

THE

NORTH RIVER

QUARTERLY

An Arts and Education Publication Vol. I Issue 4

Inside

Survey says patients abused
in psych hospitals
page 6

History can be rewritten
by Ralph L. Ivery
page 12

An Artists View
by Ralph L. Ivery
page 14

Legal difference between voluntary and
involuntary admissions to
psychiatric hospitals
page 22

Save Mental Health
Empowerment Project/Self-Help
page 24

"The Pillows of Unrest" page 25

Poet Spotlight page 27

Elderly suicide rates to continue
rising, says expert
page 28

The River Flows-centerspread
Back page The Third Annual
Statewide Art show



Adam Scope

Winter Edition 1995

THE NORTH RIVER QUARTERLY

THREE BASIC TOOLS, TWO CRITICAL AUDIENCES

From
"So You Want to Make A Difference".

For a Copy Call (202) 234-8494

No matter what the level of government, the nature of the change desired, or the need, there are three basic tools available to every policy advocate and two key audiences. When you want to reach a *policy maker*, you should plan to.

WRITE - CALL - VISIT

If policy makers are to represent your wishes in the policy process, they need to hear from you. The fundamentals of contacting policy makers are so reasonable you'll wonder why you haven't done it (or more of it) before.

- Be Brief and to the point;
- Identify yourself and how you (or people you know) will be affected by what's being proposed - that is, a new law, a cut in the budget, a change in the rules that govern a program;
- Be clear about what you want. Name the law that's being discussed or the Program rules that are about to be changed, and specifically what you want the policy-maker to do.
- Mention provisions that you agree and disagree with, and if possible, offer some alternative.
- Let them know how you can be reached for further information, a clarification, or help.

In addition to reaching policy makers directly, there's a second audience to keep in mind: *other voters*. If enough of them get aroused, they will help make your case and your job will be easier.

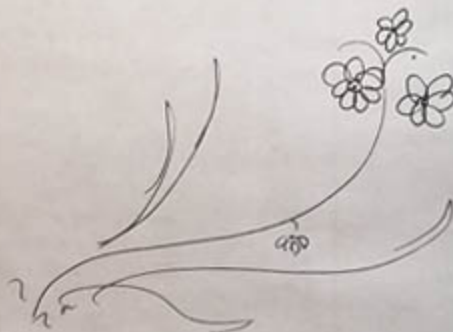
The same basic tools apply.

WRITE...With a few minor changes, the letter you send to a legislator can also be sent as a letter-to-the-editor. That way your message may reach many other voters. **CALL...**The same message you leave on your Congressperson's message machine can be called in to a radio call-in show. That's another way your message can reach other voters. **VISIT...**Or, you can take the "little speech" you memorized to speak to the county commissioner the other day at the mall, and repeat it at your church group, rotary club, or PTA. That's one more way that your message can reach other voters.



Quarterly Staff

Frank Marquit - Chief Advisor
Bob Norman, Jr. - Editor-In-Chief
Beverly Burgdorf - Managing Editor
Ralph Ivery - Artistic Advisor
Pamela Cooper - Production Manager
AND EVERYONE WHO CONTRIBUTED!



In The Tears Of A Man by Will Davis

In the tears of a man
you might see forever.
Forever, is a place that flows
from an Eternity to Eternity.

You might see the salt
that has risen from an eternal sea.

From these tears,
you can feel his joy, his pain.

You can hear the whales singing
in one of my tears.
Though, I might not cry in front of you,
they exist.

Somewhat, it's held inside...
Sometimes, it flows in rivers.

From joy, pain...an overwhelming
sensation...
That hits me,
all of a sudden.

You might find yourself,
but, how many tears does it take
For you to realize
that you're in love...

Jenny's Week-end

by Bonnie White

*For Jenny: I knew Jenny as a child...**she was a survivor...**perhaps she survives somewhere still...*

Jenny woke to the sounds of insistent arguing. The sad desperate tremor of her mother's voice battled against her father's cold angry responses. Blending with the voices were kitchen smells, sounds floated up the stairs; sounds and smells of coffee simmering, kept warm on the back of the wood burning stove. She could smell the pancakes popping and bubbling.

For as long as she could remember, it had been the same. She pulled the covers up around her face and tried to escape into the safety of sleep. Snuggling against her pillows, Jenny slowly 'created her dream.' She carefully visualized the home. It was small and friendly, located in a city somewhere and quite unlike the lonely farm she roamed each day. A house where friends came to visit and were welcomed. When the house was securely fastened in her mind, she visualized the 'parents'. They were warm friendly people who joked and laughed, as she had seen her friend's mother and father do. She let herself drift with the 'dream', touching on a gentler reality than the one she woke to each week-end.

"Jenny", the voice raced up the stairs threatening the dream, "I've been working for hours already, get up, are you going to sleep all day?"

Jenny held the blankets tightly. She put a pillow over her face and tried desperately to keep the 'dream', but it became hazy. She shut her eyes and tried to 'visualize', but her mother's voice pushed away the safety.

She dragged herself out of bed. Her eight year-old body ached as she yanked on her jeans and heavy sweater. She could hear her mother and father arguing downstairs in the kitchen. She didn't distinguish the actual words anymore...the ugly sounds of their voices hammering at each other made her head hurt. As she went down the stairs, she counted the steps. She knew there were fourteen, but she always counted them...one, two, three...It helped her face them.

Jenny's mother was almost finished with the laundry. There were tubs of freshly washed clothing on the floor circling the old wringer washer. It had been there forever and she looked at it and remembered the time when she was three. She had caught her arm in it's wooden rollers, up to the elbow while trying to float her blue plastic duck in the suds. The rollers had sucked her arm right up between them. Her grandmother had rescued her and rubbed her arm with black salve, saying there was "no need for a doctor." She went to the doctor anyway, riding home between her parents in the red studebaker pick-up looking down at the new white cast and remembering the discussion. She had sat at the big black table in the dining room arranging her crayons by color, while they argued about whether her arm was really broken.

"Jenny, go hand up these clothes."

She picked up the basket and carried it to the wooden rack behind the stove. She always hung the wash cloths first because they were square and even. They look so perfect hanging on the rack. She hung the socks, making sure the heels all faced in the same direction. She left the underwear until last. She hated looking at her mother's large nylon panties and her father's cotton shorts.

As she returned to the kitchen with the empty basket, her mother was peeling potatoes at the sink...crying. She felt an ache inside, she should have gotten up earlier...helped more. If only she could make her mother laugh...Jenny started to sing, softly and as cheerfully as she could manage. She even did a little dance.

Her mother whirled around, tears streaming down her cheeks and eyes flashing. "What is the matter with you, do you like to see me miserable?" Jenny's song stuck in her throat. She turned and started up to her room counting the steps. She looked out the window until the pine trees were a blur of green and silently with clenched fists willed the 'dream' to return. It did come slowly, progressively until she was surrounded by its safety and warmth. The sun filtered through the curtains and the voices downstairs were muffled. Jenny felt the freedom of her fantasy and she laughed, gently at first like a small stream trickling over rocks and she began her song and the happy smiling people in her dream danced with her...

Mother's Day, 1986

*Today is her day, but she's not here.
I didn't even see her go.
Can she know how much I cared?
But it was not possible,
for me, her daughter, could never show.*

*Did she ever love me, even when I was small?
I made her cry one time long ago.
It broke her heart and I never said what I thought, ever again.*

*I have to pay now for what I feel,
when bad times come I must not pretend as they are real.
If she watches from above, I just want her to know,
I'm learning to love!*

Betty Olsen

1995 GOALS and HIGHLIGHTS

- Call NAMH 1-800-413-4761 - For Information. Our 800 number was created to improve our communication and services to consumers/psychiatric survivors, whether it be Technical. Assistance/Artshow information/Greeting Card Business or Advocacy.
- Expansion of Current Programs
Develop a Greeting Card Business including Post/Note Cards using mental health recipient Artwork.
- Create a Multi-Cultural/Ethnic-Diversity Line. See Page #21
- Create an Annual Anti-Stigma/Anti-Discrimination Day with Events around the State using Art Exhibitions/Pillows of Unrest and other Projects.
- Expand our Art Gallery and Retail Store in Woodstock, P.O. Box 1178, 92 Mill Hill Road, Woodstock, New York.
- NAMH is looking for Paintings and Artwork for Consignment. Recently we became a NYS Office of Mental Health Preferred Vendor and our hopes are to manage the Artspace Program and Imagination Journal.
- Expand and Improve our North River Quarterly Publication, which includes Arts/Education, Literature and Referral sources.
- Expand our Pillows of Unrest Project/Anti-Stigma Campaign and around the state. We will be sending out information on this project & doing Work-shops.
- Develop and Improve our Vocational Work/Skill Building Program.
- We would like suggestions and other ideas to help improve our Program and Services: We need your input. Please let us know what you think.



Mental Health recipients are people, too

By Bob Norman, Jr.



I have to admit, at first, I had my doubts about working as editor-in-chief for The North River Quarterly.

After all, this was a part-time job for a non-profit agency, a mental health agency. Job security in any non-profit agency is almost non-existent, but working alongside fellow mental health recipients, well, I certainly didn't feel very comfortable during my first day on the job here this past November.

Making circumstances even harder for me was the fact that I haven't taken home a paycheck from work since March, 1993, when, at the urging of a reputable psychologist, I resigned from an area newspaper, due to health reasons, due to stress. Seven consecutive years of working as a reporter (and sometimes editor) in the everyday, pressure-packed newspaper industry, and, in particular, reporting and writing between 10-15 stories each evening, finally took its toll on me.

