



National Recovery Month 2015

Commissioner's Message

Each September, thousands of individuals who are on the path to recovery from mental illness speak out to celebrate National Recovery Month. This campaign, now in its 26th year, seeks to raise awareness about mental illness and the supports and services available to those who need them. The Office of Mental Health joins in celebration of these individuals and the potential of recovery for all.

In addition to the many individuals who are in pursuit of recovery, this month also acknowledges the employees and advocates who work tirelessly to improve the quality of life of those living with mental illness. In New York State alone, there are thousands of advocates and employees in the mental health system who work around the clock to create a vision for the future of behavioral health care. Only by working together can we make an integrated and accessible mental health care system a reality for people in recovery.

In a report published by the National Association of State Mental Health Program Directors (NASM-HPD) in 2006, it was found that people with serious mental illness die, on average, 25 years earlier than the general population. One of the established reasons for this is that people with serious mental illness have less access to monitoring and treatment for physical health conditions. This is unacceptable and our system is taking on this important challenge.

New York State is creating a system that will better support individuals' physical and behavioral health. The Office of Mental Health and our partners have been hard at work to redesign the Health Care Delivery system and to create better access to care. In our latest move toward [Behavioral Health Managed Care](#), our investments into enhancing community-based mental health services through the [OMH Transformation Plan](#), and the implementation of [Health and Recovery Plans \(HARP\)](#) and the [Delivery System Reform Incentive Program \(DSRIP\)](#), we are providing new, integrated programs that deliver better overall health through holistic and comprehensive care.

(Continued)

In this edition of the OMH News, we feature stories from individuals who are making significant progress toward recovery. Through services like OMH's Mobile Integration Teams (MIT), Peer Support Programs, and Family Empowerment Services, the Office of Mental Health has enabled individuals to commit to their recovery, and to find the support they need and the skills necessary to achieve their goals.

We at the Office of Mental Health are excited for the opportunities that the future presents for the people we serve. With these changes, we envision an individual-centered and effective landscape of programs and services offered throughout the state. These services do more than help individuals and their families cope with their mental illnesses; they are helping individuals find the hope, support, and skills they need to live longer, healthier, and happier lives.

Please join me in celebrating these individuals who have overcome numerous obstacles and are helping others on their journey to recovery.

Ann Marie T. Sullivan

Ann Marie T. Sullivan



Stories that inspire.

The author of this story wishes to remain anonymous

After being diagnosed with a mental illness, receiving the right medication, therapy and education, I now understand the expression that “Hindsight is 20/20.” With the onset of a mental illness, I did not know or realize I was a schizophrenic with depressive features – I was already in a state of psychosis and delusional. All I knew was that my children and I were going to be captured by a cult and sacrificed and killed in a satanic ritual.

Then it happened.

As a result of my actions and with the progression of my disease I was convicted by a “jury of my peers” and sentenced to 50 years to life imprisonment at Bedford Correctional Facility for Women. The people on that jury, my so-called peers, were not my peers at all, because they had no knowledge or understanding of mental illness. So I was taken to a place where I did not receive the care or treatment that I so desperately needed and was given medication that did not work. My suicidal thoughts and psychosis continued to torment me. I was granted an appeal in a court of law in 2006. It was then that I was sentenced to the care of Mid-Hudson Forensic Psychiatric Center (MHFPC).

There I received support from doctors, professionals, lawyers and peers that I will forever be indebted to. MHFPC supplied me with a gentle framework for life. Through the tears and hopelessness, I persevered. What helped me the most? It is the combination of emotional, spiritual, medication, and physical rescue.

As my time continues in my world, surrounded by others with mental illness, I have worked hard to renew my visions and goals in life. It has now been three years since I have transferred to the Capital District Psychiatric Center (CDPC). The more I become involved in my new environment, the more I realize that my mental illness is just a part of who I am as a person, allowing the other parts of me to shine outwardly.

