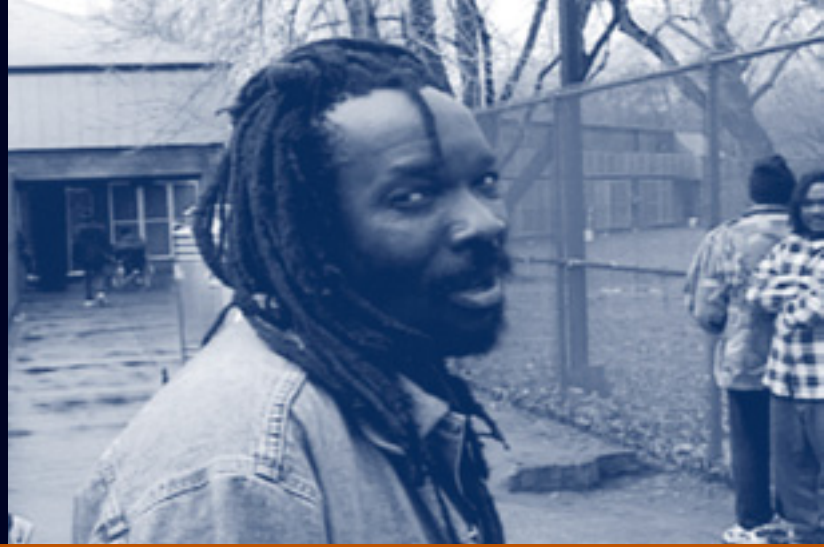


Discussion Guide



West 47th Street

A Film by Bill Lichtenstein and June Peoples



www.pbs.org/pov

Letter From The Filmmakers



NEW YORK, 2003

A note from Bill...

When I was first diagnosed with manic depression in 1986, I did what many people do when they first encounter a difficult or life changing event. I went to the self-help section at Barnes and Noble. I was surprised to find only a single book on the illness, the 1975 paperback *Moodswing*, which chronicled the introduction of lithium to treat the disorder. Although I had never heard of manic depression previously, nor met anyone who had it, my mother assured me that it was possible to recover from it based in large part on the fact that she had read that the playwright and director, Joshua Logan (*South Pacific*, *Mr. Roberts*) had manic depression, and had been able to continue working. But for years, that's all I would know about the illness. As I began to get better, I sought out documentary films about people who had recovered, but the only ones I could find were about people who were very ill or psychotic. In part that's because there is nothing more sensational than watching someone who is psychotic on film. It is exciting and unpredictable. However, it tells you nothing about the nature of the illness, or what it is like to get sick and get better, or even that getting better is possible.

And so I did what I had done for nearly 20 years at that point – I started to work. I produced three one-hour radio programs, the *Voices of an Illness* series. This series has been hailed as the first documentaries to focus on what it is like to get sick – and get better – from serious mental illness (manic depression, schizophrenia and depression) from the perspective of the person with the illness. At the end of the day, the programs received more than 20 major broadcast awards, including a George Foster Peabody Award, TV and radio's highest honor, and were featured in an article in Time magazine.

By 1995, I began thinking about the possibility that the series could somehow be translated to film. This was fueled, in part, by the success of new, highly effective anti-depressants (Prozac was the first) and "second-generation" medications for schizophrenia. These new drugs were actually able to quell the symptoms of the thought disorder and more and more people were getting their lives back.

When we began thinking about how to shoot a film, it became clear that we needed to follow people from the time they were sick, through getting better. We were stunningly fortunate to have found Fountain House, which was only blocks away from our offices. We were even more fortunate that Fountain House agreed to let us shoot there, and gave us the one, most important thing that any filmmaker needs to make a film like this: access. Not "Call me if you want to shoot next week" access, but "Feel free to just come and shoot anytime you want" access.

I lured my fiancé at the time (now my wife), June Peoples, away from a successful career as a newspaper city editor to work with me on the film. She explained she knew nothing about making movies, but I convinced her that what I needed was someone who could help me get to know the hundreds of people at Fountain House.

A note from June...

When Bill called me to ask if I could go over to this place on West 47th Street and help him with this film, I'd neither visited nor researched Fountain House. I'd imagined it, though. "Psychiatric rehabilitation center," we've all imagined that, right? Grey or green or pale pink walls. Scratched linoleum floors. Vinyl-covered furniture with cigarette burns. And the people: vacant-eyed, shaky, sitting for hours in front of the television.

