed, baked and sautéed. And the results were pure deliciosity!

If you're in New York City, join us for our monthly Healthy Cooking Class. Wash your hands, throw on some gloves and get to work with us! Join us on Facebook to be alerted about future classes: facebook.com/groups/cityvoicesforpeers/

Vegetable Quiche

Ingredients

- Prepared pie dough
- 2 tsp oil, extra virgin
- 1 medium onion, diced
- 1 small red or green bell pepper, diced
- 1½ cups broccoli florets, chopped
- 1 small to medium sweet potato, peeled & diced
- 1 zucchini diced
- 3 eggs
- ¾ cup low fat milk
- 1 tbsp French mustard
- 1 tsp salt
- 1 cup reduced fat cheese grated
- 1 cup can corn kernels, drained

Directions

Preheat oven to 350 degrees. Unroll the pie dough and place it evenly in a pie pan. Use your fingers to press the dough into the pie pan, all over, including up the sides. Use a fork to poke holes all over the dough, so heat can escape when baking. Heat oil in a frying pan and lightly sauté onion and bell pepper until soft. Steam broccoli, sweet potato and zucchini. In a medium bowl whisk together eggs, milk, mustard and salt. Sprinkle cheese over base of quiche. Arrange onion and bell pepper, steamed vegetables and corn kernels over cheese. Pour egg mixture over vegetables. Bake for 40 minutes or until mixture is set. Test with a knife inserted in the middle. If it comes out wet, bake 5-10 minutes more then check again. Repeat if necessary. When knife comes our clean, it is ready to remove from the oven. Let cool 10 minutes then enjoy!

"The truly rich are those who enjoy what they have"-Yiddish

"Deal with the faults of others as gently as your own"-Chinese Proverb

Some Tips to Surviving the Winter Months

By Max Guttman, LCSW, City Voices' Editorial Board Member

Remember to Plan Ahead

The holidays are a happy time of year as we march towards November and December. After New Years though, the liveliness seems to always drop off, and the excitement fades into the bleakness of cold weather and the necessities of the winter. For many of us, the winter months pose various concerns for people struggling with a mental health condition or issues. From the exacerbation of symptoms, to the isolating effects of heavy snowfall, the winter can be very challenging. This article explores the importance of maintaining wellness during the cold winter months and other recommendations to stay healthy when the weather poses the possibility of physical barriers to getting to work, accessing goods and services, and further risk of psychological mayhem from limited sunlight, or physical mobility issues from heavy snowfall and inclement weather.

Maintaining good health in the winter, even if it's not your favorite season, is really very manageable. I will walk you through it. When access is limited, for whatever reason, plan ahead, and stock up on goods and other necessities for the home if inclement weather strikes unexpectedly. Nobody wants to wait on a long line at the grocery store the night before a major snow storm because they didn't plan ahead and maintain the gradual flow of goods into their home like food, hygiene supplies, drinks and other items like batteries and flashlights for when the power is out from an ice storm. So, instead of waiting to the last minute, keep a schedule of bringing in food into the home routinely. This is not a license to bring in take-out and all shades of unhealthy items into the home either, comfort food does not have to be unhealthily, just satisfying and nourishing.

Maintaining connectivity to medical and mental health treatment can be problematic as well. Certain medical conditions are exacerbated by exposure to cold weather. The same is true for mental health symptoms and conditions like Seasonal Affective Disorder (SAD) which impacts people's moods, and, in turn, their habits, behavior, and thoughts. Consulting with a mental health professional about changes in your mood or thinking because of prolonged periods of limited sunlight may result in a positive change in your life and break the cycle of either relapsing during the winter or increasing your chances for success and wellness during this difficult season.

"Ultimately, the winter is just another season in the great journey of your life. So, pace yourself, and be mindful of habits which interfere with your overall wellness, because the road ahead needs you in your top mental and physical condition—for the long haul."

Be sure to investigate the correlation between sun exposure, and your overall mental health, because something as simple as purchasing a light box from CVS or some other pharmacy may increase your wellness when otherwise you would have struggled immensely just to survive. Aside from SAD, connectivity issues become increasingly problematic in the winter. Getting to and from the doctor, or picking up medication, either refilling an old medication or filling a new e-script from your doctor is hard when bad weather happens. Don't wait until the last minute to refill medications should the next great blizzard hit.

Research also suggests people are just less active overall during the winter. There are fewer activities due to being limited to the indoors, and generally, people are less connected to each other during extreme weather conditions. Parties get canceled, or go unscheduled. People isolate. When you find yourself isolating too much, and not connecting with friends and family, pick up the phone, or make a date to connect. If the weather is extreme, and you need to reach out to someone, but can't figure out who to call, be sure to call a warm line, to experience that human connection or to troubleshoot a non emergency situation you need to vent about with someone.

All of these recommendations will promote good work attendance during the winter. Eating healthy, staying physically active, and checking in with your personal mental health and wellness is crucial to making it into work consistently during the winter. Ultimately, the winter is just another season in the great journey of your life. So, pace yourself, and be mindful of habits which interfere with your overall wellness, because the road ahead needs you in your top mental and physical condition—for the long haul.

Max Guttman

The "Bring It Home" Housing Rallies Carry On the Fight

The Bring It Home coalition released the following statement in response to Governor Cuomo's announcement of the fourth round of the Empire State Supportive Housing Initiative, which will provide funding for at least 1,200 units of supportive housing:

"The Association for Community Living and the Bring It Home coalition applaud the Governor's ongoing commitment to developing and adequately funding new supportive housing. However, identical existing units that already house the most vulnerable New Yorkers continue to be dramatically underfunded by the state—and many providers are questioning their ability to continue operating them.

With his longtime support of the mental health community, we doubt the Governor would want to jeopardize successful programs while allocating funds to build new ones—resulting in the net loss of supportive housing. We urge Governor Cuomo to correct this disparity and invest in community-based mental health housing in his 2020-2021 Executive Budget."

Get involved:
https://www.bringithomenys.org/

Angela Cerio

The Intergalactic Federation of Crazy Folk

By Angela Cerio, CPRP

Honoring Those Who Came Before Us

I remember when the comet Hale-Bopp passed close to Earth, and theories abounded that there was an intergalactic spaceship at its core. I remember Howie Vogel, creator of DTR (Double Trouble in Recovery) and a major player in establishing the Howie the Harp Peer Specialist Training Program, saying to me, "If there is, you can bet Howie [the Harp] is at the helm."

Howie the Harp always told us that when he died he intended to establish an "Intergalactic Federation of Crazy Folk." I find myself thinking about all the "crazy folk" who were part of our movement back then, and who have since left our physical world. They helped me to become who I am today, through their friendship and peer support. They were the pioneers of peer support and advocacy in New York City. And while there are many figures who are widely recognized as national leaders, those who lived and worked here in NYC and strove to develop a voice and a "seat at the table" for our human rights movement are largely forgotten. They broke through barriers to our participation on agency boards and mental health planning bodies and paved the way for peer support and peer specialist positions. They were rebels who challenged and changed the status quo of the system.

Dick Gelman taught me a lot about the structure of the mental health system in New York and got me a spot on one of the first outpatient task forces to include recipients of services. (My psychiatrist at the time thought I was delusional when I told her about it.) Dick had the initial idea for "Incube" which was intended to be an "incubator" of sorts for peer entrepreneurs and consumer run projects.

Mimi Kravitz passed the bar exam and got her law degree while homeless and living in her car. She became director of Incube. Mimi was also a talented singer who led a group she named "The Screaming Mimis." She was close friends with Howie the Harp, and they often "jammed" together.

Quincy Boykin was the first peer to head the Office of Consumer Affairs for the NYC Department of Health and Mental Hygiene (DOHMH). He was a formidable presence, and seldom took "no" for an answer. He obtained funding through his office for a variety of projects like the annual Picnic for Parity and city-wide consumer conferences.

Louise Wahl, a member of Project Release, and insulin shock survivor, Louise's apartment on the Upper East Side was the New York City site for the bi-monthly Chamberlin Teleconferences out of Boston University.

Ken Steele was very special to me. We drove together to the Office of Mental Health (OMH) research conferences in Albany, where he was the only "consumer" allowed to present. Ken was an activist for the causes he believed in, like the Voter Empowerment Project, the Picnic for Parity, and peer support Awakenings groups. Ken started City Voices, and was its first Editor-in-Chief. He loved Star Trek, Barbra Streisand and lighthouses. He passed on while working on the acknowledgements for his book, "The Day the Voices Stopped."

Brendan Nugent was the first director of the Institute for Community Living's attempt at a consumer-run clubhouse based upon the Fountain House model. It was not until Brendan passed away that it was found that his psychiatric symptoms were actually the result of a physical ailment. He helped organize various marches and protests on behalf of our movement.

Marvin Spieler was a longtime columnist and board member for City Voices. He also ran the Speaker's Bureau for the Mental Health Association in NYC which paid peers to tell their stories to students, providers and peer groups.

Richard Greenberg belonged to many advisory boards and support groups. He was a driving force behind an unsuccessful attempt to keep the NYC Recipient's Coalition going after Howie the Harp passed away.

Robert Teller was active in the Mental Health Council in his borough and an active member of the NYC Federation of Mental Health Council's Consumer Committee.

Esperanza Isaac started Casa Esperanza, the first clubhouse model program for the Hispanic population of New York City. She was an active force on many mental health advisory groups for both OMH and DOHMH.

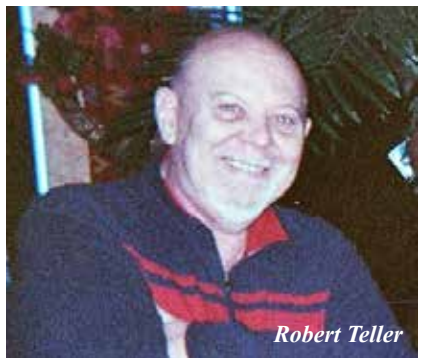
Ed Knight: While not from NYC, Ed was the first director of the Mental Health Empowerment Project under the Mental Health Association in NY State. He organized some of the earliest consumer conferences at Bronx State Hospital with national leaders in our movement as speakers. He earned the nickname "Johnny Appleseed of self-help groups," offering technical assistance to start-up groups from Buffalo to Long Island.