This year I was awarded the “Keys to Success,” which recognized my achievements thus far at CDPC. Last year, I earned my Bachelor of Arts degree in Political Science from SUNY at Albany. This enabled me to get a job tutoring other college students on-line. I also work in the Transitional Training program doing clerical work as I prepare for re-entry into the community. I share my talents here at CDPC by working with the Peer Advisory Board, the Recipient Affairs Committee and speaking to new employees during their orientation here at CDPC. My future outside of CDPC still lies in the hands of the courts, but I have hope that my positive path through recovery will eventually lead to a life outside of these walls. With all that I have learned over the years I will be re-entering society as a productive member who has a lot to give back.

I wish I knew then what I know now. As they say, hindsight is 20/20.



Zoe Pasquier

Let Love In

By Zoe Pasquier

As I sit and reflect on my journey, my head swims.

Neurotic, manic, dissociative, personality disordered, anxious-diagnoses – as fluid as my mood and officially labeled.

My first experience with all-consuming anxiety was in kindergarten. The circumstances don't matter; the feelings do. I felt sick to my stomach; obsessive thoughts of guilt, deserved punishment and pain. I had done something bad and I would be discovered as the monster my father always said I was.

This worsened through high school – as the verbal abuse and anger in my father's household escalated. I tried everything I could to be beyond perfect. But to him, I was already a "slut," "whore," "crack-head", "fat," "slob..." And I felt I was, too. Although at 18, I finally had enough and parted ways, the damage was done. I began college at NYU and flourished academically. Still struggling with anxiety but pushing through. Right before 9/11, my sophomore year, I had my first panic attack. I thought I was dying. I did the most sensible thing... I Googled "heart attack."

My early and mid-20's were a blur – chronic pain from endometriosis, addiction pain medication, multiple surgeries, and a cocktail of psychotropic medication.

Then, the most incredible and life changing event – my pregnancy and journey into motherhood. I weaned off my medication and never felt better. After my son was born, his father got heavily into drugs and became angry and abusive. This perpetuated my mental illness and triggered my trauma in a way I never expected.

In December of 2010, I was hospitalized in St. Catherine's psychiatric ward, with what they classified at the time as a "manic episode." It's now been determined that it was a dissociative event triggered by my circumstances. The hospitalization was traumatic. I'd never expected to be so psychiatrically ill that I would end up at CPEP or in a psych ward.

But through this, I found acceptance, comradery, and eventually got my job at Pilgrim Psychiatric Center. Working as a peer specialist has empowered me and given me hope to pursue a PhD in Psychology. This January, finally I found a psychiatrist who didn't want to just "numb" me. I am also working extremely hard in therapy with an amazing psychologist who challenges me. I feel that I am on my way to long-term recovery because I have taken ownership of it. I don't expect a magic pill to fix things. I have to breathe through uncomfortable feelings, force myself to feel active when feeling depressed, and socialize when wanting to isolate.

A man or woman is not an island. If not for my family, close friends, and amazing coworkers, I wouldn't be here. They advocated for me, loved me when I did not love myself. And my son is my constant inspiration.

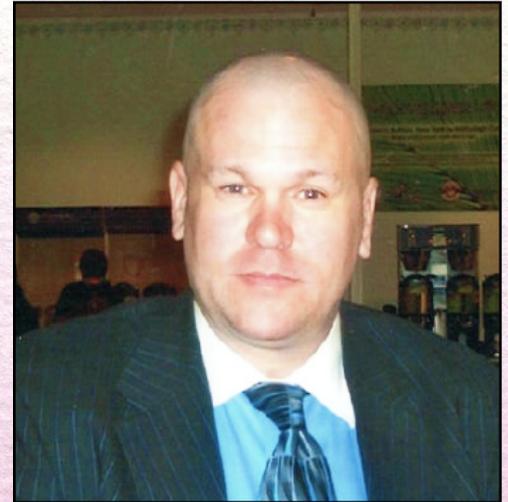
Let the love in and eventually you will learn to love yourself, which is the most empowering and healing thing of all.

Life in Progress

On a winter night in 2008, Scott McDonald stood on the George Washington Bridge for a second time, with one leg over the railing. "I'd lost so much by this point," he said, "I wanted to end it all."

Thankfully, he couldn't bring his other leg over. "Something kept me going," he said. On this night, McDonald headed across town to Bellevue Hospital Center and a new direction in life.

