



Healing the Heart Through the Creative Arts, Education & Advocacy

Hope, Healing & Help for Trauma, Abuse & Mental Health

Out of suffering have emerged the strongest souls; the most massive characters are seared with scars. - Kahlil Gibran

The Surviving Spirit Newsletter July 2015

Hi Folks,

Hard to believe that we are more than halfway through 2015...I do hope that you are taking some time to kick back and enjoy the summer – you deserve it!!

You probably know by now my love of nature...the simple act of being in the back yard and looking out into the forest is so grounding for me. Helping me with the grounding, are some new guests here at 38 River Ledge Drive, a family of robins. It has been fascinating to watch them build their nest and now they are taking turns feeding the two chicks that we can see as they pop their little heads up – can you say excited!!! So simple, and yet so beautiful to see. The last several months I have spent a lot of time in my back yard...I will share a blog post of mine that gives some background on what has been going on in my life and why the need for some additional time in nature. Despite the challenges, I still have the *Hope, Healing & Help* that I believe in. The many examples shared in this newsletter provide me with more...I hope it does for you also.

Take care, Michael Skinner

“What happens when people open their hearts?” “They get better.” Haruki Murakami

[Trauma & Abuse - “The Gift That Keeps on Giving”](#)

“I think humans might be like butterflies; people die every day without many other people knowing about them, seeing their colors, hearing their stories... and when humans are broken, they're like broken butterfly wings; suddenly there are so many beauties that are seen in different ways, so many thoughts and visions and possibilities that form, which couldn't form when the person wasn't broken! So it is not a very sad thing to be broken, after all! It's during the times of being broken, that you have all the opportunities to become things unforgettable! Just like the broken butterfly wing that I found, which has given me so many thoughts, in so many ways, has shown me so many words, and imaginations! But butterflies need to know, that it doesn't matter at all if the whole world saw their colors or not! But what matters is that they flew, they glided, they hovered, they saw, they felt, and they knew! And they loved the ones whom they flew with! And that is an existence worthwhile!” JoyBell C.

1] [Redline Gallery - Artists who have lived on the street get space to create](#) – PBS News Hour - Video – 5:28 minutes @ web page

Transcript - JUDY WOODRUFF: Now a story of hope.

The RedLine art gallery in Denver helps artists who have experienced homelessness and other hardships. Here, in their own words, the artists talk about how the Reach Studio program has changed their lives.

GONZO, Artist: My name's Gonzo. I have been doing art for about 10 years. Right now, I'm involved in massive collage works. I started doing art while I was locked up in prison. To me, it was a therapeutical escape. And I just really got hooked.

ROBIN GALLITE, Education Director, RedLine Gallery: I'm Robin Gallite. I'm the education director at RedLine.

Reach Studio started because there were two Metro University students who wanted to create a program that — for artists who were experiencing homelessness. We can offer a space to create for people who wouldn't have space to create traditionally. We can offer mentorship.

JASON CLARK, Artist: My name is Jason Clark. I'm a mixed media artist and designer. I have currently been with Reach 2.5, almost three years now.

What it's allowed me to do is basically pull myself off the streets, give me a safe haven to express myself in ways, even in frustration, of seeing the drug use and the prostitution and the violence. I was able to come in during the week and actually treat it like a full-time job and escape the trenches of the street life.

CAROLINE POOLER, Artist: I'm Caroline Pooler. In my 20s, I looked at a prestigious local art school here in Colorado and determined that it was something that I couldn't afford. And it was a dream I had kind of set aside about 30 years ago. And then through RedLine a couple of years back, that school got involved. They got interested in our message about homelessness, street life, that kind of thing. And they offered a generous gift of a scholarship to some of us Reach artists, and I was one of the recipients.

RISA MURRAY, Artist: My name is Risa Murray. And I am a student and I am going to be an art educator.

There's been so many open doors since I have come to Reach. I hope to go overseas. And I would like to teach for a period of time overseas. And so that's what I would like to do with my teaching certificate.

ROBIN GALLITE: Some of the artists sell their work. And that has been wonderful for them. They get 75 percent, and RedLine takes 25 percent back into the program itself.

GONZO: I have been in about five exhibitions with them. I have sold some pieces that are in professional office areas. My goal this year, I guess, is to get bigger and better at this, but I ain't in it for the money.

JASON CLARK: My works of the past two-and-a-half years or so have been reflective of the experience of the street. [Learn more](#)

“Art washes away from the soul the dust of everyday life.” Pablo Picasso

[Reach Studio](#) - Reach is a free, open and supportive arts studio space where artists in Denver’s “not exactly” homeless and in-transition community can come to express themselves creatively, be exposed to new art forms, collaborate with peers, learn new skills and challenge each other to take the next step in their art and in their lives.