And yet, here I was, more than a year-and-a-half later since I was last employed, working for another publication. Was I crazy? Would this job send me to an early grave, as was almost the case during my nine years overall in newspaper?

I realize now that the answer is no.

If anything, working for The North River Quarterly has probably saved my life, has probably given me a new lease on life. I know this sounds corny or it sounds like I'm exaggerating, but, hey, it's the truth.

From the first time I walked through the front entrance of the 384 Main Street building for my interview, right on through today, I've been impressed with Frank Marquit, who is the executive director of both National Artists for Mental Health (NAMH) Inc. and North River Gallery and Empowerment Center, also known as North River for short (NAMH Inc. and North River produce The North River Quarterly).

It's hard to decide which or who has more titles, the organization I'm currently employed with or Frank. Aside from being executive director, Frank is also the creator of North River, the founder of North River's art galleries in Catskill and Woodstock, the budget director for our company and our chief lobbyist of any donations from the state, generous individuals or generous corporations.

In short, Frank is a shrewd businessman, and is also a tireless, energetic, enthusiastic worker who makes the Energizer Bunny look like a car engine without spark plugs.

When reading Frank's column "As The River Flows," on pages 18-19 of this publication, you get a pretty good idea that he's done a lot for North River in 1994, but, still, he's got even bigger plans for '95.

Frank is the main reason, but not the only person responsible, for North River's rapid growth.

Every successful general has to have a good lieutenant and that's certainly the case here at North River.

Beverly Burgdorf, North River's program director, assists Frank in practically every matter, ranging from typing up a short story or poem into our computers to traveling with Frank and helping him out when he takes the train to Washington, D.C. for one of his mental health conventions.

While Beverly is a right-hand man (or, to be more accurate, woman) for Frank, she is, to me, my second conscience. Whenever I get myself worked up in this job, or I begin to feel overwhelmed in this job, Beverly constantly reminds me to slow down, to take it easy. She correctly says to me I'm not working for a newspaper, and that I shouldn't be in any hurry or under any pressure to finish the job. Just finish the job when you can, she says.

I certainly appreciate Beverly's constant reminders and I hope she never stops advising me to slow down, to take it easy.

I definitely feel at ease around Ralph Ivery, North River's art director and who also assisted Frank in creating the organization, because we share two things in common: we both like science fiction and we both have a case of arthritis. Whenever I need to take a five-minute break from my work, I would enjoy swapping mental health horror stories with Ralph.

When Ralph's not talking about "Star Trek" or "Tales From the Crypt" he can found organizing the 700-plus pieces of artwork and poetry (some of which are his own, as well as Beverly's) in both the Catskill

and Woodstock offices, be it paintings, pencil drawings, sculptures, written poetry and creative photographs, or coordinating art shows throughout New York State.

Ralph, who is recognized nationally for his artwork, gave me a tour of North River's new gallery in Woodstock two weeks ago, which I thoroughly enjoyed.

While Frank, Beverly and Ralph may be the three key persons behind North River's efforts to promote anti-stigma towards the mentally ill, other people have certainly contributed to the company's ascension, and, in the process, made my life easier.

For example, when I've had several questions regarding the use of our computers, Production Manager and NAMH, Inc. Board Member Pamela Cooper and Finance Manager Rich Fox have always provided me with a helping hand, not once telling me that they couldn't be bothered. I also appreciate Pamela for donating her volunteer time in making The North River Quarterly become, what I think is, a smashing success, particularly for her expertise in laying out pages.

I also have to thank John Zindell, who is creating a black and white photography program, for providing me with rolls of film, whenever I needed to go out and take pictures. Ditto North River secretaries Jackie DiLorenzo and Kimberly Buel, whenever I needed to find office supplies.

These people are not only great to work with, but they have also proved that, like

myself, mental health recipients are just as capable of doing the same things as anyone, that mental health recipients are intelligent enough to go out and earn a living just as easily as your everyday John and Jane Doe.

To place the matter into another perspective, whatever doubts I had about working alongside fellow mental health recipients have now been completely erased.

I know there are more people, other than the persons already mentioned in this article, who have contributed to North River's growth and I hope to know them as time goes on.

So far, though, I've had just as much fun interviewing people for stories in this publication as I've had working with my fellow North River associates. I thank the people I've interviewed for being cooperative and I hope to deal with them again in the near future.

During each edition of The North River Quarterly, I will also hope to write a commentary, either directly or indirectly related to a mental health issue. If you have any suggestions for a commentary, or ideas for a story, please feel free to call me at (518) 943-3529 during weekdays.

I look forward to talking with you, as I now look forward to being the new editor-in-chief for The North River Quarterly.



Artwork
"My Mother's Birds"
Done by
Pamela Cooper



NATIONAL ARTIST'S FOR MENTAL HEALTH, INC. 1994 ARTSHOW HIGHLIGHTS

- Two Artshows @ our NORTH RIVER GALLERY - January, February - Catskill, NY
- *UNIVERSITY OF ALBANY, Abilities Awareness Month - April 11, 12th, Albany, NY
- *COLUMBIA-GREENE RAPE CRISIS CENTER and NORTH RIVER GALLERY - April 1-21, 'Collaboration - T-Shirt Exhibition/Event/March/Candlelight Vigil - for social awareness on rape, domestic violence and child abuse - Catskill, NY
- *CAPITAL DISTRICT PSYCHIATRIC CENTER - Mental Health Awareness Month May 1-20, Albany, NY
- *L.O.B. - LEGISLATIVE BUILDING - Statewide Artshow - 700 pieces May 23-27, Albany, NY
- *MENTAL HEALTH DIRECTORS CONFERENCE ARTSHOW - June 14, 15th, Glens Falls, NY
- *ULSTER COUNTY MENTAL HEALTH ASSOCIATION ARTSHOW - July 1-30th, Kingston, NY
- *NYAPERS CONFERENCE ARTSHOW - July - Kerhonkson, NY
- *ARTWORKS SOHO - Mental Illness Awareness Week - October 1-20th, Soho, Manhattan, NY
- *DEPARTMENT OF THE BUDGET CAPITAL ARTSHOW - October 12, 13, 14th, Albany, NY
- *COLUMBIA-GREENE COMMUNITY COLLEGE ARTSHOW - November 1-30th, Hudson, NY
- *NORTH RIVER GALLERY - Adolescent Artshow from Westchester County, November 10-30th Catskill, NY
- *AMI-NEW YORK STATE - Annual Conference, Artshow and Workshop/Art and Recovery November 4, 5, 6th, Huntington, Long Island, NY
- *O.M.H. RESEARCH CONFERENCE - Poster Presentation/A Pyramid of Empowerment, December 5, 6, 7th, Albany, NY
- *NORTH RIVER GALLERY - Hawthorn Adolescent - December 15th, Catskill, NY
- *OPEN HOUSE 1st EXHIBITION - December, Woodstock, NY

REVIEW OF A HISTORICAL EXHIBIT: MADNESS IN AMERICA

By John B.

On September 17, 1994 I went to the exhibit "Madness In America", which was displayed at Bingham University. This exhibit mainly deals with the perceptions of mental illness, that both psychiatrists and the general public had, before the year 1914. This exhibit was being shown in recognition of the 150th anniversary of the American Psychiatric Association.

The first opinions of mental illness in America were held by the Native Americans, and the Colonists. The Cherokee believed mental illness was caused by a restless spirit, so they would hold a night chant to try to soothe the person, and would try a remedy based on that assumption.

As the years passed, realization of a medical link to mental illness had come about. A profession from totally mythical to more reasonable medical opinions had occurred as well.

This change in diagnostic procedures was launched by the emergence of "moral treatment". This was the movement that first caused mental illness to be treated as a disease, not a sin. One of the champions of this cause was Dorothea Dix, a nurse who had worked at an "insane asylum".

Asylums at this time had started to include things like activities, exercise regimens, and educational programs for patients. This had started the movement away from drastic restraining procedures.

Early on, the medical opinions were very generalized, such as the belief of a body fluid imbalance. This led to doctors drawing small amounts of blood from patients.

Then came the study of phrenology, which was the study of a person's skull. This would later lead to the realization, of mental illness having causes from within the brain.

After awhile, philosophical concepts came about for the purpose of diagnosing the mentally ill, instead of just adhering to the medical aspect. For example, their term "monomania" came about. This term describes someone whose "insanity" lay in only one idea, or one group of ideas, not af-

fecting the entire personality. There was a philosophical concept that came about around 1860. It said that Americans had lived in cities and worked in factories for so long, that their communion with nature had been disrupted. So, some asylums were constructed with lots of grounds for patients to enjoy.

Then toward the later part of the 19th century, the study of neurology started. This was the breaking ground for modern psychiatry, since it recognized the relation of nervous system functions to brain activities.

That is where the exhibit's time-line ended. There were many antiques, present and represented, which were used by practitioners in each time period covered. Articles such as the Davis and Kidder electric machine, Dr. Scott's electric hairbrush, Dr. Scott's electric corset, Dr. Carter's assortment of pills and a phrenological head sculpture, just to name a few. Also, there were objects created by the patients, including Artwork.

The message of this exhibit is very clear...that mental health services have improved in quality and quantity as time has passed and will continue to do so, as we work together. That message strikes me in a personal way. The school children of today enjoy mental health services that were not available twenty years ago when I was a child.

This Exhibit was informative and rich in historical value.



Survey says patients abused in psych hospitals

By Bob Norman, Jr. ■ Advocate complains of 'unnecessary force' towards patients

If a recent survey is any indication, then people's fears of going into an inpatient psychiatric hospital may be justified.