I knew many others—friends, allies and activists—from all five boroughs who strove to give their perspectives and input on how we could make the system better. They all, living and dead, contributed to the history of our movement.

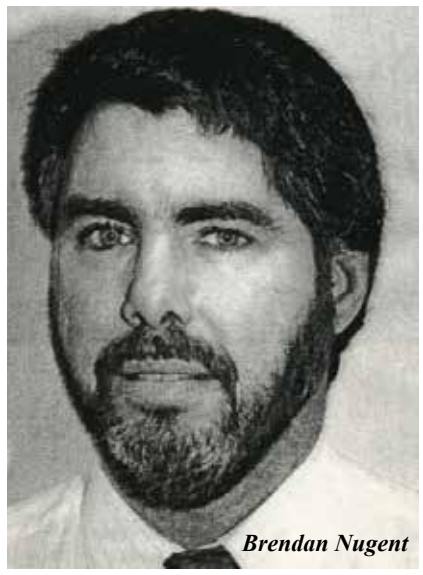
"…friends, allies and activists…They all, living and dead, contributed to the history of our movement…I hope those who have gone before us have found their way to Howie's Federation."

I hope those who have gone before us have found their way to Howie's Federation.

Note: Angela Cerio, CPRP, found hope for recovery after repeated hospitalizations at the 1988 Alternatives conference in Salt Lake City where she met and established ongoing friendships with Howie the Harp, Judi Chamberlin and other leaders in our movement. She was a founding member of the Sky Light Center Clubhouse on Staten Island. She directed the first funded peer advocacy program in NYC: PALS (Peer Advocates Linking Services). She was site director for the Mental Patients Liberation Alliance in Utica, NY. She is a member of Mind Freedom International, and a former editor-in-chief of City Voices. Currently, she is a trainer at the Howie the Harp Center, and a participant in the Columbia University Public Psychiatry Fellowship Program as a peer advisor. She is an active member of the Staten Island Mental Health Council, and serves as treasurer on the board of directors of Baltic Street AEH, Inc.



Robert Teller



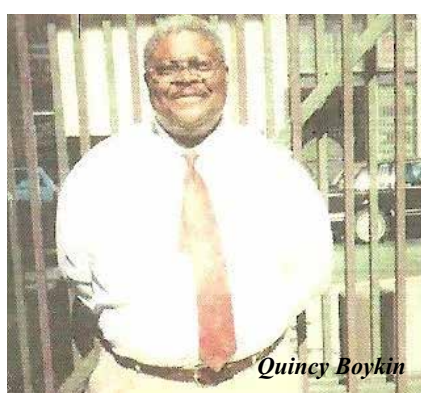
Brendan Nugent

Howie the Harp

Ed Knight

Ken Steele

Marvin Spieler



Quincy Boykin

"What you are will show in what you do" - Thomas Edison

"You were born to be real not to be perfect"-Unknown

Accessing the Muse

Engaging in the arts provides artists, including those living and working with mental illness, to pursue their creative visions and to challenge the stigma that surrounds mental illness.

Founded by Fountain House in 2000 as a not-for-profit exhibition space for its member-artists, Fountain Gallery sells original artworks and collaborates with a wide network of artists, curators, and cultural institutions. Embracing artists who are emerging or established, trained or self-taught, Fountain Gallery cultivates artistic growth and makes a vital contribution to the New York arts community. Many of the artists featured here participate in Fountain Gallery.

City Voices' field reporter and artist in her own right, Jenny Chan, interviewed five artists to feature here with the following questions:

1. **What inspires you?**
2. **Is there a specific artwork you've made that you are most proud of? Why?**
3. **How did you start making art? Why do you think you make art?**
4. **What is your favorite artistic time period and why?**
5. **If you could display your work at any place or a museum where would it be and why?**

This section contains photos of the artists, their bios, a selection of their artwork and their responses to Jenny's questions.

Jenny Chan; Photo by Gary Peabody

Born in Queens (where she lives to this day), Donna is a self-taught artist who paints in the abstract style and assembles one-of-a-kind 3D sculptures, utilizing found objects and "stuff that's hanging around." She also makes paper and photo collages and is skilled in shooting and editing video. Donna has been taking photographs since her youth, with an emphasis on subject matter reflecting the natural world. For many years, she worked with New York ad agencies in film and videotape post-production for TV commercials and documentaries on both the technical and creative sides. Says Donna, "I appreciate art in all forms with no attachment to any one artist. I love a good visual and making someone smile."

Donna's Answers

Being a very visual person, I'm inspired by the many forms of beauty that surrounds me. I'm very drawn to nature and colors in my photography; shapes and textures. I like being given a project and having a deadline to meet, the energy of creating and working under pressure.

Thanks to Fountain House Gallery, I've been given such an amazing opportunity to produce, exhibit my work and gain recognition. One of my 3D Assemblage pieces, "What's Lurking" was selected and sold the evening of the opening reception *At*

(Continued on page 14)

FROM TOP TO BOTTOM: Birds of Passage; What's Lurking; Circles Squares, Earth Angel

Lily creates work that is a visual expression of her struggle with the desire to control and alter nature in all aspects with her respect and desire to accept the forces and forms that occur in nature. This need is reflected in Lily's work with the choices of materials, mediums, and the way she handles them for each project but the finished work often shows the influence of nature and organic fluid forms.

Lily's Answers

I draw inspiration from my environment, especially my relationship with "nature."

There isn't a specific art work I'm most proud. My making art is an exploration and process, each work has its own significance to me.

I had the opportunity to take classes for free when I worked in a CUNY college and started making art when I took my first printmaking class. The challenge of using different processes and materials to create my image was what hooked me on printmaking, especially processes of woodcut and etching.

I think I make art as a creative way of coming to terms with certain things I struggle with in life and the resultant work of art is sometimes the resolution or product of that struggle. And sometimes I make art are as a statement, a way of communicating with the viewer. But I want to leave it

(Continued on page 14)

FROM TOP TO BOTTOM: Home Relief; Ting Guey Yee; Sprout

A mostly self-taught artist, Shelia researches and combines techniques and materials in intuitive, often surprising ways to create what she imagines.

Sheila's Answers

I'm mostly inspired by beauty and the creativity of artists around me, whether musicians, painters, videographers, or gardeners. It's why I've been advocating for a Creative Resource Unit at Fountain House to create more opportunities for our many talented and creative members to find that synergy that comes from being around people immersed in their creative callings.

It changes all the time, but at the moment I'm most proud of the piece I submitted to Mad About Art. It encompasses my tendency to combine different media, my love of nature, and my willingness to jump right in and try new things. Plus, I think it's the most beautiful thing I've ever made. It almost didn't exist due to an accident that pretty much destroyed it and several other pieces at once, but instead of despairing or quitting in frustration, I'm very proud to see the growth in myself that pushed me to start again, completing the piece and eventually getting it

(Continued on page 14)

FROM LEFT TO RIGHT: Untitled; Maelstrom 6; Feather Leaf

As a costume designer, Skye was relocated from California to New York for work. After nine years in the costume industry, she attended the Fashion Institute of Technology to study fashion design. Today, Skye adorns second-hand clothing and accessories with paint and sewing techniques to put life back into any item that may otherwise end up as landfill. The altered items are donated to raise money for charities.

Skye's Answers

I am inspired most by color. I love color and lots of it!

I am most proud of the first painting I created with the intention of selling. I wasn't sure what it was going to look like when I started it, I just started painting to the music of Miles Davis and I was really happy with the outcome. I wish it was always that easy!

I have made art in one form or another my whole life. I especially loved making and manipulating my own clothes and costumes. I more recently became inspired to start painting clothes when I sprained my ankle and I needed really comfortable shoes. Really comfortable shoes are not usually the most attractive or unique so I started painting my shoes with

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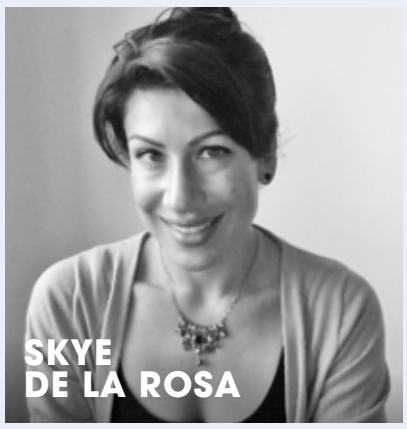

FROM LEFT TO RIGHT: Hand Painted Shoes, Handbag, and Mirror; Rhythm & Blues; Fall in New York

Greg has had no formal art training. He uses watercolor and acrylic as a base medium and incorporates in his work elements of mixed media—metal, newsprint, and found objects. His artwork reflects the manner in which he experiences life in New York City, and as a New Yorker abroad. An accomplished poet, Greg is pursuing a master's degree at the Graduate School of Library and Information Studies at Queens College, where he is completing the Certificate in Archives and Preservation of Cultural Materials.

Greg's Answers

In general, objects inspire me, but also occasionally other visual or literary works (Shakespeare, for example). How I approach an object depends on numerous factors, like the materials I will use, the media I want to use or have at hand and any restrictions I may place upon the materials and method, as well as other nebulous subjectivities like mood or thought. I usually start with some concrete gestures, and then the process takes over and there is an uncertain and ever-evolving dialog, or interplay, between me and the object. I feel I then can only guide the work in its state of becoming.

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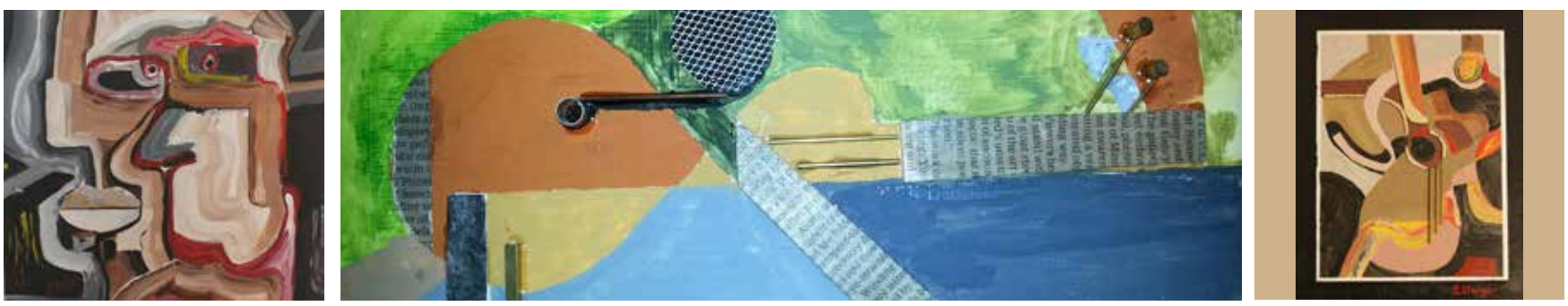

FROM LEFT TO RIGHT: Self Portrait; Guitar I; Guitar IV

"It is never too late to be who you might have been"-George Eliot

(Continued from Artist Section: Accessing the Muse on page 12 & 13)

Donna's Answers Continued

The Table, something I feel very proud of and still in shock since constructing and building has been dormant.