“The future belongs to those who believe in the beauty of their dreams.” Eleanor Roosevelt

2] [Eating better to feel better: Heather Schrock on nutrition and mental health](#) - Jenny Westberg - Portland Mental Health Examiner

“It is amazing how often a mental diagnosis such as bipolar turns out to actually be a food sensitivity that causes immense fluctuations in mood!” So says Heather Schrock, a Certified Nutritional Therapy Practitioner at Portland's Amenda Clinic.

Schrock specializes in the effects of diet on emotions and well-being – and she plans to share her expertise in two upcoming classes this summer [see below for details].

Want a taste? I caught up with Schrock by email and asked her some questions.

Jenny Westberg: Many people get their mental health care from conventional psychiatrists who believe the problem is in the brain, and should be treated with medicines that target the brain. Should doctors be looking at digestive organs too - and why or why not?

Heather Schrock: I do think that the new research supporting the connection between the gut and the brain should not be ignored by conventional psychiatrists and other mental health professionals. There is even a relatively new field of study called Neurogastroenterology, and doctors like Michael Gershon, MD and David Perlmutter, MD are leading the way in such research to show that this connection is irrefutable. The enteric nervous system located in the gut, also called the second brain by some, is also a relatively new discovery.

“I am not here to say that all mental illness is caused by nutritional factors. I am here to be witness to the fact that nutritional factors may be a piece of someone's mental health picture.” Heather Schrock

So much more research is needed to illuminate all the nuances of its role in mental health. Digestive organs and the microbiome within them are clearly affecting and being affected by brain activity via the vagus nerve, other afferent nerves [nerves that send messages to the brain], chemical messages being sent by the microbiome itself and neurotransmitters produced IN THE GUT, to name just a few reasons to look at the digestive system more closely in relation to mental health. The first brain - the one in our head - is still of course a key part of the picture, but the approaches to mental health being exclusively neurotransmitter-targeting psycho-pharmaceuticals should, in my humble opinion, be reevaluated by all mental health professionals.

JW: What is an example of how a change in diet made a noticeable, positive difference in a person's mental health?

HS: Every person is a bio-individual, so the examples I can give are not to be taken as the answer for everyone or as a treatment for any diagnosis. That said, one of the most common underlying causes of some mental health issues such as anxiety and depression can be food allergies and sensitivities. There are several reasons for this connection, which I could spend an hour talking about all by itself [in fact I do have a one hour presentation on this very subject!].

“Without proper digestion, you are unable to access all the invaluable nutrients that support great overall health and, of course, mental health!” Heather Schrock [Read the entire article](#)

Jenny Westberg is a Portland writer whose work has appeared in The Oregonian, The Portland Tribune, Oregon Trial Lawyer, and other publications. She is a board member of the Mental Health Association of Portland. Jenny is one of the estimated 20 percent of Americans living, and surviving, with a mental illness. You can email her at jwestberg01@gmail.com [Read more of her articles on mental health](#)

“The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails.” William Arthur Ward

3] [Why We Need a Paradigm Shift in Mental Health Care: The Case for Recovery Now!](#) - Leah Harris, Huffington Post

Another "May is Mental Health Month" has come and gone, and it is time to build on years of awareness campaigns and move into action to promote whole health and recovery. People with serious mental health conditions are dying on average 25 years earlier than the general population, largely due to preventable physical health conditions, so why do we still focus on mental health separately from physical health? And when we know that people with serious mental health conditions face an 80 percent unemployment rate, ***why do we largely ignore the role of poverty, economic and social inequality, and other environmental factors in mainstream discussions about mental health?***

Decades of public health research have clearly shown that access to the social determinants of health - affordable housing, educational and vocational opportunities, and community inclusion - are far more important to mental and physical health than access to health care alone. As one recent article explained: "For many patients, a prescription for housing or food is the most powerful one that a physician could write, with health effects far exceeding those of most medications." Yet this wisdom does not generally guide policymaking in the U.S. Among nations in the Organization for Economic Co-operation and Development [OECD], the U.S. ranks first in health care spending, but 25th in spending on social services. Is there something wrong with our very concept of "care"?

This question is not just theoretical for me. As an adolescent, I attempted suicide several times. I found myself in the back of a police car more than once and was frequently hospitalized. At age 16, I was diagnosed with bipolar disorder. Two years later, I found myself sitting in a squalid group home, where I was told I needed to remain for life. I had no high school diploma and no job. My hopelessness and despair were all-encompassing.

I managed to get on a different path when I obtained access to safe and stable housing, education, and

social support. Today, I am living life as a mother and a mental health advocate. I train human service providers in suicide prevention, recovery, trauma-informed approaches, and person-centered health care. Every day, I'm grateful that I was able to regain my life, and I want everyone to have this opportunity.

To help promote a paradigm shift in mental health care, I've been part of starting a new, nonpartisan public awareness campaign called [Recovery Now!](#) This campaign seeks to educate all Americans about the kinds of services and policies that promote real recovery and whole health for people affected by mental health conditions. Here are a few key messages of the Recovery Now! Campaign.