The New York State Commission on Quality of Care for the Mentally Disabled completed a one-year survey in September, 1994, when a total of 1,040 former inpatient psychiatric hospital patients evaluated their stays at 125 inpatient psychiatric hospitals throughout New York State.

Out of the findings, 41 percent of the participants rated their psychiatric hospital stays with a positive overall rating, 30 percent of the patients rated their stays with a negative overall rating, while 29 percent of the respondents had mixed feelings about their stays.

Of the inpatient psychiatric hospitals, 69 percent of the patients came from psychiatric units of general hospitals, 52 percent came from state psychiatric centers, while 23 percent came from private psychiatric hospitals. All of the patients were hospitalized during the past two years.

Of the respondents, 560 were placed in restraints and/or in seclusion, while 480 received general psychiatric hospital care. And, according to Nancy Ray, Policy Director of the State Commission of Quality Care and coordinator of the survey, if the patients were placed in restraints and/or seclusion, chances are, they would award their hospital stays low grades.

If the patients were not placed in restraints and/or seclusion, chances are, Ray says, they would award their hospital stays higher grades.

"Fifty-three percent of the people who were not restrained gave their hospital high marks, while 40 percent of the people who were restrained or secluded gave their hospital failing marks," Ray said. "I thought they would look this way, but what surprised me were the patients who said they did like it."

"The most striking thing to me was (over) one-third of them said hospital care was very good for them. One-third of the people gave hospital stays an A, B's and C's."

Overall, the Commission's 40-page report lists 37 positive comments from former psychiatric hospital patients, regarding restraint and seclusion and the overall hospital experience.

Among these positive comments are:

"Most effective seclusion was at Marcy Psychiatric Center (located in Utica) in 1984. Was offered voluntary seclusion with no locked door. The room was nicely painted and furnished. The therapy aide was effective and kind."

"I felt that, overall, I was treated fairly, when I was put in restraints."

"Sometimes a person needs to be tied down. Being restrained helps me stay alive."

"State hospital was open to my thoughts at all times and all of my requests were met."

"I received a lot of attention and I needed it at the time. In retrospect, and even at the time, I know they were trying to help me."

"The care I received at Four Winds (located in Saratoga Springs) was a welcoming change after spending time in both state and general (hospital) psychiatric units. I was treated with respect and left with my dignity."

"I was not in good enough shape for activities, but they were available to me. I had excellent care, a good doctor and a successful stay. I was well enough to go home in a week."

"The staff concern for me was for my own safety and to soon get well and get a job."

"I was treated very well and felt safe in the hospital."

"Activities were excellent."

And, "Staff talked to me about problems; gave me correct medication care."

On the other hand, however, the Commission's report lists 76 negative comments from former psychiatric hospital patients, regarding use of restraints and seclusion, improper care, allegations of undue force and abuse, remembrances of restraints and seclusion, overall hospital

stays and medication.

Among these negative comments are:

"Locked in a room for 12 hours a day. Just sat and slept."

"The staff would pick fights with me, because I was small and couldn't fight back and when I tried they would knock me down and tie me in a jacket."

"I was put in restraints without being told why."

"When I was in restraints and had to go to the bathroom, the staff would tell me I couldn't go."

"While being in seclusion, the female nurse showed my breasts to the male staff."

"Staff put a bag over my head during restraint/seclusion - I passed out and went to sleep."

"A huge male nurse and two female aides grabbed me and manhandled me. I was called a 'piece of sh...' and 'white bi...'...it was below 32 degrees in that room."

"I was only nine years old and I was never scared of adults (before this)."

"The therapy aides watched TV or read...very little positive interaction with patients."

"Visitors do not have privacy."

"There were almost no activities in the hospital."

"I was yelled at for cry-

ing. I was depressed and I cried."

"Patients were often laughed at, teased, made fun of...I could not find out what I needed to do to leave."

"A nurse told me I was not wanted because I was retarded and if I wanted to kill myself I should and (she) showed me where I could cut myself with a razor."

"I was given medication and no explanation was given to me about why or what it was for."

And, "(I was) medicated over objection; (my) right to refuse medication was not respected."

Neither Susan Sleasman, Advocacy Coordinator for the New York Association of Psychiatric Rehabilitation Services (NYAPRS), nor Ed Knight, President of Recipient Empowerment Project of the New York State Mental Health Association, appeared to be surprised at the survey's findings.

Both Sleasman and Knight assisted the Commission's survey by writing up 36 true/false questions relating to the individual's overall assessment of his or her patient treatment, 21 true/false items related to restraint and seclusion use and seven yes/no questions asking patients about the types of mental health inpatient and outpatient services they used. The survey concluded by asking patients

Continued on Page 8

Protection & Advocacy for Individuals with Mental Illness

WHAT IS PROTECTION AND ADVOCACY?

The Protection and Advocacy for Mentally Ill Individuals Amendment Act of 1991 (Public Law 100-509) provides a resource for individuals who have been labeled as mentally ill and who reside in any residential facility which provides care and treatment, or who are in the process of being admitted to or discharged from such a facility.

The PAIMI system, through both the NYS Commission on Quality of Care for the Mentally Disabled and a series of regional offices around the state, provides investigation into complaints about the abuse, neglect, and violation of rights, as well as both legal and non-legal advocacy services on behalf of individuals or groups bringing complaints

WHERE SERVICES ARE AVAILABLE

Advocacy Services Bureau
NYS Commission on Quality of Care
for the Mentally Disabled
Suite 1002, 99 Washington Avenue
Albany, NY 12210
(518) 473-7378

New York City Region: Serving counties of Bronx,
Queens, Kings, Richmond
and Manhattan.

New York Lawyers for the Public Interest, Inc.
30 w. 21st Street, 9th floor
New York, NY 10010-6905
(212) 727-2277

Western New York Region: Serving counties
Niagara, Erie, Chautauqua, Cattaraugus, Allegany,
Wyoming, Genesee, Orleans, Monroe, Livingston,
Steuben, Yates, Ontario, Seneca, and Wayne.

Neighborhood Legal Services, Inc.
495 Elliott Square Building
Buffalo, NY 14203
(716) 847-0650

Central New York Region: Serving counties of
Cayuga, Schuyler, Tompkins, Chemung, Tioga,
Broome, Cortland, Onondaga, Oswego, Jefferson,
Lewis, Oneida, Herkimer, Madison, Chenango,
Otsego, and Delaware.

Legal Services of Central New York, Inc.
329 w. Fayette Street
Syracuse, NY 13202
(315) 475-3127

North Country Region: Serving counties of St.
Lawrence, Hamilton, Franklin, Clinton, Essex,
Warren, and Washington.

North Country Legal Services, Inc.
PO Box 989 PO Box 648
100 Court Street 38 Governor Street
Plattsburgh, NY 12901 Canton, NY 13617
(518) 563-4022 or (315) 386-4586 or
1-800-722-738 1-800-822-8283

Hudson Valley Region: Serving counties of Fulton,
Saratoga, Montgomery, Schenectady, Schoharie,
Albany, Rensselaer, Greene, Columbia, Ulster,
Dutchess, Sullivan, Orange, Putnam, Rockland, and
Westchester.

Disability Advocates, Inc.
155 Washington Avenue, Suite 300
Albany, NY 12210
(518) 432-7861

Long Island Region: Serving counties of Nassau and
Suffolk.
Touro College
Jacob D. Fuchsberg Law Center
300 Nassau Road
Huntington, NY 11743
(516) 421-2244, ext. 331

Continued from page 6

Survey says patients abused in psych hospitals

to add any comments regarding their psychiatric treatment.

Sleasman and Knight then provided the Commission with a mailing list of people in over 70 mental health programs, including NYAPRS and Recipient Empowerment Project members.

"I think there's a lot of unnecessary force for anybody in a psychiatric hospital. I'd be afraid to go in," Knight said. "People secluded and restrained are not protected from harm. They shouldn't be treated with violence."

Backing up Knight's comments are additional findings in the Commission's survey. When listing the complaints of the 560 respondents who had been restrained and/or secluded, 50 percent said unnecessary force was used, 40 percent complained of psychological abuse, 29 percent complained of physical abuse, 26 percent reported physical injuries and 10 percent said they were sexually abused.

Also, 58 percent said they were not released and not allowed to exercise every two hours, 46 percent complained they were not allowed to use the bathroom hourly, another 46 percent reported they were not examined by a physician, 38 percent stated they were not checked by staff every 30 minutes and 34 percent said they were not allowed to eat or drink at mealtime.

"The inpatient services are very behind in time,

compared to out-patient services," Sleasman said. "The inpatient services don't work with you as a whole person."

"These days, we have put in legal protections, which have made things better. Still, a significant number of people gave horror stories," Ray said. "This survey shows we need a uniform quality of services in that every hospital should provide patients with good care."

The Commission's survey concludes and recommends that, "For all of us, our memories are not perfect reflections of our experiences, but they do shape our future, perspectives, beliefs and behaviors. As such, these opinions of former patients are, in fact, very important to hospital administrators and staff as they seek to better meet the needs of their patients in the future."

"The response of 1,040 respondents to this survey told us much about what a large sample of persons with serious mental illness think about their psychiatric hospital stays and the care and treatment that they received."

But the conclusion of the survey doesn't mean the conclusion of the Commission's work.

First of all, Ray says, sometime this year, the Commission will propose a new restraints-seclusion statute to state lawmakers, to cut the legal maximum restraining order from 4 hours to 2 hours for inpatient psychiatric hospital

patients. The statute also proposes to drastically cut the legal maximum seclusion from 24 hours to 2 hours for inpatient psychiatric hospital patients.