I was born into a very creative family, full of dysfunction and drug addiction. I was always creating something growing up, always taking pictures, painting, doing arts and crafts, writing poetry and cooking. I was very much into the arts at a very young age. I find making art to be very therapeutic, a diversion in keeping my sanity.

I'm really not attached to any one time period. My taste is very broad and open. I can never make up my mind about anything. I love, love Alexander Calder from the 1920s; his geometrics, his vibrant colors, his kinetic and wire sculptures. I also love Louis Icart, Georgio O'Keefe, Edward Hopper, Vincent Van Gogh, MC Escher, Warhol & Biblical art to name a few.

I love being at Fountain House Gallery. MOMA would be cool to display at and, since I love the outdoors, street fairs would be cool too.

Lily's Answers Continued

up to the viewer to draw their own conclusions about the work of art.

My favorite artistic time period is abstract expressionism. The freedom in the use of line and color to create a mood or invoke a sense of space or energy is what draws me to this period.

I would display my work in a public area where people passing by could take a minute or three to stop and appreciate the work for itself.

Sheila's Answers Continued

accepted to *Mad About Art 2019*.

I'm not really sure why I make art. I started making up my own stories back in the days of bedtime stories, and, like most kids, I've been coloring and drawing since I could hold a crayon. Before I left Texas, I'd done a lot of acrylic paintings based on a workshop I attended that was about stress-relief through the arts. Back then, I still held my family's lack of respect for my artwork, and put it all in a Goodwill bin on my way out of town. My years at HAI (hospital audiences incorporated) brought about the realization that my doodlings, moldings, scribbles, and such might have value to me or anyone else. Fountain House Gallery & Studio have cultivated that and brought it to fruition by giving me a place to create, putting my work on public display, and even selling a few pieces!

I don't think I have a favorite artistic time period. Right now, when there's finally a certain amount of respect (and a market!) for Outsider Art, crafts people, and self-taught artists, it would be very cool if we could have patrons like the diMedici family of old support our art.

I'm still learning about just how many amazing museums exist all over the world. I've been to the Louvre and it made quite an impression in spite of the brevity of my visit. It's a beautiful, beautiful place, filled with masterworks from throughout the centuries, and it would be a worthy honor to have my work seen by millions of people right alongside the masters.

Skye's Answers Continued

nail polish to liven them up. Then I started painting my purses, then my pants and pretty soon I was painting anything I could get my hands on!

I love Art Nouvou. I just really love the patterns, warm colors and soft whimsical shapes.

I am really happy displaying my work in someone's home. It makes me feel good to know that something I created touched someone else enough to want to look at it every day.

Greg's Answers Continued

I started making art in elementary school and continued sporadically through high school, and then I stopped completely. I restarted around 15 years later, after I stopped all the drugs and I stabilized psychologically. While it is true that making art has at times helped me in my recovery (for example, as a means to socialize more and connect with others), I reject, for myself, the notion of art as therapy—that is, art primarily for therapeutic purposes. In fact, the process of making art has at times caused me great pain and distress. This, I believe, is because I am completely invested in the process and ultimately the end-product. I care deeply about the art itself, not just what it does for me.

But, despite the difficulty and anguish, my work ultimately brings me great satisfaction, in the sense that I have created something that has real value on its own, in and of itself, and that exists beyond me, to be shared by others. As the work begins to live on in the world, it matters less and less what I felt or thought while making it or afterwards. What matters more, then, is its effects on others, and the meanings others create from engaging with it, which may manifest in emotional or intellectual meaning, or new artistic or narrative meanings.

In this sense, perhaps you can argue that the whole artistic process—the pain, anger, frustration, uncertainty, doubt, and the occasional satisfaction and joy from the finished piece—is what is therapeutic. That's fine, you can argue that. I'd rather just say that it is the persistent effort, discipline, and hard work leading to something of real meaning and value for yourself and others that results in the greatest satisfaction.

"It is not the length of life, but depth of life" - Ralph Waldo Emerson

Remembering Bella (2004-2019)

By Lori Ashcraft and Peter Ashenden

Canine Interview with a Wise Old Pooch

Hello Humans, I am dedicating this to a dear friend who traveled to the rainbow bridge: Bella Ashenden. She was the handler of Peter Ashenden for over 14 years before she passed over to the other side.

I'm going to share an interview I had with Bella shortly before she passed. I've transcribed it below for you.

Ruby: Hey Bella, you are much older and wiser than I. Can you give me some pointers that will help me grow up to be like you, or at least to be the best me I can be?

Bella: Where do I start! I never thought at 9-weeks-old I would find my human soulmate. I did when Peter selected me to adopt. You have so much to learn. It's hard to pick the pointers that will be the most helpful for you. Hmmm. Well there was a time when dad and I traveled to San Francisco. I was so jet lagged I fell fast asleep when we got to our hotel room. I vaguely remember hearing dad and his friend Allen talking about going out for the evening and leaving me in the room of the Omni hotel since I was sleeping soundly. Humans always think we are sleeping, but most of the time we just look asleep and are listening intently. You probably already know this by now. Anyway, they left. When they didn't come back right away, I became alarmed. So, what could I do but start barking at the top of my lungs. It didn't take long before a creepy gentleman came in, swoop me up and carried me off to lock up. Yes, I was in Omni hotel JAIL. I think I had been placed under arrest. An hour later, who shows up but dad and his friend Allen, both looking a little sheepish. I think I got them in trouble but that's what they get for leaving me alone. Dad learned his lesson. He never left me alone again, so barking turned out to be a good intervention. Keep that in mind if you get left alone.

Ruby: Thanks Bella. Very good advice. I have a question for you about furniture. For some strange reason, I keep getting removed from furniture, just when I'm getting comfortable. Do you have any ideas on how I can have reasonable access to sofas and chairs?

Bella: As a matter of fact, I do. When dad and I first went to work at Optum we went in thinking I would be fine since I had my service vest on. I got comfortable on a chair and settled in for a long boring meeting at the conference we were attending. Then I overheard the Optum boss saying, 'That dog will never sit on a piece of Optum furniture again!" Actually, by the time we moved on from Optum years later, I had sat on more Optum furniture than the boss. Very comfortable.

Ruby: I know you have done a lot of traveling on planes. What can you tell me about that?

Bella: Just be sweet. The flight attendants often told me they would rather have a plane full of dogs like me than most of the humans on the plane. Traveling can be fun and adventurous if you remember not to be unruly. The flight attendants don't care for that! My soulmate Peter always made sure my needs were being met. We traveled two to three weeks per month and I enjoyed each new place we were to work at!

Ruby: Thanks very much Bella. See you on the other side.

Note: Peter Ashenden is currently serving as the president of the Depression and Bipolar Support Alliance (DBSA), is a dynamic keynote speaker, a member of several mental health boards including our sponsor: Baltic Street AEH, and committees, acted as both a commissioner of the Certification Commission of the United States Psychiatric Rehabilitation Association (USPRA) and the executive director for the Mental Health Empowerment Project (MHEP) in New York State.

Carla Rabinowitz

Changing Minds Young Filmmaker Festival

By Carla Rabinowitz, Advocacy Coordinator, Community Access

On October 19, at the Village East Cinema, we held the first-ever "Changing Minds Young Filmmaker Festival," featuring 15 amazing films by young filmmakers (age 15-25), and Q&A panels with the filmmakers. We were honored to welcome Shadille Estepan from Lady Gaga's Born This Way Foundation as our moderator, and we are so grateful to our friends and supporters who made this event possible. We'll be back next year!

For more information, visit: http://www.mentalhealthfilmfest.nyc/changing-minds

Shadille Estepan

"Bloom Where You Are Planted" -1 Corinthians 7:20–24

Dmitriy Gutkovich

Lived Experience Corner

Hi, my name is Dmitriy Gutkovich. The community of people with lived experience spends hours a day contemplating and gaining mastery on a topic of particular interest to us: our own lives. Even so, we are often discredited and neglected from any conversations on how to improve our own quality-of-life. City Voices is proud to present this corner, where real people can share their stories, insights, and feedback based on their lived experience in New York City.

Racial Trauma

—Anonymous

What has surprised me the most about my time in the NYC mental health system has been the extent of the racial trauma I have sustained. While most non-homeless people don't know it, race is an extremely volatile issue on the streets and has been for decades. The inner city is a hotbed of diversity, and with that comes the inevitable crossed signals, misperceptions and poor intentions.

Racial insensitivity in the system is not confined to privileged whites. Time and time again, I and people I know have been targeted by case managers, social workers and fellow clients who are black or brown. Being perceived as "uppity," insufficiently "respectful" or "having an attitude" can result in denied services, bullying or being the target of nasty rumors that can ruin someone's life.

Racism is universal, and racial trauma is something that everyone experiences - some more than others. Because we live in a time of thought control and political censorship, the mental health community have not been able to process racial trauma in a way that honors its complexity and universality. For this, we all have suffered.

Surviving the Streets

—Anonymous

I wish I had been able to tell myself that supporting myself 100% was the most important thing I could do in order to survive the streets. I became homeless when I was 13 years old, after two years of repeatedly running away from home. I landed in the shelter system when I was 15, and then again for good when I was 18. I had no family, no friends, and no authority figures who gave much of a damn about me.

As I struggled to survive the streets and make a life for myself, I inevitably made serious mistakes, some life-changing. I also made some powerful enemies. Something that nobody tells you when you land on the streets is that street life tends to attract some pretty psychopathic characters. Over the course of my life, I've attracted terrible attention from mentally ill individuals who have spread rumors about me and attempted to break me because of my mistakes.