Recovery is possible for all. [Read the entire article](#)

"Every good thought you think is contributing its share to the ultimate result of your life." Grenville Kleiser

4] [Link between panic attacks and heart disease discovered](#) - Medical News Today

People who suffer from panic disorder are almost half as likely to develop heart disease later in life than those who do not, according to new research.

In research by the University of Adelaide in South Australia researchers reviewed 12 studies, involving more than 1 million people and approximately 58,000 coronary heart disease cases.

The review found panic disorder increased the risk of heart disease by up to 47 per cent and the risk of heart attack by 36 per cent.

Professor Gary Wittert, from the University of Adelaide's School of Medicine and Director of the Freemasons Foundation Centre for Men's Health, says while this study has found a clear association between panic disorder and coronary heart disease, the mechanisms remain uncertain.

"The link between panic disorders and heart disease remains controversial, partly due to overlapping symptoms such as chest pain, heart palpitations and shortness of breath," says Professor Wittert, an author on the paper.

"Furthermore, we can't rule out the possibility that in some people, the symptoms of a panic disorder represent a misdiagnosed heart condition.

"From this review it is clear that more research is needed to examine the impact of panic attacks on a sufferer's heart," he says.

Professor John Beltrame, a cardiologist from the University of Adelaide's School of Medicine, says people who suffer from panic attacks and anxiety should monitor their heart health. [Learn more](#)

"Our children can be our greatest teachers if we are humble enough to receive their lessons." Bryant McGill

5] [Children's stories](#) - Real life stories of children who've experienced abuse and other difficulties –

and how we've helped them. NSPCC - National Society for the Prevention of Cruelty to Children.

Real life stories - These stories are the voices of children, either speaking through their parents or as adults reflecting on their childhoods. They remind us of why it's important that we play our part in the fight for every childhood.

These stories don't just tell of abuse or neglect, but also of the difficulties children face in the justice and child protection systems, and how they're affected when their families struggle to bond with them as a baby or with alcohol or drug addictions.

But even though these children and families have experienced incredibly difficult times, their stories offer hope and inspiration that someone does care, and with the right support their lives can be turned around.

Whether they speak about how we've helped them through our helpline or our specially developed local services, the stories of these children show that abuse does change childhood – but so can we. [Learn more](#)

Every childhood is worth fighting for.

[About Us](#) - We're the leading children's charity fighting to end child abuse in the UK and Channel Islands. We help children who've been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from ever happening.

When a child needs a helping hand, we'll be there. When parents are finding it tough, we'll help. When laws need to change, or governments need to do more, we won't give up until things improve. Find out about our organization, from our history to our structure, plus how we spend the money that you donate.

"I refuse to accept the view that mankind is so tragically bound to the starless midnight of racism and war that the bright daybreak of peace and brotherhood can never become a reality... I believe that unarmed truth and unconditional love will have the final word." Martin Luther King, Jr.

6] [Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence](#) – Sage Journals – Trauma, Violence & Abuse

Intimate partner violence [IPV] is a pervasive and devastating social problem that is estimated to occur in one of every four opposite-sex relationships and at least one of every five same-sex romantic relationships. These estimates may not represent violence against those who identify as transgender or genderqueer, and very little comprehensive research has been conducted on IPV within these populations. One statewide study on IPV found rates of IPV were as high as one of every two transgender individuals. In order to cope with the effects of abuse or leave an abusive partner, many lesbian, gay, bisexual, transgender, and genderqueer [LGBTQ] IPV survivors seek support from others. However, LGBTQ IPV survivors may experience unique difficulties related to their sexual orientation and gender identity when seeking assistance. This article reviews the literature on LGBTQ IPV and suggests three major barriers to help-seeking exist for LGBTQ IPV survivors: a limited understanding of the problem of LGBTQ IPV, stigma, and systemic inequities. The significance and consequences of each barrier are discussed, and suggestions for future research, policy, and practice are provided.

Nothing on earth consumes a man more completely than the passion of resentment.” Friedrich Nietzsche

7] [1in6 - Online Counseling, Support and Therapy](#) *

Confidential online chat support offered 24/7 - 1in6 has partnered with RAINN to offer our ‘Online SupportLine’ for men and for people who care about them, who are seeking immediate information and resources related to unwanted or abusive sexual experiences in childhood.

What services does the Online SupportLine provide?

- Crisis intervention and support
- Answers to your questions about recovering from childhood sexual abuse
- Information about medical, emotional and behavioral issues related to abusive experiences
- Explanations of the criminal justice system, and what you might expect if you report the abuse
- Referrals to resources in your area
- Information for family and friends of the person who may have had unwanted or abusive sexual experiences

Online Counseling and Therapy provided by USC - 1in6 in partnership with USC Telehealth is pleased to offer online counseling and therapy through the University of Southern California. This program offers free weekly, professional online counseling to the 1in6 community*. The program consists of at least 12 sessions, and is also available to spouses, partners, and immediate family.