"We're advocating for considerable restrictive safeguards for patients," Ray said.

Second, the Commission plans to, sometime this year, issue another report it recently completed specifically naming, while evaluating, inpatient psychiatric hospitals.

The purpose of issuing a report specifically naming, while rating, psychiatric hospitals would be, Ray says, to "encourage hospitals to bring down the rates of usage to restrain or seclude patients."

"Hospitals need to know where they stand," Ray said. "We want to encourage hospitals to evaluate their performances. We want to encourage hospitals to compare notes with other hospitals."

Finally, the Commission also plans to do, what Ray describes as, "grand rounds with a number of hospitals."

According to Ray, the Commission plans to visit several inpatient psychiatric hospitals, meet with the physician and nursing staff, present to each of them the inpatients' survey and, Ray adds, "look at the hospitals' data."

"We'll try to provide individualized assistance to a number of hospitals," she said. "We're going to

try to convince doctors to reduce the usage rates of restraints and seclusion."

"We hope to do more surveys. We hope to encourage hospitals to do their own surveys," Ray added.

Sleasman and Knight both hope patients, for now, will explore other options before choosing an inpatient psychiatric hospital.

"Community-based services, clubhouses (such as self-help and empowerment programs) and I.P.R.T. (Intensive Psychiatric Rehabilitation Treatment) programs are the best way to go, because they give people hope," Sleasman said. "These programs give people a chance to reach their goals. People need to be able to have their opinions heard."

"Mental illness patients or mental health groups need to be joining local self-help groups or need to be starting an advocacy program at a local hospital," Knight said. "If we get together and fight for our rights, I think the mental health (system) will improve."

If any mental health patient thinks he or she has been mistreated in any way, then he or she is encouraged to call the Advocacy Services Bureau of the New York State Commission on Quality of Care for the Mentally Disabled at (518) 473-7378 or toll free at 1-800-624-4143, Disability Advo-

cates at (518) 432-7861 or the New York State Mental Hygiene Legal Services Office.

The regional listings of the State Mental Hygiene Legal Services Offices are:

The First Judicial Department, New York City, (212) 889-6486; The Second Judicial Department, Mineola, (516) 746-4545; Third Judicial Department, Albany, (518) 474-4453; and, Fourth Judicial Department, Rochester, (716) 454-1898.

How to obtain Patients' Perspective of Restraint and Seclusion Use Survey

To obtain the Commission's survey, please call The New York State Commission on Quality of Care for the Mentally Disabled Office at (518) 473-8677 or toll free at 1-800-624-4143, or write to the Commission's office at 99 Washington Avenue, Suite 1002, Albany, New York 12210-2895, ATT: Policy Bureau.

The Commission's survey is available for free.



Woman

How do I see thee
first as a child,

protected,
comforted,
shielded
wrapped in a
cocoon,

no glimpse of a
real world
no dark clouds;
suspended in time,

a break in the
mold
no middle, just a
left and a right,

the inbetween is
non-existent
if you fall, is that
the end?

Climb to the top,
what do you find;
a woman, a new
face,

how did she grow
she looks like you,

the child is no
longer there
do not look back,

for, in her place

the gap is filled

strong and
independent.

Written by
Betty Olsen

NATIONAL PUBLIC MENTAL HEALTH PROGRAM OFF TO GOOD START

A national public mental health program did quite well in its first year.

The Center for the Study of Issues in Public Mental Health was established in 1993 by the National Institute of Mental Health to develop an integrated program of mental health services research in New York State. One of eight such centers in the United States, the Center is uniquely located in New York's public mental health system, a natural setting for the study of the development, organization, delivery and outcomes of mental health services for adults with severe mental health illness.

Over the Center's first year, activities have focused on better integrating the perspectives of the research, policy and practice communities. In addition to beginning many of the Center's research projects, the Center's investigators have had the opportunity to increase their knowledge and understanding of issues by participating in a number of relevant seminars, such as longitudinal causes of substance abuse in people with severe mental illness, sophisticated statistical approaches for scientific studies, ethical issues of informed consent in services research, outcomes of vocational rehabilitation, and the process of recovery and its implications for the research agenda.

The Center is a collaboration of two research sites in the New York State Office of Mental Health - the Bureau of Evaluation and Services Research in Albany and the Nathan S. Kline Institute for Psychiatric Research in Orangeburg - and the Nelson A. Rockefeller College of Public Affairs and Policy of the State University of New York in Albany. The Center's director is David L. Shern, PhD, who also serves as director of the Bureau of Evaluation and Services Research.

Individual research projects that make up the Center's overall research agenda build on major initiatives that are part of the State's current efforts to reform its system of mental health care for adults with severe mental illness. These efforts are being guided by the principles of psychiatric rehabilitation and recovery. The Center is committed to gaining a fuller understanding of how these principles are translated into policy and programs and to making important contributions to better understanding how the issues of quality, access and financing can support clinical and policy directions.

Research is being conducted by a multidisciplinary team of researchers, practitioners, policy makers and recipients in three areas of intensive study called the research cores. The research projects of all three cores are designed to provide important insights into key public mental health issues of national significance.

Studies in the Populations Cores are aimed at the life circumstances of adults with severe mental illness who are in need of comprehensive support and treatment and whose complex needs are not being adequately addressed by existing service systems. The System Initiatives Core is addressing program, policy and legislative initiatives and strategies for integrating services within a financially viable framework that promotes recovery. The focus of studies in the Research Methodologies Core is on research techniques that assist in better understanding the needs of persons with severe mental illness and in conducting research that is responsive to the complex environment in which mental health services are delivered.

For more information on the Center, call (518) 474-9911 or write to the Center for the Study of Issues in Public Mental Health, New York State Office of Mental Health, 44 Holland Avenue, Albany, New York 12229.

New York State Office Of Mental Health
Bureau of Evaluation and Services Research
44 Holland Avenue
Albany, NY 12229
Phone: 518 474-9911
Fax: 518 474-9965

The Nathan S. Kline Institute for
Psychiatric Research
Epidemiology and Health Services
Research Laboratory
140 Old Orangeburg Road
Orangeburg, NY 10962
Phone: 914 365-2000
Fax: 914 359-7029

Nelson A. Rockefeller
College of Public Affairs
and Policy
University at Albany
Richardson Hall 101
135 tern Avenue
Albany, NY 12222
Phone: 518 442-5324
Fax: 518 442-5380

Panic Disorder: A very real problem controlled through treatment

"All of a sudden, I felt a tremendous wave of fear for no reason at all. My heart was pounding, my chest hurt, and it was getting harder to breathe. I thought I was going to die."

What are the symptoms of a panic attack?

As described above, the symptoms of a panic attack appear suddenly, without any apparent cause. They may include:

- Racing or pounding heartbeat
- Chest pains
- Dizziness, lightheadedness, nausea
- Difficulty Breathing
- Tingling or numbness in the hands
- Flashes or chills
- Dreamlike sensations or perceptual distortions
- Terror--a sense that something unimaginably horrible is about to occur and one is powerless to prevent it
- Fear of losing control and doing something embarrassing
- Fear of dying

A panic attack typically lasts for several minutes and is one of the most distressing conditions that a person can experience. Most who have one attack will have others. When someone has repeated attacks, or feels severe anxiety about having another attack, he or she is said to have a panic disorder.

What is panic disorder?

Panic disorder is a serious health problem in this country. At least 3 million people will have panic disorder at some time in their lives. The disorder is strikingly different from other types of anxiety in that panic attacks are sudden, appear to be unprovoked, and are often disabling.

Once someone has had a panic attack--for example, while driving, shopping in a crowded store, or riding in an elevator--he or she may develop irrational fears, called phobias, about these situations and begin to avoid them. Eventually the pattern of avoidance and level of anxiety about another attack may reach

the point where the individual with panic disorder may be unable to drive or even step out of the house. At this stage, the person is said to have panic disorder with agoraphobia. Thus panic disorder can have a serious impact on a person's daily life as other major illnesses--unless the individual receives effective treatment.

What causes panic disorder?

According to one theory of panic disorder, the body's normal "alarm system" tends to be triggered unnecessarily. Scientists don't know exactly why this happens. Panic disorder has been found to run in families, and this may mean that inheritance (genes) plays a strong role in determining who will get it. However, many people who have no family history of the disorder develop it. Often first attacks are triggered by physical illness, a major life stress, or certain medications.

Is panic disorder serious?

Yes, panic disorder is real and potentially disabling, but it can be controlled with specific treatments. Because of the disturbing symptoms that accompany panic disorder, it may be mistaken for heart disease or some other life threatening illness. People frequently go to hospital emergency rooms when they are having a panic attack, and extensive medical tests may be performed to rule out these other conditions.

What is the Treatment for panic disorder?

Thanks to research, there are a variety of treatments available, including several effective medications, and also specific forms of psychotherapy. Often a combination of the two produces good results. Some improvement may be noticed in a fairly short period or time--about 6 to 8 weeks. Thus appropriate treatment for panic disorder can prevent panic attacks or at least substantially reduce their severity and frequency, bringing significant relief to 70 to 90 percent of people with panic

disorder. In addition, people with panic disorder may need treatment for other mental problems. Depression has often been associated with panic disorder, as have alcohol and drug abuse. Recent research also suggests that suicide attempts are more frequent in people with panic disorder.

This article is reprinted from the March/April issue of the NAMI Advocate (National Alliance for the Mentally Ill) with their permission.