Unfortunately, I chose not to work towards self-forgiveness, leading to several suicide attempts. I wish I could have told myself that not only would I have to be my own best supporter, but I would often have to be my only supporter. You can't survive the streets if you're not your own champion - you have to put all your mental health skills to work and actively become your own best friend. People coming into this system need to know that.

Hospitalization

—Anonymous

My psychiatric hospital experience was surprising on various levels. It was in a locked unit in downtown Manhattan at Beth Israel Hospital. My roommate had schizophrenia and would babble on incoherently all night and spit on the wall. You could tell that something was seriously wrong as she put her lipstick way outside the outline of her lips and used nearly a whole jar of Vaseline each night on her face. Finally, I couldn't take the babbling and spitting and I asked to be moved to another room. Luckily, I was.

One day the nurse tried to secretly slip me a Klonopin pill. I was pissed. How dare they give me something without my knowledge! I tried it but didn't like how I felt. That was the last time I took it.

One memorable night the janitor cleaned up urine from the couch left by a patient. He said, with disgust: "Who are these people?" Hearing this made my blood boil. I wanted to shout: "We are your sisters, your brothers, your mothers, your fathers!" But I didn't have the guts to do so. So I remained silent. My chance for self-advocacy would have to wait until another time.

"Accept no one's definition of your life, but define yourself" -Harvey Fierstein

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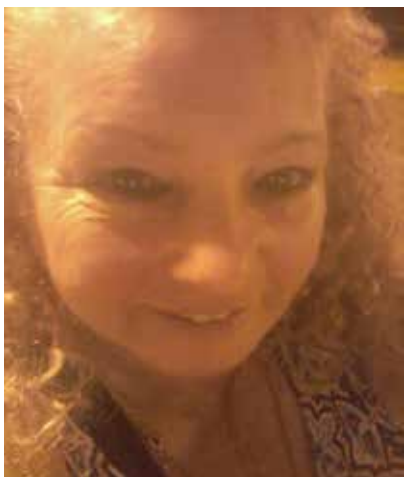

Eileen McManus

Simon Says Boo!

By Eileen McManus, MS

A Halloween Comedy Show

Late October brings a shiver up the spine. Swirling leaves, black cats, grey mist, a sense of dread: All Hallows Eve approaches, also known as Halloween.

But then, from the West Side Comedy Club, located at 201 West 75th Street in Manhattan, comes a glimmer of cheer. A host of hootin' and hollerin' jamboree jokesters put smiles on the faces of some haunted souls looking for laughter the night before Halloween.

Barry Goldstein, Brett Singer, John Bracko, Rich Carucci, Sheba Mason and Vanessa Hollingshead are just some of the talented comics who delivered a medley of stand-up one-liners ranging in subject from putting out fires, raising teens, dealing with family, and finally, "looking for Percocet in the potty." One comic wisely said that, "every woman should have her slutty stage" before getting married.

The comedians, dressed in a creative array of Halloween costumes—including a fire hydrant and a Venus flytrap—scorned political correctness and let the humor fly, much to the appreciation of the audience.

Well, how about mental illness? Anything funny about that?

Sharon Simon, the organizer of Simon Says Boo! says yes, definitely. Sharon was diagnosed with borderline personality disorder. Brilliantly, she has transformed her "liability" into an opportunity to make people laugh. "I might deal just fine with serious problems," Sharon said with a smile, "while I'll have a nervous breakdown when I have a bad hair day."

"My mom suggested I do stand-up," she said. "The first time I got up on stage and bombed pretty badly, mom convinced me to try again. The second time I did open mic. That wasn't great either, until I realized I had a gift for making jokes on the spot."

She was doing so well her therapist tried to tell her she wasn't borderline, rather, she suffered from generalized anxiety disorder. But Sharon wasn't buying it. "Generalized anxiety disorder?" she quips, "that just means I'm Jewish."

Sharon also runs a support group called Life on the Borderline, available through MeetUp and Facebook. She encourages persons with borderline to join. Email her for more info: borderlinesimon@gmail.com

Sharon Simon

Photography by Andrew Gold

visit our new website!

www.CityVoicesOnline.org

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- *To read about the publication's history*
- *To see our team of compassionate persons*
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- *Or to simply get in touch with us*

Double Trouble

By Adam Stone

Double Trouble has a mission and that is to provide a safe and comfortable environment for group members to discuss their issues with substance use and mental health challenges that may not be available at other traditional 12-step programs. The name Double Trouble is well-suited and refers to the complexity of the dual diagnosis and how to help clients on their path to recovery. As fellow peers in this journey, we are able to disclose our challenges and coping tools with one another. It is very rewarding to connect with others who have similar experiences.

Double Trouble is based on the 12-step format. Although independent from AA, we follow its model and structure. Clients recognize they are powerless over their dual diagnosis without the help of the twelve steps and the guidance of others. Practicing honesty about one's circumstance is a stepping stone in their recovery process.

Although spirituality is an important component to Double Trouble, we broach the subject delicately so as not to make group members feel uncomfortable. We do, however, maintain the value of having a higher power to rely on. Clients are encouraged to work the 12-steps of the program, but at Double Trouble we also place a value on having an open dialogue and check-in from group members to discuss what is going on in their lives. We feel this sharing is vital to our effectiveness. Group members are encouraged to share their experience, strength and hope. Sponsors are available to group members in order to support and foster growth.

Our plan is to establish a Double Trouble meeting at Gouverneur to serve the neighborhood and surrounding area.

Note: Meetings are held at Gouverneur Health on Thursdays from 6-7:00pm in the 1st floor café room. Enter Clinton street (Between Henry Street and Madison Street) and security will direct you to the café room. We invite you to be part of us. Email Petersa9@nychhc.org for more information.

"Serenity is not freedom from the storm, but peace amid the storm"

"Cultivate an attitude of gratitude"

"Meeting-makers make it"

Adam Stone

"No one can make you feel inferior without your consent" - Eleanor Roosevelt

Kurt Sass

Book Ends: *A Pause in The Western Rhythm* by Ember Manos-Belle

By City Voices Book Reviewer Kurt Sass

Ember Manos-Belle intrigues the reader of A Pause in the Western Rhythm: The Cougar and the Sheik from the very first line: "What do we have? A bipolar American Catholic and an immigrant Muslim Yemeni." I think anyone who watches the enormously popular "90-Day Fiancée" shows on the Learning Channel would definitely relate to this book. Add to that a near 20-year age difference (woman older than man), and you have the makings of a very interesting read.

Grace is a 50-year-old American woman who has suffered with mental illness for 25 years, sleeps only about 2-hours a night, is unable to work or volunteer and lives with her mother. She meets Sharif, 33, and what started out as a movie-date ends up becoming, as far as Grace is concerned, a one-night-stand. Sharif thinks otherwise as he continually texts and calls Grace, eventually showing up at her doorstep one evening. They end up spending afternoons at Sharif's mattress-strewn apartment, having sex that Grace describes as "mind bending, body shuddering, the kind of sex that makes your eyeballs swim up into your forehead."

Grace is very happy and content with this arrangement until she discovers that Sharif is in this country illegally and that this was the reason why, to him, she was so "beautiful." Grace tells him in no uncertain terms that she will not marry him, but Sharif either avoids the issue or becomes persistent.

Although Grace keeps telling Sharif she will not marry him, she is torn and has to deal with many factors influencing her decision. One factor is the difference in culture. If they were to marry and live together, he would only want Halal food and homemade bread. No hamburgers, steak or even salads. Alcohol also would not be permitted, and this would be a biggie for Grace, as she relies on her daily glass of wine. Her family also is not for the marriage for the most part, and one member has gone so far as spitting on the floor when Sharif's name is mentioned. Another family member advises Grace that it is okay to live with him, but not to marry. On the other hand, Grace thinks, what other prospects do I have, the sex is good and it may be okay as long as I don't set foot off American soil.

After three long years, Grace finally makes a permanent choice, and the remainder of the book delves into the outcomes from that decision. We get to see how the decision has affected Grace and Sharif, and what her family members feel about the decision.

I feel this book is a very good read as it isn't a book about a person with mental illness—it is a book about a person who is going through a major relationship issue who happens to have mental illness.Paradise: A True Story about Schizophrenia by Sandra Allen is actually two stories in one. The first story is the actual true story written by a man "Bob," who lived his entire adult life with schizophrenia. The other story is about Ms. Allen, and comes in many parts. One part is how she, Bob's niece, happened to come upon Bob's manuscript and her decision whether or not to publish it and if so, in what fashion. The second part is how she herself became educated about schizophrenia. The last part is our view into the many interviews Ms. Allen had with the people Bob mentions in the manuscript in order to verify his story.

There are a number of things that set this book apart from other memoirs from people about their experiences with mental illness. One thing is that Bob is not afraid to put all his viewpoints on paper, even if they are not politically correct. He has his own prejudices and preconceived notions, many of which are not popular with the majority of people, but does not let that hinder himself.

Another aspect of Bob's writings which I found refreshing is that he gives equal time to the facilities and mental health professionals that treated him with care and respect as well as the ones that mistreated him. Many memoirs of mental health treatment focus 100% on bad, inhumane treatments, and while Bob certainly does give a full and detailed account of these (beatings, mind numbing medications, etc.), he is fair: When he was treated well, he tells you. When he was treated bad, he tells you.

What also sets this book apart is Ms. Allen's involvement. You really feel for her as she wrestles with the decision whether to publish the manuscript as is, in another version, or not at all.

It is also obvious that Ms. Allen spent an enormous amount of time both researching schizophrenia and interviewing people mentioned in the book. As she herself notes "My shelf of books that relate to this project is now taller than me," Also, she goes to great detail to note many details in the book, who or what was mentioned, people she spoke to, and whether they remember if what Bob wrote did actually occur. Unfortunately, Bob died in 2014.

I recommend this book highly, as it is so much more than your usual memoir.