What services does Online Therapy provide?

- Easy to use
- Safe and secure; convenient, and free
- Family/spouses can connect from different locations
- Spanish, Japanese, and other languages available

***Please Note:** This is a pilot program to 1in6 through the University of Southern California to California residents only

“Not everything that is faced can be changed, but nothing can be changed until it is faced.” James Baldwin

8] [HEALING VOICES](#) - A feature-length documentary which asks the question: What are we talking about when we talk about "mental illness"? World Premiere 2015

Several years back, I was presented with an opportunity to produce a short film for Freedom Center, a growing community of people identifying as “survivors of psychiatry”. They had come together around rethinking how we support individuals experiencing extreme mental states, or what is commonly referred to as psychosis. Oryx Cohen and Will Hall – Freedom Center co-founders – had been offered an opportunity to tell the story of their work, replete with this short film at center, as the featured “Philanthropic Pitch” on Forbes.com. Big visibility for a community organization that started out meeting on the sly in church basements. Hoodies up, voices hushed. With no budget and on very short

notice, we pulled the film together, and the story of Freedom Center became one of the top-rated articles on Forbes.com for several days running. This response awakened me to the cultural significance of a story that needed to become part of a broader social dialogue.

Since that time, I have had the good fortune of immersing myself in the world of “alternatives” to mainstream psychiatry. And what I discovered were countless individuals who had been given a singular message: their extreme states or emotional distress were a disease of the brain from which they would never recover, and that they would need to take powerful medication for the rest of their lives. The irony is that they were now living meaningful lives in their community. Holding jobs, starting families. Many had gone through the difficult process of getting off the psychiatric drugs that were doled out to them like insulin for diabetes. Moreover, they were paying it forward by supporting others going through similar experiences. In short, living proof that the status quo for mental health “treatment” in the United States was doing more harm than good for many, and ground zero of a decades old human rights battleground.

The upshot is, these individuals, groups, and organizations were helping people reframe the message they had been given by psychiatry – that they were genetically broken, dysfunctional human beings – in order to move forward with their lives. Evolving to view what was labeled as “mental illness” as a natural response to trauma or life circumstances, that needed to be understood, journeyed through. And that, by doing so, they could emerge more whole, and find meaning in these experiences. Through a camera lens, I have been privileged to hear hundreds, maybe thousands, of people’s personal stories. And I learned this: that the relationship between trauma – childhood trauma in particular – and individuals who end up with a psychiatric diagnosis, is staggering. That giving emotional distress or life difficulties a diagnosis combined with powerful psychoactive drugs, contributes to the chronicity of the issues it portends to treat. And that the biological model of mental illness as a “chemical imbalance of the brain” that has been packaged and sold, alongside the notion that the solution to our problems reside in the specious promise of a tiny plastic bottle, is neither grounded in real science, nor acknowledging the complexity of human experience. The list goes on. [Learn more](#)

“Where is there dignity unless there is honesty.” Marcus Tullius Cicero

“I can be changed by what happens to me. But I refuse to be reduced by it.” Unknown

PRESS RELEASE: JUNE 28, 2015 - The Foundation for Excellence in Mental Health Care [[“EXCELLENCE”](#)] announces a new capital campaign to finance the marketing and distribution of HEALING VOICES, a recently completed feature-length documentary from the USA. Directed by award-winning filmmaker PJ Moynihan of Digital Eyes Film, HEALING VOICES explores the experience commonly labeled as “psychosis” and asks the question - what are we talking about when we talk about “mental illness”? The film documents real-life subjects working to overcome extreme mental states and trauma by learning from these experiences, and finding ways to live healthier, more meaningful lives. HEALING VOICES is slated for a World Premiere in late 2015.

Starting late-summer EXCELLENCE will begin hosting a series of private HEALING VOICES screenings in regional markets for potential donors, media, and strategic partners. Tiered credits, dedications, and special thanks are available to all donors. Secure-online contributions can be made via the HEALING VOICES FILM fund on the EXCELLENCE website. For questions about donating or info about hosting a private screening, please contact pj@digitaleyesfilm.com

Our mission - We connect the passion of private philanthropy with the world's top researchers and programs to bring recovery-based care and supports to every community.

The change we seek begins with standing by those who need us, seeing hope where others see despair. It takes daring to speak up when systems fail us. It can thrive only when research is unbiased, dialogue is open and healing is an often-achieved goal. It takes respect, compassion and the sure knowledge that recovery is more than a possibility: It is what we expect.