Group Effort Is Needed in Treatment of Manic Depressive Disorder

Dr. Fred Goodwin, currently the director of the National Institute of Mental Health, is scheduled to leave NIMH in late Spring. The following are excerpts from an interview with Dr. Goodwin last year.

What treatments work best for manic depressive illness?

Lithium Therapy is still the treatment of choice. Lithium has brought a dramatic change in the lives of people with manic depression. Many people have been able to live relatively independent lives with lithium. That change is a direct result of scientific research.

About 30 percent of manic depressive patients still don't have satisfactory responses to medication. One has to be very careful about prescribing an antidepressant to a bipolar patient. There's a risk that an antidepressant will induce a manic cycle. So you pull back.

For the unipolar patient with depression but no history of mania, you start with traditional tricyclics. There's some

evidence now that the newer selective serotonin reuptake inhibitors like Prozac or the newer dopamine inhibitors like Wellbutrin are very effective drugs, but they may not work as well with severe depression, particularly those that need to be hospitalized.

How important is a pre-treatment evaluation?

Absolutely critical. Such an evaluation is often slighted because the doctor or the patient or the patient's family is so eager to begin treatment. But it's important to first get

a) a family history, and

b) to learn how many previous episodes there have been, how long these episodes have lasted, and how far apart they are. This information is critical in making future decisions about treatment.

Should family member(s) be involved in taking this history?

It's absolutely critical that a family member be involved in taking this history.

The notion in psychotherapy that the family should remain apart, "out there", just doesn't work in psychopharmacology. You've got to have a family member help with the history.

The illness is one thing as seen and experienced from the inside. It's quite another thing seen and experienced from the outside.

A family member may observe a lot that the patient may not see. Hypomania is one example. In an evaluation, the patient is likely to remember hypomania as a good time, or a great time, when they were their "normal self."

A family member might remember it as hell on wheels, the patient was irritable and spending all the money...

A doctor who relies only on the patient for a history may never see that signal of hypomania.

We did a study to show that patient information alone missed

half the cases (of mania or depression) when we went into the family and got the full history.

The family can be especially helpful in identifying whether there's a history of substance abuse. This is very important to find out, and this is tricky to find out. Identifying substance abuse is difficult. But it has to be dealt with because it prevents the effectiveness of the medication.

Can risk of suicide be prevented?

The period of highest risk is immediately after the onset of depression. What's most predictive is a symptom of anhedonia--a lack of a capacity to feel any pleasure at all, combined with:

a) symptoms of anxiety and panic

b) substance abuse

c) Males are twice as likely to kill themselves as females

d) Bipolar patients are more likely to kill themselves, particularly when in a mixed state--mania and depression at the same time--a depressed mood, a depressed mood, a depressed view of the future, but lots of energy and mania. It's often connected to substance abuse, which in turn increases the risk of suicide.

This article is reprinted from the March/April issue of the NAMI Advocate (National Alliance for the Mentally Ill) with their permission.

Topics for Q and A?

If you have a question concerning mental illness, or wish to contribute an article on a specific mental health topic, write to us. Knowledge is power!

Why Self-Help Works at North River Gallery;

Some Observations by an Outsider By Ed Knight

Office of Mental Health Research which I helped do demonstrates that self-help works for five basic reasons, all of which can be seen clearly at North River Gallery.

The first reason is that self-help creates a social network for consumers/survivors. Clearly the work done by North River to set up the fine exhibit at the Well in the Legislative Office Building and the other exhibits that the group here does helps create a lasting set of friends.

All of the work done at the offices and gallery in Catskill also show the strength of the social network. The resulting social network serves as a buffer to stress for individuals and helps people not become symptomatic because of stress.

The second reason self-help works is that people move from being helped all the time to helping. Being helped all the time is looked down on by American society. When people are helped all the time, they stop making decisions and become helpless and feel hopeless.

At North River, people help each other. A spirit of helping permeates the work done here. When people help, which is looked up to by American society, people feel better about themselves. People here experience strengthened self-esteem, because they get meaning from helping.

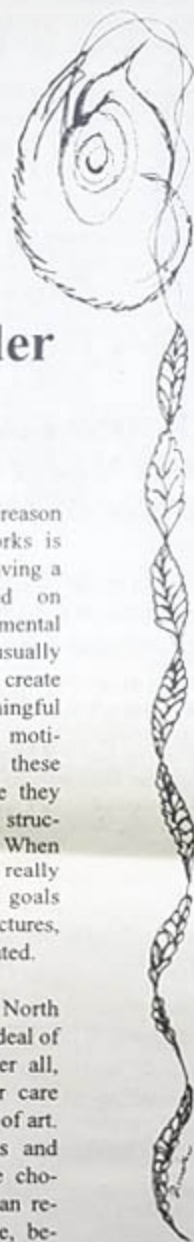
The third reason why self-help works is that there are role models here, signs of hope. Many people here are doing well and are being productive. This is a sign of hope for people not doing so well. The work North River Gallery does is itself a great sign of hope and a stigma buster.

The fourth reason why self-help works is that people can share how they cope. Much of the project here at North River Gallery is, among many other things, a great way to cope. Not only that, but I'm sure that in conversations around the work and in the support groups run here do people share with each other how to cope with difficulties, the difficulties which life inevitably brings.

Finally, the fifth reason why self-help works is that rather than having a structure imposed on them, which the mental health system usually does, people here create their own meaningful structures and are motivated to uphold these structures, because they have chosen these structures themselves. When people do not really choose their own goals and daily life structures, they are not motivated.

People here at North River have a great deal of responsibility. After all, they have in their care hundreds of works of art. Because the goals and structures here are chosen, people here can really be responsible, because without choice there is no responsibility. At North River, choice is obvious in everything that is done. Nothing is imposed.

North River Gallery is a fine example of self-help at its best.



Artistic Tips

The Care of Art

Light

Although art cannot be enjoyed without light, it is important to be aware that light can cause permanent damage to prints, drawings, and even paintings. Heat and light accelerate fading and discoloration of paper, but the amount of destruction depends on the intensity and duration of exposure to these elements. Invisible ultraviolet rays from sunlight and fluorescent lighting cause the most damage.

Avoid hanging art in direct or reflected sunlight. Draw blinds or shades during the brightest part of the day to help prevent damage. Once fading occurs, there is no way to restore the colors. You might also consider rotating artworks. Remember, when handling the picture, use both hands on top and bottom or both sides. If the picture is heavy, have another person help transport it.

If you must illuminate artwork, use a picture light with a low-wattage, incandescent bulb. Turn the light on only when you are viewing the piece. This will keep the heat and the exposure to light at a minimum.

If fluorescent lighting can't be avoided as in most offices, the tubes should always be covered with special cylindrical sleeves which filter the ultraviolet rays.



Professional Picture Framers Association
4305 Sarellen Road
Richmond, Virginia 23231-4311
(804) 226-0430
Fax (804) 222-2175

Artwork
"Untitled"
Done by
Fernanda
Schirripa



On Therapy

*She says that the sphere of my being will expand,
beyond all that was and all that I have known.
Yet, I am in this dark place.*

*My time, my 'rite of passage' is long past.
She means well, says I am a flower beginning...to unfold,
but, I assure you, no flower survived those fields.
Wild flowers do not transplant well.*

*I will tell you a secret, I, the me that was,
belong there in the fields among those wild flowers,
against the whispering winded pines and the glistening lake,
frosted with morning sunlight.*

Artwork
"Untitled"

Done by
Orest Czornopysky

Poetry
"Therapy"

Written by
Pina Clark
April 28, 1994



BORDERLINE PERSONALITY DISORDER: A LESSER KNOWN MENTAL ILLNESS

By Carole Blake

Mental illness can take many forms. It can range from a mild neurosis to a severe psychosis. Somewhere in-between these two extremes is a diagnosis which is labeled Borderline Personality Disorder (BPD). According to an article in *Mademoiselle Magazine* titled, "Women on the Verge: The Surge in Borderline Personality Disorder", "Psychiatrists use the term 'borderline' to describe a disease that serves as a middle ground between neuroses and psychoses and whose characteristics 'border' other disorders such as schizophrenia and manic depression."

An estimated 10 million Americans are affected by this disorder; women outnumber men 2 1/2 times to 1. This mental illness is frequently misdiagnosed as something else, so 10 million people is probably a low estimate. BPD generally manifests itself in the late teen years or early twenties with some or all of these symptoms, according to the National Institute of Mental Health:

1. Unstable and intense relationships.
(Borderlines have difficulty maintaining either a job or a relationship.)
2. Impulsiveness in potentially self-destructive behaviors, such as substance abuse, sexual promiscuity, shoplifting, reckless driving, eating disorders, self-mutilation.
3. Severe mood swings, erratic behavior.
4. Frequent and inappropriate displays of intense anger and/or violence.
5. Recurring suicide threats and/or attempts.
6. Lack of a clear sense of identity; very low self-esteem.
7. Persistent and chronic feelings of emptiness or boredom.
8. Frantic attempts to avoid real or imagined abandonment.

Like many mental illnesses, BPD has genetic origins. Therefore, certain people are more biochemically predisposed to having BPD than others. Additionally, there is likely to be a history of both physical and sexual abuse in the borderline's background. A major traumatic event can trigger the disease. Frustration in one's formative years to gain appropriate autonomy and independence from authority figures, such as parents, can also lead to BPD. According to the *Mademoiselle* article, "The borderline sacrifices her identity in order to remain accepted by her mother or father. She forever seeks both independence and the feeling that he/she is loved."