Tenets of Peer Support

PEER SUPPORT IS VOLUNTARY

PEER SUPPORTERS ARE HOPEFUL

PEER SUPPORTS ARE OPEN MINDED

PEER SUPPORTERS ARE EMPATHETIC

PEER SUPPORTS ARE RESPECTFUL

PEER SUPPORTERS FACILITATE CHANGE

PEER SUPPORTERS ARE HONEST AND DIRECT

PEER SUPPORT IS MUTUAL AND RECIPROCAL

PEER SUPPORT IS EQUALLY SHARED POWER

PEER SUPPORT IS STRENGTHS-FOCUSED

PEER SUPPORT IS TRANSPARENT

PEER SUPPORT IS PERSON-DRIVEN

Businesses that Regularly Hire Peer Workers in Alphabetical Order

Acacia Network
https://www.acacianetwork.org/careers/

ACMH, Inc.
http://acmhnyc.org/employment-opportunities.html

Baltic Street AEH, Inc.
https://www.balticstreet.org/

Beacon Health Options
https://careers.beaconhealthoptions.com/search

Bridging Access to Care Inc.
http://www.bac-ny.org/new/job-openings

CASES
https://www.cases.org/careers/

Catholic Charities of New York
https://catholiccharitiesny.org/jobs

Center for Employment Opportunities
https://ceoworks.org/careers

Center for Urban Community Services
https://www.cucs.org/careers/

Community Access
https://www.communityaccess.org/career-opportunities

Department of Health and Mental Hygiene
https://www1.nyc.gov/site/doh/about/employment/job-search.page

Diaspora Community Services
www.diasporacs.org

Federation of Organizations
http://fedoforg.org/join-our-team/

Fountain House
https://www.fountainhouse.org/careers

Geel Community Services, Inc.
http://www.geelcs.org/careers

Goodwill Industries
https://www.goodwillnynj.org/careers

Institute for Community Living
http://www.iclinc.net/about-us/careers-icl/

Interborough Development & Consulation Center
http://www.interborough.org

JASA
http://www.jasa.org/about/careers-at-jasa#.XRUnURRJEdU

Lantern Community Services
www.lanterncommunity.org

Manhattan Psychiatric Center
https://www.omh.ny.gov/omhweb/facilities/mapc/employment.htm

Mosaic Mental Health
https://mosaicmh.org/career-opportunities/

Mount Sinai Medical Center
https://careers.mountsinai.org/

New York State Psychiatric Institute
https://nyspi.org/

NYC Health + Hospitals (King County, Metropolitan Hospital, Jacobi)
https://careers.nychhc.org/

Pibly Residential Programs, Inc.
http://www.pibly.org/career-opportunities.shtml

Postgraduate Center for Mental Health
https://www.pgcmh.org/careers

Project Renewal
http://www.projectrenewal.org/careers

Rainbow Heights Club/Heights Hill Mental Health Service CAB
www.rainbowheights.org

Samaritan Daytop Village
https://samaritanvillage.org/about-good/careers

Service Program for Older People (SPOP)
https://www.spop.org/about/volunteer-and-employment

Services for the UnderServed
https://sus.org/careers/

Staten Island Partnership for Community Wellness
http://sipcw.org/careers/

The Bridge Inc.
https://www.thebridgeny.org/careers

The Coalition for Behavioral Health, Inc.
http://www.coalitionny.org/

The Fortune Society
https://fortunesociety.org/careers/

The Jewish Board
https://jewishboard.org/for-professionals/careers/

The Salvation Army
https://www.salvationarmyusa.org/usn/employment-opportunities/#territory

Transitional Services of NY, Inc.
https://www.tsiny.org/jobs/

Urban Justice Center
https://www.urbanjustice.org/job-list

Vibrant Emotional Health
https://www.vibrant.org/get-involved/work-for-us/

Visting Nurse Service of New York
https://www.vnsny.org/who-we-are/careers/

Working as a Peer Specialist

By Erika Galan, Peer Specialist

I was diagnosed with my mental illness over a decade ago, and along the road to recovery I became a peer specialist. At first, I went from job to job and in and out of hospitals. For a while that was the norm for me. Now, I am glad to be able to secure my employment in which I enjoy helping others. As a peer, I can sometimes tell when another person is dealing with a situation or crisis and if assistance or backup is required.

I got certified as a New York State peer specialist and have been working as a peer counselor for over a year. I work at a short-term crisis respite program that is run by ACMH, Inc. I provide support to the guests staying at the respite program. Peers like myself are available 24/7 and are ready to assist with services such as daily living skills, wellness checks, and outreach.

The respite program is a calm and peaceful environment that offers many guests a break from outside stressors and a way to avoid triggers. I do wellness recovery action plans (WRAPS) with them whenever possible and facilitate a weekly art group. I also document progress notes and work in the field. I meet with clients in need of home and community-based services (HCBS) to provide specific services they are interested in. I visit clients in the comfort of their home or where they prefer, such as a coffee shop or a library. I work on providing support in their transition back to the community and in their recovery, whether it is assistance with entitlements, finding a provider, or just the need of someone to talk to.

Erika Galan

Resume Gaps: Three Things to Know

By Gita Enders, LMSW, MA, CPRP, NYCPS, and Jonathan P. Edwards, LCSW, ACSW, M.Phil, NYCPS

Then Go Get 'Em Tiger!

Whether you've just completed a training program, or made a decision to go back to work, there's likely a gap in your resume. This seemingly unaccounted-for time could actually be for education, caregiving for a family member, or due to physical or mental health reasons. However, it's up to you how you give a fair and balanced picture that explains inconsistencies in your work history. Let's look at some ways you can bring clarity to the interview by taking charge of the dialogue when it comes to discussing work history.

Be Clear

Try not to be startled by the interviewer's questions. Hiring managers typically ask about gaps in employment. Most of us have gaps, and we must plan a response. There is nothing to be ashamed of, but you will want to be prepared to respond concisely, without making excuses or placing blame, should the question be asked. If the gap was attributable to your health, be clear that you are ready to return to work. No need for utterly complete detail; prospective employers have legal guidelines to abide by when asking questions during an interview. Try not to communicate defensiveness. Be confident in your response. Remember, the interviewer likely reviewed your resume and saw the gap prior to inviting you to interview for the job. It's likely that the manner in which you respond will have more weight on their decision than the nature of your response.

Be Truthful

Some experts suggest painting over periods of unemployment by indicating the years that you worked, rather than risk showing just the few months you may have actually worked on a given job. Others offer the option of writing a functional resume, which showcases skills acquired followed by a list of positions held. However, as most organizations will verify employment, it is important to minimize potential surprises the company will face when verifying your previous employment. For example, an applicant may record a six-month gap as short-term employment at a hair salon, but when asked for a reference be forced to admit that they were providing beauty services in their home. Best to record this on the resume as a period of self-employment, which shows an entrepreneurial spirit as well as a history of resourcefulness. Likewise, don't embellish the truth; if you were caring for a family member, simply state that.

Don't Discount Volunteer or Alternative Work

Applicants sometimes minimize their value and past experience because it differs in nature from the job they are currently seeking. It is important to know your skillset and understand how those skills can be transferred from setting to setting. For example, although people pursuing work as peer support staff may not have previously worked in human services, customer service, relationship building, and good communication skills are nonetheless requisite assets to being an effective worker, whether as a gourmet caterer or peer support worker. Also, time spent volunteering demonstrates initiative, productivity and ambition. Paid work history is not the only work history.

If you did something totally unrelated but did it extremely well, feature it on your resume. I reviewed a resume that included several years of seasonal landscaping. The applicant had excellent references; the supervisor pointed out, "If the person wasn't great, I wouldn't have hired them six years in a row!"

On Incarceration

In New York City, it is illegal for employers to ask applicants about their forensic history until after a conditional offer of employment has been made. Some employers may prefer lived experience of justice involvement, especially if the job entails working with justice-involved participants. If you worked steadily or in progressively responsible positions while incarcerated, you may wish to consider including that experience on your resume. Monster.com recommends highlighting related work experience, but suggests omitting such experience that is more than 10-years-old. This is one case where you may prefer to leave the gap on your resume, but talk about the work you did during the interview if it showcases your skills. Use discretion when offering information to an interviewer, and remember, you do not have to discuss it at all. Just bear in mind that most employers will perform a background check after making that conditional offer.

Potential peer support workers may have undergone periods of unemployment as a result of many different circumstances. Be honest and sincere. You can still make this a successful interview! Remember, the job market for peer specialists has never looked better, and employers want to hire you for your experience!

> **"Let's look at some ways you can bring clarity to the interview by taking charge of the dialogue when it comes to discussing work history."**

Gita Enders & Jonathan P. Edwards

"Surround yourself with people who empower you to become better"-Unknown

Getting "Peer Support Specialist" Recognized by the US Dept. of Labor

By Mike Weaver, Executive Director, iNAPS

Peer Support and the US 2020 Census

The United States 2020 Census is here! Why is that important to peer support specialists? Believe it or not, the census governs a lot of what happens in our lives—one example is the building of bridges. It could affect the growth of peer support also!

The International Association of Peer Supporters embarked on a long-range plan to have Peer Support Specialists considered to be a Standard Occupational Classification with the Department of Labor. Until this time, peer support has not been a distinct classification. Our Workforce Development Committee began work on this in 2018 by developing a definition that demonstrated the unique way in which peer support specialists work. That definition has been commented on in surveys, caucuses and focus groups.

"Please list your profession (in the US 2020 Census) as peer support specialist!"

Two very large differences with peer support is that it uses personal experiences to encourage individuals to pursue recovery, have hope and empowerment in their lives and the goal for peer support is "recovery", not addressing diagnostic criteria. It employs a "strengths-based" approach that instead of addressing a problem, asks people to recognize and use their strengths to pursue their hopes and dreams. These are major differences from any other behavioral health profession.

The 2018 Standard Occupational Classification (SOC) system is a federal statistical standard used by federal agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 867 detailed occupations according to their occupational definition. To facilitate classification, detailed occupations are combined to form 459 broad occupations, 98 minor groups, and 23 major groups. Detailed occupations in the SOC with similar job duties, and in some cases skills, education, and/or training, are grouped together.

Some occupations are easy to classify. For instance, there is a small, select group of astronauts. Differentiating between behavioral health professions that have some things in common is more difficult which is why this workforce development group has already labored on this topic. We must make the case or prove our belief that peer support is a very distinct profession.

We currently believe in educated estimates, that there are about 25,000-27,000 peer support specialists in the United States. 25,000 individuals appear to be the number that is considered significant enough to be a qualified profession under the Department of Labor.