Media Contacts - Excellence - Jessica Pratt jessica@femhc.org 1-503-515-6884

Healing Voices - PJ Moynihan pj@digitaleyesfilm.com 1-413-265-9833

"Believe with all of your heart that you will do what you were made to do." Orison Swett Marden

"If you can't be thankful for what you have, be thankful for what you've escaped." Unknown

9] [OPEN MINDS: Better mental health care](#) - Erin Anderssen Ottawa - The Globe and Mail

Inside the world's best mental-health program to keep homeless people off the street - The ground-floor apartment isn't fancy. There's a beige couch against a beige wall; the drawn curtains hold the shadows in. But Renee Blais chose the mismatched furniture herself and the new curtain rod was hung by a father she'd hardly seen for years. Now she has clean dishes piled by the sink, cookbooks on a table in the living room, a foot-high rubber plant growing in a clay pot. "I'm allowed to have a pet," she says with a grin that reveals two missing teeth. "But I think I will start with a plant."

These small things matter: opening the fridge and seeing food she bought for herself. Making coffee in the morning. A front door with a lock. Before Blais, 28, moved in this winter, she was homeless, prostituting herself for drugs, her every possession stuffed in a bag. She fell asleep knowing her shoes might be stolen by morning – or worse.

"At the end, I didn't want to live any more," she says. On the street, "you are surrounded by people, but it's the loneliest feeling ever."

Now, she says brightly, "I am not using, I am not lost and all over the place. Since I moved in, only good things have been happening."

Renee didn't find a home; this home found her. Or more precisely, Jason Platts found her, casually showing up on the streets of the low-income Ottawa neighbourhood of Vanier, inviting her for coffee, visiting her in hospital when she was diagnosed with a bacterial infection. It's Platts's job, as an outreach worker for the Canadian Mental Health Association, to wait for her to say she'd had enough of life on the street, and then help her leave it – in this case, by finding an apartment in the city's east end and giving her the support she needs to stay there.

Mental illness and poverty - In many cases, mental illness can't be simplified down to a medical problem that even a perfect health-care system would solve. It's also a social issue, tangled up in poverty, unemployment and family circumstance. People who are poor are about four times as likely to

have a mental-health problem, and people who are mentally ill are more likely to become poor. Among the 200,000 people in Canada homeless every year, two-thirds have a history of mental illness or substance abuse. The country spends \$7.7-billion for health care, social-service use and the justice system in connection with homelessness; the human cost of being trapped on the street in one of the wealthiest nations in the world is without measure.

Dr. Sam Tsemberis understands the transforming power of place, how the story of a life can be changed with a new country, a different set of walls. He was 7 when his family arrived in Canada, escaping the civil war in Greece for Montreal, where his family ran a deli. As a young substitute teacher tossed into a special-education class, he watched his students hide with shame in their classroom, always wanting the door closed and yet shine on stage in drama club. He went back to school to become a better teacher and became a psychologist instead, which led him to New York and an internship at Bellevue psychiatric hospital. He would counsel people during the day and walk by them the next morning on the sidewalk, still wearing their Bellevue pyjamas.

“The way I learned to help people is to listen to their stories,” says Tsemberis, sitting in an Ottawa restaurant in April, having just finished a two-day meeting with social-services groups in the capital. [Tsemberis, who heads the non-profit Pathways to Housing, is based in New York but travels the world giving workshops on the housing first model.]

He recalls how, at Bellevue, he became closer to the patients than the staff, who carried their ward keys like shields of distinction. “I don’t think I would have gotten to the idea of putting people into their apartments if I hadn’t listened to what people really wanted.”

What they wanted was their own place. “You can visit me,” they told Tsemberis, “but I don’t want to have to hide my beer under the couch when you come over.”

It’s so obvious in its simplicity: To help people who are homeless, find them housing. But historically, the philosophy had been very different: People living on the street, struggling with mental illness and drug addiction, had to be helped before they could live independently. They needed to take their meds and give up their alcohol; they needed to learn, once again, to follow society’s rules as set by transition houses and shelters. Those programs worked to a certain extent – people were given access to health services, they worked at their addictions, they moved on. But the hardest cases, the sickest people, rarely made it off the street – at least, not for long. “They were programmed into helplessness,” Tsemberis says. “When they are invited to go live on their own, there is fear of leaving.”

[Read the entire article](#)

[Pathways to Housing](#) - Housing First Ends Homelessness

[The Washington Post Profiles Pathways National's CEO, Sam Tsemberis](#)

Meet the outsider who accidentally solved chronic homelessness - Homeless services once worked like a reward system. Kick an addiction, get a home. Take some medication, get counseling. But Tsemberis’s model, called “housing first,” said the order was backward. Someone has the best chance of improving if they’re stabilized in a home.”

"Let us be grateful for people who make us happy. They are the charming gardeners who make our

souls blossom." Marcel Proust

10] **Book submissions** for “**What I Need to Say**” - The deadline for submissions is August 31st

“The best advice I received that helped me heal was that I should write a letter. It was incredibly healing and therapeutic, even if he never reads it. I hope this can help other women and men who have suffered from the feelings that result from sexual assault, rape, and child molestation.”