Well, check your preconceptions in the front lobby (which looks exactly like the reservation desk at an exclusive resort hotel). The place is gorgeous. And the people are amazing. It is almost impossible to tell the staff from the people with mental illnesses – who are called "members," not patients – and the staff actually brags about it.



Letter From The Filmmakers

The operating premise for a clubhouse like Fountain House follows a core belief in the wholeness of an individual, the humanity inherent in each person. No matter how ill or confused, hostile or delusional, the clubhouse ethos sees a well person, someone looking for the same things we all need: a home, a job, some friends. And maybe a hot meal once a day.

It was a community strong and elastic enough to make room for a couple of filmmakers when we started showing up every day with a camera and a microphone. And we weren't just tolerated: these people, struggling with serious thought and mood disorders, enfolded us. They remembered my name and my birthday. They asked about my sick Mom and about our wedding plans. I ate with them, went on outings with them and shared my life with them as they shared theirs with me.

I had no idea how unusual an experience this was. Two years into our filming, I learned about that. We'd been following Phil around for months. We knew him to be a handful – lively, loud and profane. We also knew Phil as a person who carried some responsibility at Fountain House. He worked in the kitchen/dining room, preparing food and waiting on tables at lunchtime. And his jokes made us laugh.

One day, we arrived to learn that Phil had become louder and a little more confused than usual, and was staying temporarily on a psychiatric ward at a fine New York hospital, respected worldwide for its research and treatment of serious mental illness.

I sort of suspected the psychiatric ward would look different from Fountain House, more institutional. I expected the locked doors and the antiseptic décor. I didn't expect that they'd treat my friend Phil like half a person. And I really didn't expect that at lunchtime, we'd be escorted to a glass-enclosed cubicle to lunch with the staff, while the patients were fed at a table outside. The nurses and psychiatric aides were astonished and clearly a little appalled when Bill and I excused ourselves and went back outside to eat with Phil and the other patients.

That day, all of the patients talked to us. Phil was happy to be back on camera. Other patients asked if they could be, too.

Phil's psychiatrist, on the other hand, ducked whenever we pointed the camera at her. We eventually cut the whole scene, in part because audiences were confused by her disembodied voice off-camera. And his social worker carried on a completely bizarre discussion about whether Phil had chalked up enough brownie points to allow him to go to the dining hall with an escort. "Are you going to behave now, Phil? Keep taking your medication and sleeping through the night?" he asked, in exactly the same tone I use with my cranky three-year-old.

I was so upset after that visit that I had dreams about breaking Phil out of the hospital. I asked everybody I knew who worked in mental health: Why do they talk to people like that? Does treating a person like a child improve their prognosis? And what about all the walls and doors and why, please, why won't the staff eat with the patients?

Why, that's the way it's done everywhere, they told me, a little amused at my naiveté. Didn't you know?

And suddenly, I did know. Fountain House, and its special therapeutic mix of respect and responsibility, was an anomaly. No wonder so many people with mental illness around the country are terrified to seek treatment.

Perhaps the most profound experience for me has been traveling with the film, seeing it through the eyes of a new audience every few weeks. The response has been the same, from Paris to Cleveland, to Vancouver. People with no experience of mental illness find the stories heart-warming, tragic and inspiring, and say it changes the way they see these disorders. Family members with a sick relative want to know how to find a place like Fountain House in their town. Psychiatrists and social workers say they're moved to reconsider the way they relate to their own patients.

This is important, useful feedback because it means *West 47th Street* is having exactly the impact we hoped it would. It means that we're helping to break down barriers that keep people apart.

But for me, all of that pales in comparison somehow to the people who come up to us at the end of every screening. They hang back until everybody else has left the room.

"I have a mental illness," they whisper. "I know what it's like."

"Thank you for telling my story."



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Credits, Acknowledgements

This guide was written by:

Dr. Faith Rogow
Insighters Educational Consulting

June Peoples and Bill Lichtenstein
Lichtenstein Creative Media

This guide was produced by:

Cara Mertes
Executive Director, P.O.V.

Eliza Licht
Community Engagement Manager, P.O.V.