The next changes for Standard Occupational Classifications will be announced around 2028 yet it is important for this to be addressed much earlier. After talking to some experts in Washington DC this summer, I was encouraged to ask our members and anyone that is a peer support specialist, recovery coach, peer counselor or any title that is equal to the peer support specialist, to make sure when they filled out their census survey either by paper, online or on the phone to state their profession as peer support specialist. That would include any supervisor who has the peer support certification.

If we have enough "thousands" of peer support specialists complete the US 2020 Census with peer support specialist as their stated profession, it will trigger the Department of Labor to give attention to this new profession and when we pursue this, it will have more impact.

Mike Weaver

Please complete your US Census survey! Please list your profession as peer support specialist! Some of the benefits are listed in the fourth paragraph in that data is collected by the Bureau of Statistics once a classification is recognized and that data on numbers, salary etc. is valuable to the profession. Also, we peer support specialists are already proud of what we do and the tremendous outcomes that we have witnessed in ourselves and others. Being recognized as a Department of Labor Standard Occupational Classification would give us an "official" status. iNAPS and its many partners looks forward to that day. Please help us get the attention of the US Department of Labor!

Peer Support Values are Harm Reduction Values

Jay Stevens, Harm Reduction Specialist, Certified Addiction Recovery Coach

Harm Reduction is More Than You Think

Jay Stevens

If I told you that Peer Support Values and the philosophy of Harm Reduction overlap and intersect in almost every way, would that surprise you? For too long, Harm Reduction has been stuck in the perceptual box of "doing less drugs, or doing drugs more safely." Although consuming drugs more safely—as the individual defines it—can be a small part of Harm Reduction, this misses the entire point. Drug use safety is just one of many, many practical strategies promoted by harm reductionists for reducing the harms of potentially dangerous activities related to drugs, sex, self-injury, interacting with medical "professionals," and interacting with the police, courts, and jails. These strategies spring directly from a philosophy that looks like it was cribbed from Peer Support Values.

So what are the underpinnings of the philosophy of Harm Reduction? They include:

Peer Driven Work: The voices of people who use or have used drugs are amplified and valued. Individuals with lived experience have long been at the center of most major Harm Reduction practices, policies, and innovations.

Human Rights/Social Justice: Harm Reductionists actively work to transform, undo, and heal from institutionalized, racialized drug policies. We recognize that the legality/illegality of certain drugs has little to do with safety, and everything to do with racism, capitalism, and social control. We promote the inherent value of all people.

Self-Determination: We each have the right to control over our own bodies and lives. We each have the right to information so that we can make informed choices about what is best for us.

Non-Coercion: No human should be forced or coerced into treatments they don't want or understand. Each person has autonomy, and the right to choose treatments, or no treatments, as they see fit.

Non-Judgment/Non-Labeling: Harm Reductionists recognize the deep, systemic harms created and perpetuated by labels and stigma. We work to use only person-centered language (e.g. "person who uses drugs") and to highlight the dangers of judgment and labeling.

Drug use safety is just one of many, many practical strategies promoted by harm reductionists for reducing the harms…related to drugs, sex, self-injury, interacting with medical 'professionals,' and interacting with the police, courts, and jails.

Trauma-Informed: Both Harm Reductionists and Peers share the values of connection, empowerment, safety, and honoring of voices and choices. We acknowledge that things that cause harm can also help us in some way, and we assert that mandatory treatment is traumatic.

Alternative Approaches/ Maximizing Options: One size does not fit all! Harm Reduction values promote innovative, "outside of the box" thinking in finding ways to help ourselves.

Harm Reduction also values low threshold services, pragmatism, and any positive change. We recognize that any change that an individual defines as positive is a good thing, as it builds self-efficacy.

The overlap is stark and telling. Peer Support Values and the philosophy of Harm Reduction come from the same place. It is critical to understand this before trying to understand the practices of harm reduction, because many of our practices may seem prima facie "extreme" without the philosophical context.

Whether we are talking about safer sex supplies, syringe exchange, safer consumption spaces, safer drug

(Continued on next page)

(Peer Support Values, continued from page 20)

use supplies, or safety strategies for people who do sex work, harm reductionists generate their practices from first-hand experience of what has worked for them. And just as what works for you and your health today may not "make sense" to someone else, if you can show empathy for the places that Harm Reductionists are coming from and the philosophy we rely upon, you can better understand our practices.

Peer Workers are already Harm Reductionists in so many ways. Moreover, although drug use, self-injury, or sex work may not be part of your story, recognizing that all people deserve respect and the freedom to choose what is right for them most certainly is. Let's expand our understanding of Harm Reduction beyond the over-simplified clichés, and learn to value the beautiful complexity of its sometimes unfamiliar strategies as coming from shared Peer Support Values.

Note: Some of the content of this article comes directly from presentations that I have given as a Harm Reductionist at Community Access. Those presentations are the work of many people before me, and I would like to recognize all of the Harm Reductionists and Peers at Community Access and elsewhere who have and continue to be my teachers.

Quality Peer Support Supervision is Essential to a Healthy Work Environment

By Tracy Carney, CPS, CPRP, Senior Recovery/Resiliency Specialist, Community Care Behavioral Health & Kim MacDonald-Wilson, ScD, CRC, CPRP, Senior Director, Recovery & Wellness, Community Care Behavioral Health

A Peer Support Supervisor Wears Many Hats

As humans, we crave connection. We seek the feeling of connection with our families and friends, and in our neighborhoods, the organizations we join, the places where we worship, and increasingly now through online social networks. Having a community of peers to relate to is part of human nature.

Peer support in behavioral health care is not new but is increasingly common as care moves to communities and homes. The number of peer specialists working in mental health and substance use services has grown in the past 10 years. Research shows that when a person is involved in peer support services, they have a greater sense of hope, increased self-confidence, decreased substance use and depression, and increased engagement in self-care and wellness. Peer support truly does put the "care" into health care.

"Just like in any job, the support and guidance of a (peer support) supervisor can be crucial to the professional development and well-being of the (peer support) staff."

An equally important component of peer support work is good supervision. Just like in any job, the support and guidance of a supervisor can be crucial to the professional development and well-being of the staff. Quality supervision is essential for us, as peer staff, to thrive in our work environments, in our relationships with peers, and in our lives.

Supervision should be trauma-informed. Human services work is hard, and we, as peer specialists, use our own lived experience in providing peer support. We often support people through traumatic events, which can have an impact on us—especially if we have had a similar lived experience. A collaborative, trauma-informed approach to supervision focuses on building a trusting relationship in which we feel safe to talk about our experiences in providing peer support. The focus of supervision is not about providing therapy but on supporting meaningful work practices.

The best supervision covers three priority areas: 1) administrative, which provides basic job support; 2) formative, which develops knowledge and job skills; and 3) supportive, which strengthen the self-awareness and interpersonal skills a peer specialist needs to provide support while maintaining self-care. Positive supervision practices build on the strengths of the peer specialist, such as giving strength-based affirmations, facilitating solution-focused change talk, and inviting the supervisee to identify preferred outcomes. The supervisor encourages a give-and-take in setting agendas for supervision, identifying personal job goals, and addressing workplace challenges.

A peer support supervisor wears a variety of hats and is responsible for many different people. They navigate areas of personal, work, and ethical boundaries. To their service agency, they strive to deliver the highest possible care, at the lowest possible cost, in the shortest possible time. To people who receive peer support services, they work to address their recovery goals in an effective and supportive way. And lastly, to us, the peer specialists they supervise, they must allow ample opportunity for us to grow, practice, and improve our skills. At times, these responsibilities may become overwhelming and conflict with one another, which can create ethical dilemmas and stress. Peer support supervisors must have access to good supervision themselves. Personal, work, and ethical boundaries are often difficult to navigate but are necessary to maintain physical and emotional health in the work environment.

Peer support supervisors are a crucial part of the peer support workforce in programs that address mental health and substance use conditions. Peer support is about connection, mutual sharing, and hope. Our supervisors must become skilled in connecting with us, the peer specialists, so we build meaningful connections with people in recovery, empowering people to thrive.

Note: This information was first presented at the 13th Annual NYC Conference for Working Peer Specialists in July 2019. Please contact Tracy Carney, CPS, CPRP at carneyta@ccbh.com *or Kim MacDonald-Wilson, ScD, CRC, CPRP at* macdonaldwilsonkl@ccbh.com *with any comments or questions.*

Putting "Career" into Peer Career Development

By Jessica Wolf

What Agencies Need to Do to Support Peer Workers

The behavioral health peer support workforce includes at least 25,000 certified peer specialists nationally, with many more thousands of peer support workers employed in behavioral and primary health care systems. In New York State 2,100 peer specialists are provisionally certified; at least half are in New York City.

Recognition of peer support as a **profession** leads to a focus on professional growth and development, including increased compensation; merit increases; promotion and advancement; movement from part-time to full-time positions; increasing job responsibilities; continuing education; lateral moves; and employing peers in senior management roles (supervision, management, program development, leadership).

Peer support workers are employed in many different settings: advocacy, housing, education, employment, crisis support, hospital diversion, artistic and cultural activities, recovery education, social and recreational activities, forensic, jail diversion, mentoring, traditional healing, support in daily living, peer bridging, system navigation.

Peer support services are offered in informal/grassroots organizations, independent peer-run organizations, mainstream behavioral health treatment and service agencies, and integrated healthcare agencies/systems.

Agencies can promote and support career development and advancement by advocating for peer advancement; creating career and compensation ladders; assuring peer voice throughout the agency/system; assuring that supervisors discuss career advancement with supervisees, including promotion and increased compensation opportunities in regular performance review; providing release time and funding for continuing education and academic studies, creating senior peer management roles and hiring peers in these roles; advocating for transferability of peer certification within and between states, and ensuring that employees are aware of various work incentives offered through SSA to maximize benefits and keep Medicaid while working.

"Agencies can promote and support career development and advancement by advocating for peer advancement; creating career and compensation ladders; assuring peer voice throughout the agency/system; assuring that supervisors discuss career advancement with supervisees (and much much more)…."

Some systems that currently include career advancement in peer specialist employment include the U.S. Veterans Administration, with peer specialist career ladders, promotion, and compensation increases; state systems in Connecticut, New York and Pennsylvania; peer majority agencies, such as Community Access, Baltic Street, Community Support Systems of New Jersey (CSPNJ); and private

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"A mind is like a parachute. It doesn't work if it is not open" - Frank Zappa

(Putting "Career" into Peer Development, continued from page 21)

Jessica Wolf

managed care systems such as Optum and Magellan.