Morgan Carver Richards, a self-published author who is herself a survivor of sexual violence, is looking for survivors of sexual violence to submit letters by August 31st for a free e-book titled “**What I Need to Say**”, that is intended to help women say the feelings that they feel, directed at the person who assaulted them.

Submissions should be in letter form, addressed to the person who harmed them ([first name is acceptable, last names will not be printed, title; uncle, friend, boyfriend, stranger, etc. are also acceptable]. The letter should be five pages or less and can say any feelings or statements that you need to say. The letter can be angry, sad, forgiving, or anything in between that you feel like you want to say to the person directly. The book will be offered as a free e-book on several outlets, as a way for women to heal and come together against sexual violence and child molestation.

The subject of the email should read: Submission, [indication of rape/sexual assault/child molestation, only for chapter purposes in the book]. You can indicate your name/city and state if desired, last names are okay. Please indicate in the submission what portion of your information you would like to be included in the book, or if you would like to remain anonymous.

Please contact - Morgan Carver Richards - morgancarverrichards@gmail.com
www.morgancarverrichards.com @morgancrichards

“Scars have the strange power to remind us that our past is real.” Cormac McCarthy

11] [Everyone blames mental illness for mass shootings. But what if that's wrong?](#) - Vox

It seems like there's one thing everyone agrees on after a mass shooting: The shooter must have been mentally ill. But what if the assumption is wrong?

Jonathan Metzl, a professor of psychiatry, sociology, and medicine, health, and society at Vanderbilt University, argues that mental illness is often a scapegoat that lets policymakers and the public ignore bigger, more complicated contributors to gun violence. Metzl, who reviewed the research on mass shootings and mental illness in a paper for the *American Journal of Public Health*, points to studies that show people with mental illness are more likely to be victims - not perpetrators - of violence, and that very few violent acts - about 3 to 5 percent - are carried out by the mentally ill. And while mental illness can be a contributor to some violent behaviors, other factors - such as substance abuse, poverty, history of violence, and access to guns - are much stronger predictors of violence and shootings.

Jonathan Metzl: Let me be clear. I think mental illness is a factor, clearly, in many mass shootings. But I think there is no one diagnosis that's linked to mass shootings, so there's no psychiatric test that can prevent a mass shooting.

Mass shootings, as traumatic and horrible as they are, are statistically very rare, so they're very hard to predict. So I think we're far better off as a society trying to prevent everyday shootings — and when you look at everyday shootings, there really is no strong correlation between mental illness and shootings. [Read the entire article](#)

“Our wounds are often the openings into the best and most beautiful part of us.” David Richo

“Hearts are breakable,” Isabelle said. “And I think even when you heal, you're never what you were before.” Cassandra Clare

12] [Violence and Mental Illness: The Facts](#)

The discrimination and stigma associated with mental illnesses largely stem from the link between mental illness and violence in the minds of the general public, according to the U.S. Surgeon General [DHHS, 1999]. The belief that persons with mental illness are dangerous is a significant factor in the development of stigma and discrimination [Corrigan, et al., 2002]. The effects of stigma and discrimination are profound. The President’s New Freedom Commission on Mental Health found that, “Stigma leads others to avoid living, socializing, or working with, renting to, or employing people with mental disorders - especially severe disorders, such as schizophrenia. It leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking and wanting to pay for care. Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment [New Freedom Commission, 2003].”

This link is often promoted by the entertainment and news media. For example, Mental Health America, [formerly the National Mental Health Association] reported that, according to a survey for the Screen Actors’ Guild, characters in prime time television portrayed as having a mental illness are depicted as the most dangerous of all demographic groups: 60 percent were shown to be involved in crime or violence. Also most news accounts portray people with mental illness as dangerous (Mental Health America, 1999). The vast majority of news stories on mental illness either focus on other negative characteristics related to people with the disorder [e.g., unpredictability and unsociability] or on medical treatments. Notably absent are positive stories that highlight recovery of many persons with even the most serious of mental illnesses [Wahl, et al., 2002]. Inaccurate and stereotypical representations of mental illness also exist in other mass media, such as films, music, novels and cartoons [Wahl, 1995].

Most citizens believe persons with mental illnesses are dangerous. A longitudinal study of Americans’ attitudes on mental health between 1950 and 1996 found, “the proportion of Americans who describe mental illness in terms consistent with violent or dangerous behavior nearly doubled.” Also, the vast majority of Americans believe that persons with mental illnesses pose a threat for violence towards others and themselves [Pescosolido, et al., 1996, Pescosolido et al., 1999].

As a result, Americans are hesitant to interact with people who have mental illnesses. Thirty-eight percent are unwilling to be friends with someone having mental health difficulties; sixty-four percent do not want someone who has schizophrenia as a close co-worker, and more than sixty-eight percent are unwilling to have someone with depression marry into their family [Pescosolido, et al., 1996].