Theresa Riley
Director of P.O.V. Interactive

This guide was designed by:

Rafael Jiménez

This guide was copyedited by:

Claudia Zuluaga

Thanks to those who reviewed this guide:

Suzanne Guthrie
Outreach Producer, WNET

Dr. Wayne Fenton
*Deputy Director for Clinical Affairs
National Institute of Mental Health*

Dr. Frederick K. Goodwin
*Director, George Washington University
Center for Neuroscience, Medical Progress and Society*

Lichtenstein Creative Media:

West 47th Street was produced and directed by Bill Lichtenstein and June Peoples

Editor: Spiro C. Lampros

Principal photography:

Bill Lichtenstein and Mark Petersson

Sound recording: June Peoples and Tracey Barry

Additional editing: Bernadine Colish

Story consultant: Charlotte Zwerin

Community outreach: Michelle Materre



Program Description

West 47th Street, an 83-minute documentary, is a warm and intimate film that follows four people with serious mental illness as their lives naturally unfold over three years. We see them on and off the streets, in and out of the hospital, on and off medication, at home and at work. With a simplicity that only serves to magnify the life-and-death struggles at stake, the filmmakers present a story about people who approach tremendous obstacles with humor, optimism and grace. The characters are all members of Fountain House, an internationally renowned psychiatric rehabilitation program located in a part of New York City once known as Hell's Kitchen.

As *cinéma vérité*, *West 47th Street* gives voice to people with mental illness, allowing subjects to speak for themselves without commentary. The result challenges viewers to look behind the disease to see the individual. Because *West 47th Street* puts a compelling, human face on mental illness, it is uniquely suited to stir and inform viewers in a way that statistics and policy talk cannot. The result provides an excellent springboard for discussions about accommodation, acceptance, and allocation of resources, and ultimately, about how our view of people with mental illness shapes their quality of life.

The People We Meet



Photo:
Lichtenstein Creative Media

Frances Olivero: Struggling with gender identity, an abusive past, and more, Frances becomes a leading advocate for people with mental illness, and is credited with helping pass important state legislation. Along the way, he is diagnosed with cancer, and his struggle becomes truly life-and-death.



Photo:
Lichtenstein Creative Media

Fitzroy Frederick: A homeless Rastafarian man with schizophrenia who makes remarkable changes in his life that are threatened by his choices about anti-psychotic medication and street drugs.



Photo:
Lichtenstein Creative Media

Zeinab Wali: A talented cook whose husband took their children away to Egypt and left her to live on a doorstep when she was diagnosed with schizophrenia.



Photo:
Lichtenstein Creative Media

Tex Gordon: Committed to a mental hospital by his stepmother when his father died, Tex spent 19 years in state psychiatric institutions. For twenty years after his release, he lived under a court order obtained by his stepmother certifying him as incompetent. We're with him as the order is lifted, and as he takes the first vacation of his life.



Key Issues

Because mental illnesses are extremely varied and directly affect more than 20% of the U.S. population, the issues confronted by those dealing with mental health challenges touch nearly every segment of your community. That means there will be a wide

range of people who will be interested in the topics raised in *West 47th Street*. People who are involved with the issues listed below will especially relate to the film:

- **Access to mental health treatment**
- **Advocacy for issues relating to mental health**
- **Affordable housing**
- **Alternatives to incarceration**
- **Death penalty**
- **Developmental disabilities**
- **Discrimination**
- **Education**
- **Emergency services**
- **Forced confinement**
- **Forced treatment**
- **Funding for health and mental health services**
- **Guardianship and legal competence issues**
- **Health care**
- **Health education**
- **Homelessness**
- **Human rights**
- **Justice system**
- **Media, journalism**
- **Medical schools**
- **Medical & mental health services**
- **Medicare, Medicaid, health insurance, managed care, insurance parity for mental illness**
- **Mental health support groups**
- **Mental retardation**
- **MICA (mentally ill/substance abuse) treatment**
- **“Not in my backyard” (NIMBY) debates about location of community-based programs**
- **Patient rights**
- **Prescription drug costs**
- **Public policy relating to mental health services**
- **Psychiatry**
- **Psychology**
- **Social services**
- **Social work**
- **Stereotyping**
- **Stigma**
- **Substance abuse treatment and prevention**
- **Suicide prevention**