Career strategies for peers may include: seeking promotion, new assignments/responsibilities and increased compensation in traditional agencies; working in peer-run agencies and integrated health/behavioral health settings; working in health advocacy and as health navigators and/or recovery peer advocates; other settings such as palliative care, respite; providing support for specific health conditions; becoming a peer supervisor; obtaining additional academic credentials to qualify for higher-level positions.

Other potential career pathways may include: new credentials/ academic disciplines and/or enhanced lived experience curricula in existing disciplines; assuring inclusion of lived experience in training and credentialing courses; promotion of peer specialists who have demonstrated competency while not necessarily seeking advanced degrees; seeking "lateral transfers" to integrated health, dual diagnosis and other settings.

"Out of the box" career options peers may explore include using skills learned in peer roles in other fields of work; developing new roles and income sources such as self-employment and entrepreneurial options; creative arts; improvisation, comedy; public relations; life coaching; motivational speaking.

In order to promote peer career development and advancement effectively, we recommend:

1. Existing peer-focused associations explicitly promote adequate compensation, promotional opportunities and career ladders for peer support workers. These may include the New York City Peer Workforce Coalition and the New York City Peer Workforce Consortium; NYAPRS; and INAPS (International Association of Peer Supporters);
2. Continued education about peer career development/ advancement options through the NYC Peer Specialist Conference, NYAPRS, the NYS Academy of Peer Services Conference and other local, state and national conferences;
3. Form coalitions of peer organizations, agencies providing peer services, educational institutions and certification entities to create continuing education and for-credit programs enabling peer workers to obtain additional educational credentials based on lived experience and peer support values; and
4. Create a peer support specialist federal Standard Occupational Classification. An important first step: WHEN COMPLETING THE 2020 CENSUS FORM, WE STRONGLY RECOMMEND THAT **ALL** PEER SUPPORT WORKERS (mental health, substance use, forensic, youth, etc.) STATE THEIR OCCUPATION AS PEER SUPPORT SPECIALIST. Significant response numbers will help in designation of peer support specialist as a federal Standard Occupational Classification. Employment and compensation information would then be collected across the country, which would greatly facilitate availability of essential data for career advancement purposes.

Continued partnering of all stakeholders can yield peer career development and advancement progress. Onward, peer support!

Note: This article is based on recent conference and webinar presentations in which Elizabeth Breier of the NY Coalition for Behavioral Health and Jeremy Reuling, MHA of Westchester, also participated.

Stop Discounting Our Workforce!

By Queen

We Need to Be Treated as Valued Members of the Team

Peer refers to someone who has lived experience in a given area. The peer approach uses person-centered language and strategies to meet the individual where they are and assist to achieve self-directed goals. However, peer workers are viewed as second-class citizens to their counterparts with formal education. The traditional medical model approach used by our co-workers deals primarily with the illness or disease/dysfunction being presented. This is not the peer approach.

Difficult life-circumstances do not discriminate between those with formal education or not. The peer workforce is a group of qualified individuals that bring a new level of skill to various communities at an obscenely lower value. The stigma placed on people who have dealt with forensic activity, mental illness, and/ or substance abuse make it difficult for peers to provide services to their communities.

Having been exposed to chaos and still being able to recover one's life is a talent that should be respected. I have achieved a masters in social work while experiencing life's challenges yet I am not allowed to utilize my advanced skills to aid with the healing process because I hold the title of peer specialist. I am constantly asked not to apply my multitude of talents because they are beyond the scope of the position. On many occasions, however, all my skill-sets are called upon to handle the difficult situations.

One part of me says to disclose my circumstances for the betterment of the recoverees. The other side says I'm not supposed to share that information; that it is not relevant to the treatment plan. I believe all facets of me contribute to the service I provide. To know that my sacrifices and dedication to my chosen craft is diminished and sullied because I experienced a life-altering event is more damaging than the event I'm recovering from.

I'm challenged daily to maintain my recovery status. My presence in a meeting with established clinical staff should not be diminished based on my surviving a traumatic event such as losing a loved one; or having a physical disability that altered my perception of self; or something as simple as making a bad judgment call and serving my debt to society. My recovery status should be celebrated in some form. Instead, my reputation and character are tarnished in a way that is undeserved. Why should the merits of a peer be gauged so differently?

In most markets, the acquired life-skills and the desire to help others is undervalued. There is usually limited opportunity for growth for peers within an organization and less genuine support to aid in our humanitarian endeavor.

The demand for peers is being generated by new funding streams, but they do not offer the worker with advanced credentials and marketable skills the ability to grow or showcase their talents. To be granted an entry-level position with no chance for advancement is a frustrating predicament.

The services we offer to recoverees is crucial on so many levels. Peers offer support from a different perspective, providing empathy, wisdom, strength, and knowledge of multiple systems from personal and professional experience. Peers equip, educate, and empower recoverees to help them establish a healthier worldview, view of themselves and of their community in order to move forward.

Imagine walking into a workshop and the facilitator says in his opening remarks that your colleagues, established clinical staff, should be concerned that the peers on your team will be some of their biggest headaches. Imagine being told that there is no job security because no one knows if your agency will get the funding back for your position. The grant specifically states that a peer has to be hired, regardless of qualifications. Certification is not mandated, yet it is preferred—not because of your skills—but because of your title. The thought is that the employer can teach you whatever they need you to do even if it is out of the scope of service. Some employers abuse peer-talents and abilities without adequate compensation or acknowledgment.

We are not looking for any special recognition. To be a peer means handling your own self-care and helping others stay on their recovery journeys too. We deserve the respect that our special knowledge brings to the position, equity in pay-scale, and career ladders to encourage peers to feel supported and acknowledged in their chosen career. The frontline staff are going into uncharted territories with little support, which has its frustrations and rewards. Our work is freely done daily because We Are Peers!

"We deserve the respect that our special knowledge brings to the position, equity in pay-scale, and career ladders to encourage peers to feel supported and acknowledged in their chosen career."

Queen

Stigma in the Workplace: Relapses Poorly Handled

By Max Guttman, LCSW

Peers Must Not Be Silent Around These Injustices

When I first entered the professional world working in the mental health system, I never shared my lived experience in recovery from schizophrenia. This was for a few reasons.

First, I had spent so much time invested into my own recovery that I wanted to focus on my career, which was put on hold by my diagnosis. I also knew there was still stigma in the world, and I wanted to see how pervasive it was among practicing clinicians.

There came a point when I finally realized I couldn't hide it anymore. That moment was when I truly got to know about peer support, and, supposedly, not being embarrassed of my diagnosis.

A few months into my career as a peer professional, the leadership in the peer network began to unravel. My peer supervisor was clearly becoming more and more unable to supervise, was increasingly agitated, and ultimately, was openly and visibly delusional. Her relapse opened my eyes to an entire unspoken stigma that is still rampant in the mental health system today.

"Until all of us, who are potential victims of injustice and prejudice, really come out and fight against this type of culture, it will continue to be stigmatizing, laden with shame, and the very stuff that makes us want to stop working on ourselves."

You would think someone at my mental health agency, or someone with a good clinical background, would have intervened and connected my supervisor to treatment, speak openly to her about her shift in presentation, and how it might affect her ability to carry out her job responsibilities. Or at the very least, carry out her ultimate termination and exit from the agency with savvy, understanding, and most importantly, without the shame and stigma we peers fight against in our work. None of this was the case.

Rumors were spread about the peer supervisor who went 'crazy,' behaved bizarrely, and in turn, created problems and a bad name for the peer network. All of this was extremely disillusioning. I had just openly 'come out' as a peer, and my supervisor, a so-called expert in recovery, fell victim to her own mental health disorder. Thinking back now, the peer network in the agency could have used this as a learning moment for us all and made it clear that we were all vulnerable to mental health issues, and that we should always be mindful of what can possibly happen to each of us. The agency could have used this as an opportunity to develop protocols on how to handle such a situation. What happened next was even more disillusioning.

A few months later, the very same situation happened again. The new peer supervisor who replaced the supervisor who relapsed, experienced a relapse of her own. No one said anything. Anytime one of us would ask for her, we were told the same thing: "It's been quiet, nobody has said or knows anything about what's happening, or how she is." Even more ironic is that some of us knew this person personally, and I would think we would have a vested interest in her health. Very few people reached out to this person in crisis, and ultimately, after her job too was terminated, there were again, no learning lessons. Instead, there was a whole lot of taboo, stigma, and shame surrounding her mysterious departure. No discussion at all around the bigger implications of these seemingly reoccurring and understandable issues among peers.

If my supervisor had been a clinician, instead of just a peer professional, the entire situation would have been handled very differently. Social workers, psychologists, and other clinicians are all openly confronted about their mental health status, changes in their presentation and in general terms, medical health and well-being.

What I recommend to all disillusioned peers and all people working in the mental health system with a diagnosis is not to be afraid to speak up, and to be bold and authentic about your history. The same thing that is feared by some will embolden others to be open and honest about themselves.

Until all of us, who are potential victims of injustice and prejudice, really come out and fight against this type of culture, it will continue to be stigmatizing, laden with shame, and the very stuff that makes us want to stop working on ourselves.

"Never be bullied into silence"-Harvey Fierstein

Working and Living Well Job Opportunities/Special Notices/Roommates/Personals

Employment Agencies

BALTICWORKS EMPLOYMENT NetWork, a ticket to work program. Employment assistance for people on SSI and SSDI. Call (718) 833-5929 for more information.