But, in truth, people have little reason for such fears. In reviewing the research on violence and mental illness, the Institute of Medicine concluded, “Although studies suggest a link between mental illnesses and violence, the contribution of people with mental illnesses to overall rates of violence is small,” and further, “the magnitude of the relationship is greatly exaggerated in the minds of the general population” (Institute of Medicine, 2006). For people with mental illnesses, violent behavior appears to be more common when there’s also the presence of other risk factors. These include substance abuse or dependence; a history of violence, juvenile detention, or physical abuse; and recent stressors such as being a crime victim, getting divorced, or losing a job [Elbogen and Johnson, 2009].

In addition:

- “Research has shown that the vast majority of people who are violent do not suffer from mental illnesses (American Psychiatric Association, 1994).”
- “. . . [T]he absolute risk of violence among the mentally ill as a group is still very small and . . . only a small proportion of the violence in our society can be attributed to persons who are mentally ill [Mulvey, 1994].”
- In a 1998 study that compared people discharged from acute psychiatric inpatient facilities and others in the same neighborhoods, researchers found that “there was no significant difference between the prevalence of violence by patients without symptoms of substance abuse and the prevalence of violence by others living in the same neighborhoods who were also without symptoms of substance abuse [Steadman, Mulvey, Monahan, Robbins, Applebaum, Grisso, Roth, and Silver, 1998].”

People with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime [Appleby, et al., 2001]. Researchers at North Carolina State University and Duke University found that people with severe mental illnesses—schizophrenia, bipolar disorder or psychosis—are 2 ½ times more likely to be attacked, raped or mugged than the general population [Hiday, et al., 1999].

People with mental illnesses can and do recover. People with mental illnesses can recover or manage their conditions and go on to lead happy, healthy, productive lives. They contribute to society and make the world a better place. People can often benefit from medication, rehabilitation, talk therapy, self help or a combination of these. **One of the most important factors in recovery is the understanding and acceptance of family and friends.**

- “Most people who suffer from a mental disorder are not violent - there is no need to fear them. Embrace them for who they are - normal human beings experiencing a difficult time, who need your open mind, caring attitude, and helpful support [Grohol, 1998].” [References](#)

For more information on how to address discrimination and social exclusion, contact the SAMHSA Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health [ADS Center], a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services - 800-540 - 0320
<http://promoteacceptance.samhsa.gov> e-mail promoteacceptance@samhsa.hhs.gov

“And I felt like my heart had been so thoroughly and irreparably broken that there could be no real joy again, that at best there might eventually be a little contentment. Everyone wanted me to get help and rejoin life, pick up the pieces and move on, and I tried to, I wanted to, but I just had to lie in the mud

with my arms wrapped around myself, eyes closed, grieving, until I didn't have to anymore."
Anne Lamott,

13] [Shooting at Fort Hood linked to antidepressants](#) - Kelly Patricia O'Meara - The Monitor

According to mental health watchdog group Citizens Commission on Human Rights [CCHR] this and other recent incidents are a wake-up call to the dangers of antidepressants, anti-psychotics and anti-anxiety drugs, which between them have accumulated 22 international drug regulatory warnings for causing violent and even homicidal behavior.

According to The New York Times, Fort Hood shooter Ivan Lopez had been prescribed a cocktail of drugs that included the sleep aid Ambien and other medication to treat "anxiety and depression." CNN reported he was taking an "antidepressant." Likewise, media reports on last September's Washington Naval Yard shooter detailed how Aaron Alexis was taking antidepressant Trazadone prior to fatally shooting 12 people and wounding three others before he was killed by police.

Military shootings by those taking psychiatric drugs echo similar reports involving mass school killings, where some reports have estimated the percentage of school shooters using anti-depressants as high as 90 percent. [Learn more](#)

"You can not live your life just based on what everyone else thinks." Joyce Meyer

14] [Police data may I.D. psychiatric drug use in violent crimes](#) - CCHR International

Given the ever-increasing list of "shooters," [Aurora, Virginia Tech, Columbine, etc.,] law enforcement has its hands full not only trying to keep the peace, but also attempting to determine the cause of the random violent behavior that plagues the nation's cities. Because firearms are used in the execution of these violent acts, immediately attention is directed, or deflected, at instituting tougher gun control laws.

Conversely, the spotlight is rarely, if ever, directed at the very documentable fact that America is being "medicated" – having their brains chemically altered – at increasingly alarming rates [Learn more](#)

[Kelly Patricia O'Meara Investigative Journalist](#) - CCHR International

Currently an investigative reporter with the Washington Times, Insight Magazine, covering issues such as, corruption in the L.A. Courts, the connection between Ritalin and school yard shootings, and several articles on TWA 800.