Potential Partners

West 47th Street is well suited for use as a catalyst for thoughtful and informative interaction with lawmakers, their staffs, and

publicly supported service providers. It lends itself to use in a variety of settings and is especially recommended for use with:

- **Your local PBS station and their Program Club (<http://www.pbs.org/pbsprogramclub/about.html>)**
- **Local affiliates of the Partner organizations listed below, as well as local mental health clubhouses and other community-based mental health programs**
- **Community Organizations with a mission to promote education and learning such as P.O.V.'s national partners Elderhostel Learning in Retirement Centers, members of the Listen Up! network, or your local library.**
- **Colleges and universities, especially in conjunction with training for psychiatrists, psychologists, social workers, counselors and others in the fields of mental health, justice, support for homeless people, and law enforcement**
- **In-service training programs for mental health professionals**
- **State and local agencies dealing with mental illness and substance abuse**
- **Journalists and journalism students**
- **High schools and youth programs**
- **Churches, synagogues, mosques, and other religious institutions**
- **The national partners for *West 47th Street*:**
 - **International Center for Clubhouse Development (ICCD)**
 - **National Mental Health Association (NMHA)**
 - **National Alliance for Mental Illness (NAMI)**
 - **Depression and Bipolar Support Alliance (DBSA)**
 - **National Alliance for Research on Schizophrenia and Depression (NARSAD)**
 - **National Mental Health Awareness Campaign**

It is strongly recommended that every event about people with mental illness also include people with mental illness as planners, participants, and experts.



Background Information

DEBUNKING MYTHS

Society has long had a very difficult time dealing with mental illness. It has been widely misunderstood as everything from a moral failing to demonic possession. And though today we know much more about the genetics and physiological bases of these illnesses, myths still abound. While modern, evidence-based treatments are now available for all forms of psychiatric illness, ignorance and stigma still hamper many people from getting the help they need. The following information can provide a clearer picture.

STATISTICS

Mental Disorders Are Common

- More than 54 million (or nearly one in five) Americans have a mental disorder in any given year. ¹
- Depression and anxiety disorders — the two most common mental illnesses — each affect 19 million American adults annually. (National Institute of Mental Health, 1999) Currently, clinical depression is one of America's most costly medical illnesses, resulting in economic losses due to absenteeism from work, lost productivity and direct treatment costs. It affects nearly twice as many women as men. ²
- One or two Americans in 100 is affected by manic depression, also called bipolar disorder, which can cause extreme highs and lows in mood. ³
- In the U.S., one in a hundred people, about 2.2 million, has schizophrenia, a disorder which can cause confused thoughts and perceptions.

Mental Illnesses Can Be Fatal

- Major depressive disorders account for between 20 percent and 35 percent of all deaths by suicide. ⁴
- The risk of suicide makes untreated manic-depressive illness more fatal than heart disease and some forms of cancer. ⁵
- Suicide is the single largest cause of premature death among individuals with schizophrenia. ⁶

People Can And Do Recover

- Recovery rates for mental illnesses surpass the treatment success rates for many other physical illnesses, including heart disease. Recovery rates include: schizophrenia, 60%, bipolar disorder, 80%, major depression 65% to 80%, and addiction treatment 70%. ⁷
- Medications introduced over the past ten years have greatly improved the prognosis for people with schizophrenia; most people with schizophrenia can now expect to hold a job, raise a family and otherwise contribute to society. ⁸
- Depressive disorders are among the most responsive to treatment: better than four out of five people with clinical depression will respond to medication, psychotherapy or a combination of the two. ⁹ However, a recent study found that more than half of the people who receive treatment for major depression, the most serious form of depression, are receiving inadequate treatment. ¹⁰



Background Information

Stigma Is A Major Barrier To Treatment

- Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment. Stigma surrounding the receipt of mental health services is among the many barriers that discourage people from seeking treatment. Concern about stigma appears to be heightened in rural areas in relation to larger towns or cities. ¹¹
- Many people would rather tell employers they committed a petty crime and served time in jail than admit to being in a psychiatric hospital. ¹²