Legal Help

MFJ LEGAL SERVICES (212) 417-3700

URBAN JUSTICE CENTER (646) 602-5658

NYC BAR ASSOCIATION (212) 626-7373

LEGAL AID SOCIETY (212) 426-3000

Housing

TO LEARN MORE ABOUT housing options in NYC, Google keywords: "supportive housing nyc" For help filling out housing applications, call CUCS (212) 801-3333 or BPAC (718) 875-7744

Clubs and Clubhouses

Manhattan

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

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

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

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

Brooklyn

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

RESOURCE AND WELLNESS CENTER, 882 3rd Ave, 10th Fl. (718) 788-6100

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

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

KADIMAH PROS, 4510 16th Ave (718) 686-3400, kadimah@ohelfamily.org

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

The Bronx

LANTERN HOUSE, 512 Southern Blvd (718) 993-1078

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

Queens

CITIVIEW CONNECTIONS, 33-24 Northern Blvd, 3rd Floor (718) 361-7030

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

Staten Island

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

Crisis Respite Centers

Brooklyn

SUS: 347-505-0870

OHEL: 718-686-3262

Bronx

MOSAIC MENTAL HEALTH: 718-884-2992

Queens

TSI: 718-464-0375

Manhattan

ACMH: 212-253-6377

COMMUNITY ACCESS: 646-257-5665

Staten island

ST. JOSEPH'S MEDICAL CENTER 718-876-2810

Positions Available

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

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

Resources

NYC WELL: 24/7 mental health referral hotline (888)-692-9355 or Text "WELL" to 65173 https://nycwell.cityofnewyork.us/en/

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 MENTAL HEALTH COUNCIL: meetings on the first Thursday of the month 9:30am-12:00pm, Hazel House building 74 at Creedmore Psych Center. Contact Dan 718-746-6647x7028 or ddonohue@tsiny.org

CO-RESPONSE TEAMS 24/7 triage desk, comprised of one police officer (who has specialized training in responding to mental health crises) and one trained social worker. Only available for pre-911 or post-911 calls. Not an alternative for a 911-level emergency. Call (718) 312-4307, or email referral form to CRTNYC@health.nyc.gov.

MENTAL HEALTH URGENT CARE CENTER Currently, there is only one in downtown Manhattan. Designed to provide quick, confidential support in-person. We recommend you call before showing up for services MindfulUrgentCare.com (516) 200-6344.

TEENS & YOUNG ADULTS confidential text messaging, talk or email if you self-harm or have thoughts of suicide, depression, anxiety. 914-393-1904 or 803-570-2061 Volunteers needed. Social media experience a plus. https://doorofhope4teens.org

THE CHAMP HELPLINE (888-614-5400 or by email Ombuds@oasas.ny.gov) is designed to help consumers and providers with health insurance coverage to access mental health and substance use services for individuals in need of care without the added stress of having to navigate complex insurance denials

OMH CUSTOMER RELATIONS line, staffed 9-4 M-F with 24/7 voicemail, 1-800-597-8481, call if you have questions or complaints about any mental health services in NYS and if you feel that your issue has not been addressed properly by the service provider.

Advocacy

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

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

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

BROOKLYN PEER ADVOCACY CENTER for issues of financial and housing survival, entitlements, Medicaid, public assistance and food stamp applications, employment needs and educational counseling assistance. We have a multicultural staff but as needed we will get you a translator (718) 875-7744

The Arts

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

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

CREATIVE WRITING WORKSHOP/ MUSIC/MEDITATION/PUBLISHING SERVICES: Creative Women's Network offers one-on-one and group writing workshops, editing and publishing services, empowerment and meditation classes by experienced professionals. We also seek vocalists and musicians to perform original songs and covers. Currently working on a musical theatre production. Feel free to contact us at (917) 881-5134 or CreativWomenNtwk@aol.com. Visit www.creativewomensnetwork.com for basic information.

Support Groups

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

HEARING VOICES SUPPORT GROUP. A group for people who hear voices. Call (212) 684-3264 for info. Meets 1st and 3rd Friday of the month 3:30pm at NAMI NYC Metro, 505 8th Ave.

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

DOUBLE TROUBLE meeting for anyone with a mental health challenge and chemical addiction. Location: Gouverneur Hospital, Enter at 209 Clinton Street (Betw. Henry and Madison St). 6-7pm Thursdays. Security will direct you to the cafe room. Adam (212) 238-7497, DTR is based on the 12-step module. Email Petersa9@nychhc.org

NAMI NYC METRO, 505 8th Ave in Midtown, groups for consumers of all ages, as well as family member support groups. Inquire by calling the helpline (212) 684-3264

LIFE ON THE BORDERLINE group for those living with BPD at the Lincoln Center Atrium @ 6pm and is usually the first and third Monday of the month. Contact Sharon Simon borderlinesimon@gmail.com

Baltic Street | ADVOCACY EMPLOYMENT HOUSING

"Finding the Formula," a painting by Isaac Brown

Baltic Street AEH, Inc. is a peer-run not-for-profit corporation dedicated to improving the quality of life for people labeled with mental health diagnoses. Call us (718) 833-5929 or visit www.balticstreet.org

Adult Home Initiative

Baltic Street Adult Home Initiative was created due to a class action lawsuit on behalf of 4,300 adult home residents throughout New York State. As advocates for the class members, we strive to support and educate them to make informed choices in navigating from the adult home back into communities of their choice. Baltic Street Peer Bridgers have the "lived experience" that uniquely positions us to provide the highest level of service to our class members.

Brooklyn Peer Advocacy Center (BPAC)

BPAC's mission is to provide services that assist individuals with mental health diagnoses to improve their quality of life, and enhance their empowerment and recovery efforts. Person-centered services are our mainstay. The participant plays the main part in deciding what, when, where, and how their services are going to be received. The program offers individual advocacy services which include: obtaining entitlements, benefits and supportive housing. We assist in fighting and preventing eviction. Since October 1996 BPAC has been providing quality services unsurpassed by any other peer-run program.

Bronx Peer Advocacy Center

The Bronx Peer Advocacy Center provides individual and group support. All services are designed to improve the lives of adults with a mental health diagnoses by helping them determine and meet their individual goals. Assistance with entitlements, Access a ride, Public Assistance, Medicaid and Snap Benefits with the instructions and follow-up to Social Security SSI and SSD. We also offer assistance with housing and HRA 2010E applications; assistance with securing housing placement through Single Point of Access (SPOA); assistance with opportunities for socialization and networking; referrals to employment and educational opportunities; wellness and recovery support services; and peer support and self-advocacy groups.

Bridger I Program

The Bridger 1 program provides peer-to-peer services to participants on the wards of Kingsboro Psychiatric Center. We offer prepare participants to enter their respected communities and live as functioning adults. This means setting up services, helping with Medicaid and Medicare and creating opportunities to work after hospitalization. After participants are ready for discharge, we work with them in the community to set up service for them to attain goals which they have established.

Bridger II Program

Bridger II serves the inpatient community at South Beach Psychiatric Hospital to help support participants while they transition from an inpatient stay to a transitional living residence, community or their own home. We aid the participants in finding supports that will help keep them on the path to their own wellness. We refer to the 8 dimensions of wellness to provide the individuals with as much help as we can during their transition. We can serve 120 to 160 unique individuals per year with a 67% success rate of goal completion.

Bridger III Program

The Bridger III program (formally known as the Lodge Bridger program) is currently working with the Transitional Living Residence (TLR) located on South Beach Psychiatric Center's campus in Staten Island, serving individuals who are transitioning back into the community. The Bridger program works with individuals who are no longer in crisis and have been transferred out of the TLR. Our program has an 85% graduation rate. Bridger III peer workers meet with their clients at least once per week and have weekly activities that help them gauge what the 8 dimensions of wellness would look like on a case to case basis. Peer Support to me means never being lost in a crowed and being able to find like minds to help me(us) find our wellness tools.

Community Links

Community Links is a supported education service. Participants may be pursuing a HSE diploma, vocational certification or college diploma and in need of support or may be in need of career exploration and planning support. We offer everything from career exploration to education program-of-choice applications all the way to graduation and everything in between. The only criteria is that participants are 18+ years of age, live in NYC, and have a mental health history, condition or diagnosis.

BalticWorks Employment NetWork

Baltic Street is a member of the American Dream Employment Network. As an EN, Baltic Street assists individuals who are on Social Security Administration disability benefits to search for, attain, and maintain employment. We assist with referrals to vocational trainings, resume writing, interviewing skills, job search assistance, job retention, and benefits counseling. We have a certified Benefits Work Incentive Advisor that helps individuals if they decide to go back to work. If you are on Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), you are eligible to use our service for free through the Ticket to Work Program. If you are on SSDI or SSI and are thinking about going back to work, come talk to us and we can help you to achieve your employment goals.

Community Resource and Wellness Center

The mission of Baltic Street's Community Resource and Wellness Center is to provide a safe haven for adults who experience mental health concerns. The Center promotes ongoing recovery through peer support, advocacy, empowerment, and social skills development in an environment that promotes creativity and individuality. The Center offers a friendly, relaxed atmosphere where people can gather to gain assistance to an array of resources, socialize with other participants, and help one another through mutual support and respect to enhance each other's quality of life. The Center's Peer Resource Support Team assists participants as they set personal goals, identify strategies to meet those goals and develop networks that enable them to integrate into the larger community.

Project Re-entry

Project Re-entry began in March 2018 in partnership with Community Care of Brooklyn (CCB), a network of medical and social service providers, to provide peer services to patients living with mental illness. Peer workers meet patients both at the hospital and in the community. In addition to working in a transitional medical setting, one peer will be working as part of the Critical Time Intervention team, one with Care Management, two with the Behavioral Medical Unit, one in the Psychiatric Emergency Department and one in the Outpatient Behavioral Unit.

Peer workers collaborate with the Mental Health Inpatient providers and become an integral part of the team to find ways to better serve the patients while on their units.

Bronx/Brooklyn HomeWORKS

HomeWORKS provides housing for individuals living with behavioral health issues in a scattered site setting. We have a total of 87 units/beds in the Bronx and Brooklyn. HomeWORKS is the most independent of all supportive housing models. Housing specialists assist tenants in maintaining their apartments. Visits are quarterly where recovery and wellness goals are worked on, safety issues are assessed, and cleanliness of the premises are checked with the residents' cooperation.

The Geriatric Program

The Geriatric Program may be the only peer-to-peer program that offers an array of services throughout the five boroughs to seniors that have serious mental illness. The program assists with HRA 2010e applications for supportive housing, obtaining entitlements, as well as benefits. The program escorts participants to their appointments while providing peer support along the way.

Manhattan West Self Help

Certified peer specialists facilitate groups providing both open forums for discussion as well as emotional support for the participants upon important issues that many face when living with serious mental illness. By utilizing SAMHSA's Eight Dimensions of Wellness, we focus on topics from stress management, vocational education, relationship issues, dual recovery, and many others.