McDonald was born in the Bronx and raised by hard-working, blue-collar parents. He lived a "normal Irish-Catholic life," but was unaware he suffered from ADHD.



Scott McDonald

"I was an angry child, very temperamental. And I didn't know why," he said. By age 10, he started drinking alcohol. His drinking laid a foundation for his life to unravel several years later.

In the mid-1990s, after 20 years of enjoying a successful career, stable marriage, and home ownership, his mother passed away from cancer. "I was beyond devastated," he said. "But I never addressed how I felt, because you're not supposed to talk about feelings." Then in 2007, he lost his job when his company was bought out. "I had no support system in place," he said. "My personality started to change. I became recluse. I drank even heavier."

His marriage fell apart and McDonald ended up on the streets. "My mind was in a fog. I didn't know what I was doing half the time and I didn't care."

Eventually, this depression led him to the bridge.

"That night, something inside said: 'Listen, I have something else in mind for us.'"

After Bellevue, McDonald was released through Project Renewal to a men's shelter at Washington Heights. "Things started to clear up for me after five months," he said. He was transferred to the Urban Pathways program, got his own apartment, and started to build a new foundation for his "Second Act."

One day, after a sparsely attended men's group meeting sponsored by the shelter, he and another client decided to start their own meeting. They called it "Life in Progress" because "life doesn't stop. We all continue to go on," he said. The group started with four men. After a few weeks, membership had grown to nearly 40. "We'd hit on something," he said. McDonald had found a new career and a new purpose.

Today, Life in Progress is still going strong. "It blows my mind to see that something I had a part in forming still has legs." McDonald is now a peer specialist for Project Renewal, helping other clients learn that recovery means keeping an eye on one's weaknesses and making sure they don't overcome one's strengths. "It's a part of our calling as peers to let people know that they're not the only ones going through hard times," McDonald said. "I know the feelings and emotions because I've been through it. You might fall back a couple of times, but you keep moving forward."

Second Chance at Life

From the very beginning, Jennifer Falandys has been a fighter and survivor. Born prematurely at 26 weeks with underdeveloped lungs, the newborn was moved to a children's hospital in Newark, NJ, for experimental treatment. Although successful, the Olean native grew up with a host of medical conditions that were physically and emotionally painful.

“I fought to make it through and earned a second chance at life.”

Falandys' childhood was one of constant medical appointments. Having cerebral palsy, she underwent operations to help her walk. “It was tough to wrap my mind around, the many doctors and the pain,” she said. “When you're very young it's hard to express how that makes you feel.”

Students at school made matters worse. “Because of bullying, I developed severe anxiety and depression. By seventh grade, I couldn't take it anymore and attempted suicide.”

Falandys' life started to change when she earned a bachelor's degree in psychology in college and moved into her own apartment. Things were not easy. First, she suffered through an abusive relationship. “It was traumatic,” she said. “No amount of textbook knowledge prepares you for the reality of a situation like that.” Soon after, she contracted Swine Flu and was diagnosed with a heart problem. “I almost died,” she said. “They'd sent for a priest, but I fought to make it through and earned a second chance at life.”

Falandys applied for a master's degree program, and had to pass up an assistantship because of a dispute about housing students with her landlord. Struggling over the direction of her future, Falandys happened upon the headquarters of the Mental Health Association of Cattaraugus County. She started volunteering there, and was hired soon after to coordinate its peer-education program.

Though the Association was forced to close its doors on Dec. 31, 2014, Falandys credits the strength she found to begin her road to recovery through the connections she made with support services during her time there. “I was passionate about what I was doing, that's when I really started living. I found my purpose, and the healing just happened.”

When MHA closed, it was heartbreaking for me to tell our clients that their services could no longer continue,” she said. “I struggled with wondering where they'd go for help.” Directions for Independent Living, another local agency, offered to pick up her program. Since then, Falandys has been working to have her programs up and running. “It's like starting from the beginning again,” she said. “I'm concerned about how our clients have been doing, and I am looking forward to seeing them again.”