In September of 1997, O'Meara ended a 17-year career on Capitol Hill, having served four members of Congress. During her tenure, O'Meara spent more than six years investigating the gunshot death of a Marine in El Salvador.

The investigation took O'Meara into the unfamiliar territories of forensic pathology and ballistics. She arranged for and attended the exhumation and autopsy of the deceased more than two years after his death and participated in numerous ballistics tests. Based on the physical evidence uncovered during her investigation, the Department of Defense changed their original determination of the cause of death

from self-inflicted gunshot wound to "undetermined" – a ruling of immense importance to the young man's parents.

As Administrative Assistant to Michael P. Forbes [then R-NY], O'Meara was charged with investigating the circumstances of the tragic explosion of TWA flight 800. Shortly thereafter, O'Meara left Capitol Hill and joined Emmy award winning producer, Kristina Borjesson, to produce a 15-minute segment for an ABC news magazine television show, Declassified. Production came to a halt in August of 1998 and the show was canceled by ABC months later.

O'Meara took advantage of an internship with the National Journalism Center in Washington, D.C. There she researched and wrote a groundbreaking investigative piece on money laundering during the '96 presidential election, then accepted a position with Insight Magazine.

"Always remember that you are absolutely unique. Just like everyone else." Margaret Mead

[Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill](#): Kelly Patricia O'Meara: Amazon.com: Books

Few would argue that people suffer from mental illness, mental breakdowns, depression or any number of adjectives that describe behaviors that adversely, even severely, affect people's lives. In law it is said that "it doesn't matter what one believes, only what one can prove" The same can be said for psychiatric diagnosing. It matters little what anyone in the medical/psychiatric community "believe" is the cause[s] of mental illness. The question that has not been answered is whether tens of millions of Americans who have been diagnosed with any one or number of psychiatric mental disorders suffer from a mental "disease" - an objective, confirmable abnormality of the brain. What is known is that neither the American Psychiatric Association nor the National Institute of Mental Health, nor any other medical organization, is capable today of making available scientific evidence to prove that any psychiatric disorder is an objective, confirmable abnormality of the brain. This mantra is repeated throughout the book because it is the point of the book. That people are suffering isn't in question. Whether they actually suffer from a psychiatric disorder that is a known objective, confirmable abnormality of the brain is in question because selling mental disorders as "disease" such as the theoretical chemical imbalance, has become the norm in the medical/psycho pharmaceutical Community and it is blatantly false.

"There are two ways of spreading light: to be the candle or the mirror that reflects it." Edith Wharton

15] [HealthyPlace Mental Health Support, Resources & Information](#) - HealthyPlace.com is the largest consumer mental health site, providing comprehensive, trusted information on psychological disorders and psychiatric medications from both a consumer and expert point of view. We have an active mental health social network for support, online psychological tests, breaking mental health news, mental health videos, a live mental health TV and radio show, unique tools like our "mood journal" and more. *We're glad you found us.*

"Pain is a pesky part of being human, I've learned it feels like a stab wound to the heart, something I wish we could all do without, in our lives here. Pain is a sudden hurt that can't be escaped. But then I have also learned that because of pain, I can feel the beauty, tenderness, and freedom of healing. Pain feels like a fast stab wound to the heart. But then healing feels like the wind against your face when

you are spreading your wings and flying through the air! We may not have wings growing out of our backs, but healing is the closest thing that will give us that wind against our faces.” C. JoyBell C

16] [Depression and Chronic Pain: Causes and Treatments](#) – Web MD

Living with chronic or long-term pain is a tremendous burden. But when you have chronic pain and depression, the burden gets even heavier.

Depression magnifies pain. It makes it more difficult to cope with everyday living. The good news is that chronic pain and depression are not inseparable. Effective medications and psychotherapy can help relieve the depression and make chronic pain more tolerable.

What Is Chronic Pain? - Chronic pain is pain that lasts much longer than would be expected from the original problem or injury. When pain becomes chronic, your body may react in several ways. Chronic pain may be characterized by abnormalities in brain hormone, low energy, mood disorders, muscle pain, and impaired mental and physical performance. Chronic pain worsens as neurochemical changes in your body increase your sensitivity to pain. Then you begin to have pain in other parts of your body that do not normally hurt. [Learn more](#)

*“Who then can so softly bind up the wound of another as he who has felt the same wound himself?”
Thomas Jefferson*

Take care, Michael, Mary, Becky, Cynthia, Lynn & Mary Ann

PS. Please share this with your friends & if you have received this in error, please let me know – mikeskinner@comcast.net

Our lives begin to end the day we become silent about things that matter. Martin Luther King, Jr.

A diagnosis is not a destiny

[The Surviving Spirit](#) - Healing the Heart Through the Creative Arts, Education & Advocacy - Hope, Healing & Help for Trauma, Abuse & Mental Health

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"BE the change you want to see in the world." Mohandas Gandhi