In order to cope with the emotional rollercoaster he/she rides constantly, the borderline develops defense mechanisms. "Splitting" and "Projective Identification" are primary ones. Characteristically, the borderline is confused regarding his/her identity and these defense mechanisms are developed over time to make his/her life more manageable. "Splitting" is defined as "the failure to integrate positive and negative experiences of oneself and other people". "Projective Identification" is when a borderline feels angry or resentful toward someone else who exhibits the same negatively-perceived personality quality that the borderline feels.

As this illness is becoming more readily recognized, borderlines are beginning to receive the professional attention and treatment that they need to recover. Combination of psychotherapy and medication (antidepressants, neuroleptics, anticonvulsants) can relieve the worst symptoms of the disorder. The slow process of healing can then begin.



*Mental Ill are Good Workers,
Not Violent!*

*By D. John Ingram,
President, Board of Directors,*

FOUNTAIN HOUSE

We take issue with the negative thrust of your July 19th page-one article such as bi-polar illness "Head Games: Mental (manic depression) or Health Laws Protects schizophrenia. Studies Many People But Vexes have confirmed, however, Employers." Not only was that the slight statistical difference between the ill and the "well" can largely be attributed to those who have resisted or are without access to competent treatment. It is true that not all people with mental illness can be helped significantly through the ongoing breakthroughs in medications, but recovery rates now are up to 75% for bi-polar disorder and 65% for schizophrenia, compared with 45% just 10 years ago. The irony is that many of your readers probably have worked alongside intelligent and talented people with mental illness for years without knowing it. The fear of stigma keeps most employed disabled people from sharing information about their "invisible" handicap. The American with Disabilities Act may regulate business practices, but it cannot overnight dispel prejudice and groundless fear. From WSJ "Letter to Editor" 8-11-94

Fountain House has been helping people with serious mental illness get to work for 35 years. At any one time we have about 300 members working in full or part-time positions. Many of the 40 employers who hire our members part-time are Fortune 500 companies. Indeed, over the past decade, more than 100 Fountain House members have worked at Dow Jones & Co., publisher of this newspaper, through a jointly sponsored employment effort. Never, in all our years of experience and after working with thousands of very sick people, have we had an incident of violence on the job.

There is a slightly higher incidence of violence for those with severe

11-94 Reprinted From
The AMI/FAMI RE-
PORTER Nov/Dec, 95.



Artwork
"Untitled"
Done by
Orest
Czornopysky

WARNING SIGNS OF DEPRESSION

In all most all cases individuals give us cues that they are very troubled. To be aware of the indications is a steep in the right direction. Here is a list of warning signs to watch for:

- * Changes in sleeping patterns
- * Changes in eating patterns
- * Lack of energy
- * Inability to feel pleasure
- * Decreased ability to concentrate
- * Decreased ability to complete even simple task
- * Loss of interest
- * Indecisiveness
- * Anxiety
- * Loss of self-confidence
- * Deterioration in habits of personal hygiene
- * Giving up
- * Inability to cope with or handle problems
- * Loss of the will to live
- * Decrease in the ability to see beyond the immediate situation
- * Social withdrawal or isolation
- * Wanting to "drown your sorrows" with alcohol or drugs



R
Benjamin
with Center

650 South Salina Street
Syracuse, New York
13202
(518) 476-2161
1-800-647-6479



By Ralph Ivery, Art Director North River Gallery and Empowerment Center

Bonnie Willet, an art therapist from the Jerome M. Goldsmith Center in Hawthorne, New York, and her recipient adolescent artists were the my guests at North River Gallery and Empowerment Center this past December.

The adolescents had the opportunity to see their artworks displayed in the gallery, at 384 Main Street in Catskill. These adolescents live in a residential treatment facility and live with psychiatric disorders.

This was a special exhibition, as these artists rarely, if ever, get the opportunity to see their works exhibited. This art exhibition was also an important opportunity for those living with mental illness to see the public viewing their works.

The group created a sculpture of a city from blocks of wooden pieces glued together, a sculpture that would advocate for the group (shown in photo below). In addition, the sculpture became a vehicle for future social awareness of a higher quality of life for those living with mental disabilities.

The adolescents' artworks were necessary to develop self-esteem, to become productive and to continue positive growth.

When Bonnie and the adolescents completed their project, they were invited to participate in our Christmas holiday celebration with a decorated cake and drinks, as well as gifts from us to take back with them, tote bags with our logo, which were filled with holiday goodies.

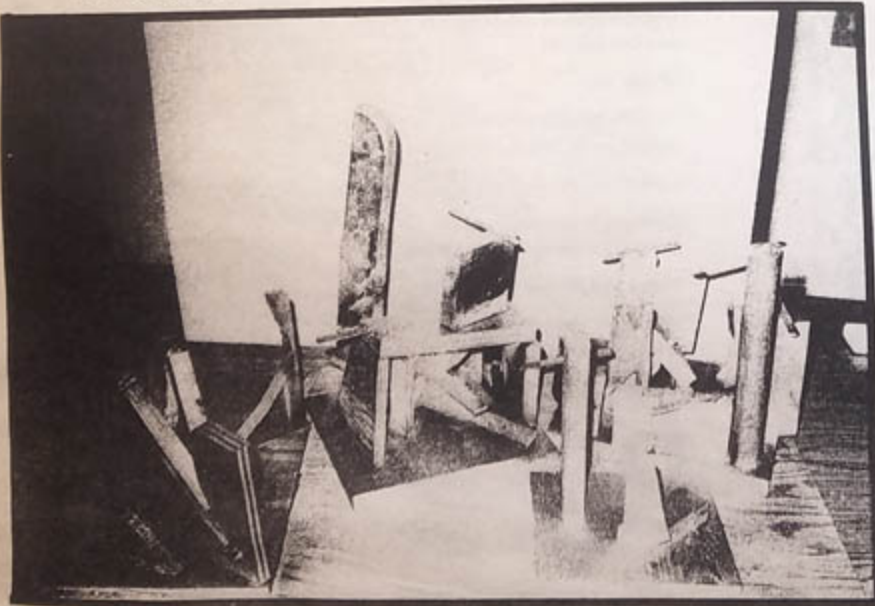
An Artistic View



The North River Gallery logo painting by Ralph Ivery

This artshow ran from December 8, 1994 to January 15, 1995. The works were seen by many people from Greene County and the surrounding area. While talking to the children, I could see their hopes and dreams of becoming model citizens in the community and hopes for a brighter future. These children have the same hopes, goals and dreams of any other children, regardless of background and environment.

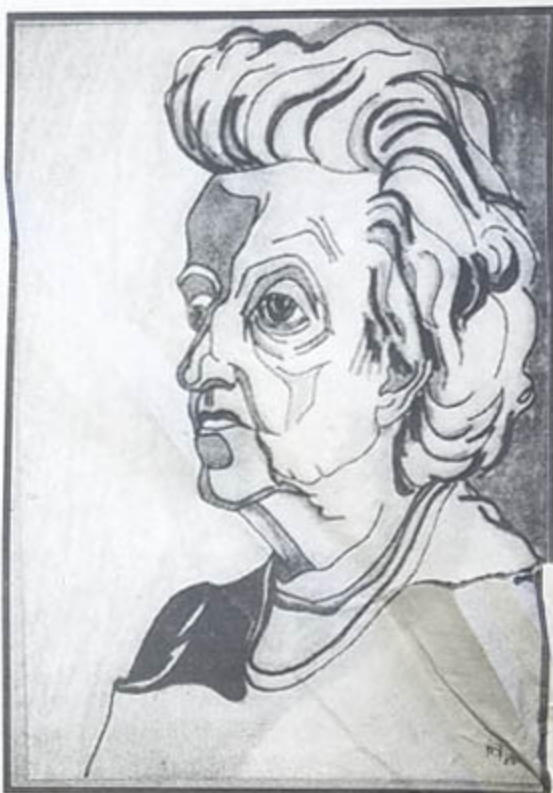
I would like to thank Bonnie Willet and all the children at the Jerome M. Goldsmith Center for their artwork and also for coming to North River Gallery and Empowerment Center. The sculpture created on site at the gallery will be included in our third annual state-wide artshow at the Legislative Office Building in Albany this coming May, to commemorate Mental Health Awareness Month.



"Storm"
Done by
Raph L. Ivery
\$50.



"My Mom 1986"
Done by
Ivan R.
McDonald
N.F.S.



"Untitled"
Done by
Jeff Creation
N.F.S.

"Untitled"
Done by
Rebecca Shields
\$35.



"Hands"
Done by
Roberet Pitonzo
\$650.



"Dency"
Done by
Ivan R.
McDonald
N.F.S.



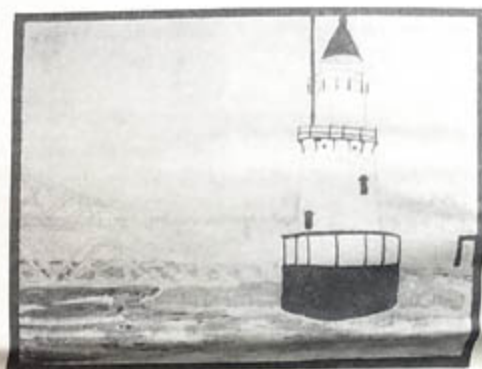
"The Hunter"
Done by
Pamela Cooper
\$300.



"Wise Man"
Done by
Orest
Czornopysky
\$. negotible



"Untitled"
Done by
John Clark
\$125.



"Light House"
Done by
Bill New
\$35.