In the meantime, Falandys has been working on Operation Dignity, a national movement to restore psychiatric center cemeteries, at the former Gowanda Psychiatric Center. “In the past, many people were wrongly placed in institutions, simply over lack of understanding – such as immigrants who couldn't speak English. The people who participate with me are working together to be the voice of those who were not heard, and to connect families with the location of their loved ones.”

**Doing it
for Yourself**
By "Steve"

*"Once you commit to your own recovery,
you start to see the difference."*

You often hear stories about people who block incidents of childhood sexual abuse out of their minds. Not me.

I understood what was happening to me and I still remember the trauma. But I never told anyone for years.

As a teenager in Niagara County, I dealt with the resulting depression by fanaticizing about suicide. Then, despite some therapy, I got caught up in addiction to opiates. Throughout my young adulthood, I heard voices in my head, demeaning my purpose in life.

By my early 20's, I drifted to Syracuse, living on the street. When you're homeless, you can be taken advantage of a lot. Your emotions are all over the place. I beat myself up a lot, knowing I put myself in this predicament. I knew I made it worse by not seeking recovery.

A couple of times, I was picked up by the police and taken to a CPEP for a 72-hour psychiatric hold. I remember speaking with one officer while in the CPEP, who was clearly not interested in helping me. I felt like I was being treated as though I wasn't a human being. I decided that I never wanted anyone to feel the same anger and resentment I felt that night. When a therapist finally did show an interest in me, my whole demeanor changed and so did my outcome. This was the catalyst for me to start changing my life.

I detoxed, then detoxed off the meds I'd used to detox. Even though I did not have a family or peer support at the time, the psychiatrists, discharge counselors, and police all acted as my informal network – even if they didn't realize it. I eventually found an AA group. The people there lifted me and gave me the structure I needed.

I started volunteering at soup kitchens, homeless shelters, and clothes closets in Niagara Falls. I'd always been good at talking to people. I would frequently speak with other clients at the shelter, trying to help them out. One day a couple of years ago, someone said: "You're really good at this. You should work at a crisis call center." And that's what started me on my new career as a peer counselor.

Since then, I finished college and now I'm director of consumer activities for the Mental Health Association in Niagara County. I'm responsible for four separate programs that support peer and trauma care. Last month, I earned my New York State peer specialist certification. Next I'll be working on my counseling certification for substance abuse and alcohol.

When I speak with clients, I tell them that you need a solid foundation to work with before starting the road to recovery. Once you commit to your own recovery, you start to see the difference. Not just to find a place to stay for the night or to find a meal. You have to do it for yourself.

The Hard Road to Recovery

In high school on Long Island, Emily Wasserman was preoccupied with sports, always pushing herself to do better.

But there was a downside. “I always felt that I wasn’t good enough,” she said. “I felt that I should be punished because of it.” So Wasserman started cutting and burning herself. These feelings grew worse over time. She dropped all of her extra-curriculars and withdrew socially. She continued to harm herself in college, then started abusing drugs. “I did anything I could do to escape,” she said. One night, she overdosed.



Emily Wasserman

Wasserman woke up in a hospital, under 24-hour supervision. “I wasn’t allowed to go back to school, for fear I’d try to hurt myself,” she said. “I was so over-medicated that I didn’t feel like myself anymore. I thought: ‘Is this what my life is going to be like, now? Am I going to be a patient, living in hospitals, for the rest of my life?’”

After her first release, she ended up back in institutional care. This time, she was sent to Pilgrim Psychiatric Center, but the philosophy of treatment at the time was drastically different than today. “The doctors told me that I would never get better again,” she said. “How can someone be expected to recover if they’re being told they can’t?”

Wasserman described her experience as “abusive,” being forced to take medication and undergo 30 treatments of electroconvulsive therapy. ECT has left her with permanent damage to her short-term memory and motor skills. “I may not remember the bad things,” she said. “Unfortunately, I also no longer remember the good things.”

The turning point came after one of her most difficult nights. She tried to kill herself the night before an interview for a peer-support class. “Even though I was at a very low point, I’m glad I went to that class. For the first time, I spoke with people understood me.”

Since then, helping people has become Wasserman’s passion. Now a Recovery Specialist at Concern for Independent Living in Patchogue, she speaks to groups about her experiences and offers guidance to patients who are preparing for discharge. After Wasserman recently shared her story at an empowerment conference, she was invited to take part in a research study to help develop programs to integrate the mental health care with workplace and school settings. “I do not want someone else to go through what I did,” she said. She also had a chance to meet again with the doctors at Pilgrim who said she’d never recover – and proved them wrong.

“What I do now is very important, but I couldn’t do it if I didn’t go through what did,” she said. In her talks, Wasserman tells her audiences that recovery is being able to live happily and functionally, to live through one’s symptoms and to understand one’s self. “If you’re suffering from symptoms, you are going to come back.”



The story of Sheila Hollingsworth

As told to Mark Genovese, Public Information Office

Some recoveries are so inspiring, they become a national story. Ask Sheila Hollingsworth.

After suffering from Schizoaffective Disorder for years and enduring three hospitalizations, Hollingsworth emerged stronger than ever and has become an example of hope for others.

Earning her Master's in Social Work at Howard University in the early 1980s, Hollingsworth was just starting her career in California when her youngest son was diagnosed with cerebral palsy. "I took it very badly," she said. "I fell into a deep depression."

She started hearing voices. Her symptoms became so severe that she came home to New York City

and was hospitalized at Kings County Hospital Center for three weeks.

Although she had follow-up therapy once per week, she was given no medication. This limited support led to a relapse and a second, month-long, stay at Kings County. During this time, her marriage ended, with her children staying with their father in California. "Not being able to see my children made it even more difficult for me," she said.

After her second stay, she was given medication and was registered in a day program. "This gave me stability and started me on the road back," she said.

For a time, she volunteered in the Kings County medical records department, then applied to the Vocational and Educational Services for Individuals with Disabilities (VESID) program, now known as Adult Career and Continuing Education Services- Vocational Rehabilitation (ACCESS-VR). This led her to three temporary jobs through Fountain House, which helped her rebuild her resume. She found permanent employment in direct line with her career goals at Baltic Street Advocacy, Employment, and Housing, Inc., where she stayed for nearly 14 years.

As with any recovery, there have been setbacks. "My doctor had started weaning me off my medication, and things became difficult again. I didn't attend the last couple of scheduled appointments, so the police came to escort me." This resulted in a stay at Bayley-Seton Hospital for one month.

But the direction of Hollingsworth's life has been decidedly positive. Because of her experience at Baltic Street, she was able to earn her Licensed Master Social Worker license in September 2010. She has been working at Kingsboro Psychiatric Center as a peer specialist since March 2014.

She continues to speak to groups about her recovery and received a DOER (Dedicated-Organized-Efficient-Responsible) Pin four years after completing the Kingsboro peer advocacy training course.

(Continued)

She has also been the recipient of the Brendan Nugent Award from the New York Association Psychiatric Rehabilitation Services.

During a National Alliance on Mental Illness (NAMI) self-help group meeting, she met a writer for *Schizophrenia Digest*. Her story made the cover and she was also included in the magazine's calendar the next year. She was then contacted by writer Laura A. King, for her textbook *The Science of Psychology, An Appreciative View*, which is being used in New York State and in California. Now the students for generations to come can learn from her life story.



Art on 8

The Office of Mental Health has long believed that creative expression enhances mental and emotional well-being while building self-esteem and encouraging recovery. By focusing on artistic expression, individuals learn to deal with inner motions and conflict while also earning a sense of empowerment and personal growth.

[“Art on 8”](#), a rotating exhibit of art displayed at OMH Central Office, was created to help foster these feelings of recovery by individuals who are in our care at our state run clinics and inpatient facilities. The shows on the 8th floor change approximately every four months and many of the pieces are available for purchase at the artist's discretion.

The artwork has been a source of enjoyment for both visitors and staff at OMH Central Office, located at 44 Holland Avenue in Albany. If you would like additional information about the show or any of the art work, please contact the Bureau of Adult and Children's Services at (518) 474-0121.