1,000
Paint me a picture of what's inside my head,
You can use black and white, but it'll come out red.
Tell me the story, of how my life has been,
use the happy or sad ending, as long as it does end.
Show me a sunset, or an early-morning frost,
you can lead me anywhere, 'cause I'm already lost.
Find for me the reason, why I walk the earth,
tell me the price, yes, the price, for what it's worth.
Run out my meter, for my time is gone,
push me for the darkness, where never, no never, comes the dawn,
howl at the moonlight, behind a full eclipse,
lock me in the chamber, with jesters, all the jesters, doing flips.
Paint me a picture, of what's inside your head,
you can use no colors, but mine which is blood red.
Tell me the story, of how Your life has been,
use the happy or sad version, but do not, no, no, do not let it end.
Look for a sunset, or early-morning frost,
I can't take you anywhere, 'cause I'm the one who's lost.
Find out the reason, why you walk this earth,
here's the price, here's the price, yes this is what it's worth.
One thousand burning faces, staring in your eyes,
one thousand screaming voices, screaming back your lies,
one thousand lonely elders, trying to make true,
one thousand ways to make the day, but no one,
no, no one can save you.

R.M. Fox



"Darkness"
Done by
Anna Robinson
\$75

History Can Be Rewritten

by Ralph Ivery

Art Program Director

"My work is about difference, my work is about how we learn to lie down with the different parts of ourselves, so that we can in fact learn to respect and honor the different parts of each other, so that we in fact can learn to use them moving toward something that needs being done, that has never been done before". By Audre Lorde From: WORDS TO MAKE MY DREAM CHILDREN LIVE, A Book of African American Quotations Edited by Deirdre Mullane and Published by Doubleday, 1995.

I have chosen several quotes from this book, as they express my thoughts and feelings about the struggle for justice and equality for all people. This movement, to insure a better quality of life for those living with mental disabilities, extends to all disadvantaged segments of our society. Our mission and vision is for a better world. Whatever our disabilities are, mental or physical, we must accept each other and seek to understand our differences and strive to make the changes that will allow us to live in dignity.

"If we are wrong-the Supreme Court of this nation in wrong. If we are wrong-God Almighty is wrong! If we are wrong-Jesus of Nazareth was merely a utopian dreamer and never came down to earth! If we are wrong-justice is a lie!" Martin Luther King, Jr.

The road 'less traveled' is never an easy one but if we continually work hard at 'being ourselves' and 'knowing the truth within', it doesn't really matter what 'society says.' If we know who we

are and what we believe, if we take a stand against discrimination and stigma towards all people in our everyday lives...we can make a difference...if we work together...we can make changes.

"Lies, injustice, and hypocrisy are a part of every ordinary community. Most people achieve a sort of protective immunity, a kind of callousness, toward them. If they didn't they couldn't endure." Nella Larsen.

"In the name of humanity, in the name of justice, in the name of the God you profess to worship, who has no respect of persons, do not turn into gall and wormwood the friendship we bear to yourselves by ratifying a Constitution which tears from us a privilege dearly earned and inestimably prized...We take our stand upon that solemn declaration, that to protect inalienable rights "governments are instituted among men, deriving their just powers from the consent of the governed," and proclaim that a government which tears away from us our posterity the very power of consent, is a

tyrannical usurpation which we will never cease to oppose". Robert Purvis (1810-1898)

"One thing, folks, you all should realize, Six foot of dirt makes us all one size, For God made us all, and in Him we trust, Nobody in this world is better than us". Nella Larsen

"To acknowledge our ancestors means we are aware that we did not make ourselves, that the line stretches all the way back, perhaps to God, or to Gods. We remember them because it is an easy thing to forget; that we are not the first to suffer, rebel, fight, love, and die. The grace with which we embrace life, in spite of the pain, the sorrows, is always a measure of what has gone before". Alice Walker from 'In These Dissenting Times,' Revolutionary Petunias (1970).

As an Artist, I believe that Art is an expression of who we are and what we want to become as individuals and as a society. It is an expression of our past, our present and our dreams. As we can rework a canvas with paint, we can rewrite our history with truth. The history of African-Americans has not been recorded accurately by society. This compilation of work offers us a different reality...history can be rewritten.

National Artists For
Mental Health, Inc.
d.b.a.
North River Gallery and
Empowerment Center
PRESENTS
Mark Boritz
'Brighton Beach Photos'

Opening February 25th,
through March 25th, 1995
at The Catskill Gallery
Reception February 25th,
1:30-5:00PM

North River to start Art Fair

North River Gallery and Empowerment Center is interested in developing an art fair with community involvement.

North River would like input from hospitals, group homes, schools, colleges and from state and local community groups. North River would like to make the art fair an annual event at the same location each year.

North River is seeking food and drink vendors, a clean-up crew, security people and a groundskeeper.

Transportation for some individuals and a medical assistance team at the fair site are also needed.

Disability programs are encouraged to participate in the fair.

Any monies made from the sale of food and crafts will go to the individuals.

North River is asking for a small fee for educational material, learning workshops, entertainment, games and sporting events.

Any acting groups in the area are also welcome to the fair.

This will be an anti-stigma event symbolized by the maypole, because all colors in a maypole come together as a agent brightening the hopes of tomorrow for the respect of all humanity invested in a world and a community-living ground.

Send any information and inquiries to Ralph Ivery, Art Director, at North River Gallery and Empowerment Center, P.O. Box 151, Catskill, N.Y. 12414, or call at (518) 943-4221.



The Art of Recovery

by Frank Marquit

As I reflect on the past year, I would first like to thank all of the Artists and Individuals who allowed us to share their 'gift's. The Artwork and Poetry that we have received this year reflects both joy, and the anguish of living with mental illness. It is with extreme pleasure that National Artists For Mental Health, Inc. has been the vehicle for bringing this source of enlightenment to the Public with our Art Exhibitions. These artshows are crucial, not only for the Artist's Recovery Process, but to Educate the Public about individuals known by society as 'mentally ill'. As we struggle to erase the Stigma and Discrimination that we live each day, we continue the quest for a 'better

world' for ourselves and for our children.

NAMH continues to expand and improve its Program so that we will be able to reach more and more individuals. At our Catskill Gallery and Woodstock Studio, we provide rotating Exhibitions of Artwork, Paintings, Photographs and Sculpture. These Artshows are both group exhibitions and individual. We encourage the general public to attend and to visit our Retail Stores in both locations. In Catskill, we hold Art Sessions directed by NAMH's Art Program Director and nationally renowned Artist, Ralph Ivory. These sessions provide both an artistic and social outlet for our population and

We offer technical assistance to other consumer groups that desire their own Art Programs. We have recently become an Office of Mental Health Preferred Vendor and plan to take management of the Artspace Program and the Imagination Journal. We have developed an 800 number, so that we are more assessable to our population. The North River Quarterly has been expanded to include

I attended many Conferences throughout the State of New York this year and was presented with an Advocate of the Year Award in the Executive Mansion by the then First Lady, Matilda Cuomo. I also attended the 4th Anniversary Celebration of the American Disabilities Act in Washington, D.C. by special invitation from the President and was able to meet President Clinton and Vice President Gore.

as the 1st and 2nd did. We will have another New York City Artshow in December in SoHo, Manhattan. Last year's Artworks SoHo was seen by two thousand people and the reception was attended by over 500. Over 250 pieces of Artwork were shown and many paintings were sold. We will continue these two Annual Art Exhibitions with the same excitement and enthusiasm that we produced the last ones

The River



Alliance for the Mentally Ill of New York State met with Lieutenant Governor, Betsy McCaughey with concern over the proposed Mental Health Budget cuts. Left to right; Franklin A.J. Marquit, Lieutenant Governor, Betsy McCaughey, and AMI-NYS President, Joe Gentile. Present but not shown; AMI-NYS Board Members; Glenn Liebman, Ione Christian, Roy Neville, and Janet Susin, AMI-PATH. Photo taken by Glenn Liebman.

much excellent Artwork is produced. NAMH also holds GED classes twice weekly in the Catskill Gallery. Our offices are open Monday through Friday, from 9:00 to 5:00 and we have had many individuals come for assistance. Our Woodstock Site is open week-ends 12:00 to 4:00 at present. We offer advocacy and mental health information and keep a mental health lending library on site. It has been part of our success to serve, locally as well as Statewide, those living with mental illness.

more Educational material and resources. 'Pillows of Unrest', my conception, will be expanded in 1995 as an Anti-Stigma and Discrimination Project. This Project furthers our mission of Art and Healing, Public Education and Enlightenment and the eradication of Stigma and Discrimination. I look forward to the Day that we take this Exhibition in its entirety to Washington, D.C., in line with the Aids Quilt Exhibition.

Recently, I had the opportunity to meet with the new Lieutenant Governor, Betsy McCaughey to discuss the proposed cuts in the new NYS Mental Health Budget. As founder and CEO of National Artists For Mental Health, Inc., I am fortunate to still have a 'hands on' approach to the direction of this Organization and with our Staff, even though we are Statewide. I still take the time for individuals because this Organization is made up of individuals, each important to the whole. I also feel that each one of you reading this is important and crucial. We need your participation and we want to know what you think, what your needs are and how we can improve our services.

As we are gearing up for our 3rd Annual Statewide Art Exhibition at the L.O.B., in Albany, I am remembering last year's Artshow with it's 700 entries of Artwork and Poetry. I know that this year's Artshow will equal and exceed our expectations,

with.

NAMH is developing a Affirmative Business Program creating Greeting/Note and Post Cards and other Art Products using Artwork created by our Artists. We are very excited about the possibilities of reaching thousands upon thousands of individuals with our 'Cards', which will include educational information and be a source of needed revenue for our Artists, other Groups selling our Products and for our Organization. With the current proposed budget cuts, it is becoming crucial that we develop this business in order to continue the quality of our Program. It is also crucial that you participate by becoming 'Members' with whatever donated amount that you can afford. NAMH is committed to its goals of a better quality of life for all individuals living with mental illness, their family members and friends and loved ones. I thank each and every person who contributed to our successful year...The NAMH Staff, our Readers and every person that we were able to reach and help. Thank you. With Warm Wishes, Franklin A.J. Marquit, CEO, NAMH



February 14, 1995

Executive Chamber
State Capital
Albany, NY 12224

Dear Governor Pataki and Lieutenant Governor McCaughy:

As founder and C.E.O. of The National Alliance for Mental Health, Inc., I wish to offer my congratulations to the new governing body of the State of New York.

Our Organization is dedicated to the advancement of quality of life for the disadvantaged segments of society like those who suffer from mental illness in the State of New York. As a humanitarian and advocate for the rights of those who have not been fully represented, it is my firm belief that government and agencies like NAMI can work together towards our common goals.

The goal of quality of life for all individuals. The rights of self-sufficiency which means meaningful and gainful employment in a society which does not stigmatize or discriminate. The right to take part in the positive and productive growth of our communities. The right of choice in treatment and medication. The rights which are guaranteed to all citizens under the Constitution.

We look forward to working with you and offer our assistance to make it possible for all citizens who suffer from serious and persistent mental illness to have the opportunity to move towards recovery and a productive part in the advancement of our society.

Thank you.

Most Sincerely,

Franklin A. J. Marquit, CEO
Franklin A. J. Marquit, CEO

Flows...

THE MOVEMENT HAS LOST A LEADER

HOWIE THE HARP

...died on Monday, February 6, 1995.

Howie The Harp, born in New York City, died in his home on The Lower East Side at the Age of 42. Among the self-help programs he was involved with are: Mental Patients' Liberation Project, Project Release and Independent Living Projects. A Humanitarian and Advocate, Howie The Harp was not only an observer of Life, but a Participant in Society's solutions. At the time of his death, he was Director of Advocacy For Community Access and created the New York City Recipients Network, a group dedicated to making former 'mental patients' a political force.

Howie did not believe in labels. He believed that we are individuals with a disability, like any other. He spoke movingly about that philosophy at Artworks SoHo. He spoke softly and gently, but he was heard. It is with sadness that his voice will be heard no more...yet the movement which he dedicated his life to...continues...and his work and philosophy are a base and a stepping stone for others to carry through.

For those unable to attend his Memorial Service...take a moment of silence for Howie and the Others who we have lost.....

Memorial Service
for
Howie The Harp
Quaker Meeting House
15 Rutherford Place
(221 East 15th Street -between 2nd and 3rd Avenues)
Gramercy Park, Manhattan
Call: 212-337-1090
March 18th, 1995 10:00 am to 4:00 pm
A MARCH TO BELLEVUE WILL FOLLOW THE SERVICE



CITATION

Although we have made major strides in providing treatment and rehabilitation for persons with serious mental illness, much remains to be done in the continuing effort to educate the public about the nature of mental illness. For too long, people who have been struggling to ensure their lives in the community have been stigmatized.

Beginning from a modest effort, as a grass roots program, National Artists For Mental Health has striven to meet that challenge by highlighting the work of talented artists that are coping with mental illness.

This year, the second annual Art Show for Mental Health gives hundreds of these gifted New Yorkers the opportunity to speak directly through their work -- enabling us to share their experiences, setbacks and triumphs.

This exhibition, in conjunction with the celebration of Mental Health Month, is an example of just how much can be accomplished by people who are determined to lead productive lives.

NOW, THEREFORE, I, Mario M. Cuomo, Governor of the State of New York, do hereby confer this special citation upon

NATIONAL ARTISTS FOR MENTAL HEALTH, INC.

on the occasion of the second annual Statewide Art Show for Mental Health and extend congratulations and best wishes on behalf of the Family of New York.



Mario M. Cuomo

Advocates of the Year named



Franklin A.J. Marquit and Bonnie Shoutz were named Advocates of the Year as First Lady, Matilda Cuomo presented Disability Awareness Awards in the Executive Mansion in Albany, September 23, 1994. Left to right; Franklin A.J. Marquit, Former First Lady, Matilda Cuomo, Assembly Member, Steven Saunders, Chairman of NYS Commission on Quality of Care, Clarence Sundrum.

The River continues...

1995 ARTSHOW HIGHLIGHTS

Artshow at the University of Albany commemorating
Disabilities Awareness Month.
April 24 through April 29th, 1995.

3rd Annual Statewide Artshow celebrating Mental
Health Awareness Month. May 15 through 19th, 1995.
Reception @ 3:00 pm. Tuesday May 16th.
Legislative Office Building, Albany, New York. Guest
Speakers, Buffet, Juried Exhibition with cash prizes
and ribbons. Call NAMH for Details.

Buffalo, NY - To Be Announced
Seeking Location for Exhibition

New York/New Jersey Artshow Collaboration
To Be Announced

2nd Annual NYC Art Exhibition - Commemorating
Mental Illness Awareness Week - October-95 -
Seeking Location - To Be Announced

Other Artshows throughout NYS
will be Announced throughout the Year.

DECEMBER 2 through 24, 1995
Art Exhibition highlighting
Multi-Cultural/Ethnic Diversity
Cast Iron Gallery, 159 Mercer St., SoHo Manhattan
Reception December 5th from 5:00 to 8:00 pm
AN ANNUAL EVENT
NAMH is Seeking Artwork For this Exhibition
Call For Further Information



"Sleepless
Boy Afraid of the
Dreams that come."
'The Thrown
of insomnia'
Done by
Colleen Burke



AMI-NYS Legislative Conference Day - Franklin A.J. Marquit
Board Member, and Joe Gentile, President of AMI-NYS present
to Nancy Domenici, a Mental Health Advocate (NAMI), wife of
Senator Domenici from New Mexico, a painting created by
Richard Klemtner an artist from Greene County. Photo taken by
Kyla E. Town.



NEW YORK STATE
OFFICE OF MENTAL HEALTH

44 Holland Avenue, Albany, New York 12226

RICHARD C. SURLS, Ph.D., Commissioner

October 6, 1994

Dear Friends and Colleagues:

I regret I am unable to join with you this evening to celebrate the creative achievements of so many talented artists who also happen to possess a psychiatric disability. I hope that you will accept these written remarks as an expression of my support for your efforts to provide an opportunity for artists to demonstrate their great achievements and receive the recognition they so richly deserve.

I believe that what you are doing here in SoHo also goes beyond staging an art exhibition. You are utilizing the universal language of the arts to convey to the general public that the presence of a psychiatric disability need not prevent an individual from becoming successful in any endeavor in which he or she undertakes. It confirms the assertion that persons with a psychiatric disability have contributions to make to our culture, our society, our communities, and ourselves. It reaffirms for these artists that the artworks born of their intellect, talent and energy is appreciated and acknowledged as enriching the lives of all who view them.

I commend Frank Marquit and the staff of National Artists for Mental Health, Helen Thomas of the East River Gallery located at Manhattan Psychiatric Center, and the statewide Artspace Program for collaborating to make this event possible. Also, my appreciation is given to Exhibition Curator Mr. Ben Apfelbaum who has lent his considerable talent and expertise in the arts to this show and to the Cast Iron Gallery for providing an opportunity in its busy exhibition schedule to allow this show to occur. Each of you, and especially the contributing artists should be very proud of what you have accomplished, as am I.

Sincerely,

Richard C. Surles
Richard C. Surles, Ph.D.
Commissioner



Severe mental illnesses with an anti-personal and major depressive
condition to be among society's most baffling problems, affecting not only the
lives of thousands of New Yorkers each year but members of their families as
well.

The Empire State's psychiatric research institutions historically
have been among the leaders in the worldwide efforts to isolate the causes
of these brain diseases. Through the cooperation of the state and the
key to further advances in treatment and offset the best hope that someday
cures will be found.

Until we are successful in this, however, we must redouble our efforts
to increase the public's understanding that serious mental illnesses are
diseases of the brain and are not caused by an individual's weakness or
lack of family life. For too many citizens still confront prejudice almost
daily because of myths and misconceptions that society has linked to mental
diseases.

Although there has been progress in the campaign to overcome
stigma, much still remains to be done by the professional, family, voluntary
and nonprofit organizations that are engaged in educating their fellow
citizens about mental illness. The New York State Psychiatric Association
and the family-oriented Alliance for the Mentally Ill of New York State are
among the groups that are working this worthwhile effort to reduce
stigmatization with mental illness in their rightful places in mainstream
society.

The Empire State has a long and outstanding record of being
responsive to the needs of its citizens with mental illness, but we must
not neglect complacency. Seeking necessary acceptance of people recovering
from mental illness demands that we vigorously pursue every opportunity to
reduce the myth, half-truths and misconceptions that surround mental
disease.

Now, therefore, I, Mario M. Cuomo, Governor of the state of
New York, do hereby proclaim October 2-9, 1994, as

MENTAL ILLNESS AWARENESS WEEK

in the Empire State.



GIVEN under my hand and the
deputy seal of the State, at the
Capital in the City of Albany
this thirteenth day of September
in the year one thousand nine
hundred and ninety-four.

Mario M. Cuomo

IN WITNESS WHEREOF

Andrew J. Ambrosi
Secretary to the Governor