Budget Cuts Are Eroding Mental Health Care

- More than half of the mental health services delivered in the United States are provided through the nation's public mental health system, including services for the most seriously ill and vulnerable Americans. ¹³
- Across the country, mental health services are currently endangered by budget cuts, which are forcing state and local mental health and substance abuse programs to close their doors and/or cut off many people from services. ¹⁴

Racial Inequities Are Widespread

- Caucasians Americans who have either depression or an anxiety disorder are more likely to receive treatment than adult African Americans with the same disorders, even though the disorders occur in both groups at about the same rate, taking into account socioeconomic factors. ¹⁵
- More than half of all African-Americans and American Indians are anticipated to use public insurance such as Medicaid to pay for inpatient mental health treatment, compared to 34% of Caucasians. ¹⁶

- The rate of suicide among American Indians and Alaska Natives is about 50 percent higher than it is in the general population. ¹⁷

Homelessness And Imprisonment

- Currently in the United States, an estimated 700,000 people are homeless on any given night. Of these, one out of four are estimated to have a severe, untreated psychiatric illness. That figure is even higher among chronically homeless people, among whom schizophrenia is the most common diagnosis. ¹⁸
- Over the course of a year, ten million people enter U.S. jails; nearly 700,000 of them have a serious mental illness. ¹⁹

Media Images Are Often Inaccurate

- Violent acts committed by persons with mental illness represent a small fraction of the violence perpetrated in our country, yet these acts are frequently highly sensationalized by the media and lead to the continued stigmatization of persons with mental illness. In fact, studies have found that people with mental illness are no more violent than the general population. ²⁰

Substance Abuse Is A Common Symptom

- Approximately 15 percent of all adults who have a mental illness in any given year also experience a co-occurring substance abuse disorder, which complicates both diagnosis and treatment. ²¹
- Children of alcohol- and drug-addicted parents are up to four times more likely to develop substance abuse and mental health problems than other children. ²²



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SCHIZOPHRENIA

Another frequent topic of myth is the disease schizophrenia, a thought disorder characterized by confused thinking, false beliefs and hallucinations. Schizophrenia is often confused with split or multiple personalities, but they are not the same thing; the confusion arose because the word schizophrenia comes from two Greek roots meaning, "split mind." The splitting or fragmentation referred to is the breakdown of an individual's thinking and feeling processes, not a division of the person into two separate personalities. The popular use of the word "schizophrenic" to describe a mixture of contradictory qualities is completely different from the correct psychiatric medical use of the term."²³

Though we do not yet have a cure for schizophrenia, advances in medications have made it possible for substantial numbers of people with the disease to live and work in the community. Although there is a widely held belief that people with schizophrenia are dangerous, in general, they are more likely to hurt themselves, and patients with schizophrenia are more likely to be a victim of a crime than to perpetrate one. Refusal to take medication is a common issue because the illness itself can keep people from recognizing that they are sick and because some medications can have unpleasant and sometimes severe side effects.

PUBLIC POLICY

Much of the attention given to schizophrenia today stems from well-intentioned policies starting in the late 1970s and early 1980s to de-institutionalize people with mental illness and re-integrate them into communities. As a result, hospitals were downsized or closed and hundreds of thousands of mentally ill patients, many with schizophrenia, were released into the community. Unfortunately, patients were released without adequate discharge plans or rehabilitative support services. Worsening the situation was the failure

of most states to channel the money saved by closing psychiatric hospitals into adequate community-based care. With no plan for treatment and few available services, thousands of people with mental illnesses ended up on the streets or in jails and prisons across the country.

The 1980s and 1990s brought widespread improvements to the public mental health system, and the development of community based treatment and psychosocial rehabilitation programs in most parts of the country. Sadly, those gains are currently threatened by state and federal budget cuts, which are closing the doors of treatment programs and cutting off services to many people, once again sending thousands of seriously ill Americans into jails and onto the streets. These public policy choices have been questioned by many experts, who say that we are facing a crisis in care as grave as that experienced during the deinstitutionalization of the 1970s and 80s. "We are on the verge of a crisis in mental healthcare that we haven't seen in our memory," the president of the American Psychiatric Association said recently.

FOUNTAIN HOUSE AND THE CLUBHOUSE MODEL

West 47th Street features members of Fountain House, a pioneer in the field of psychiatric rehabilitation. The history of Fountain House dates back to the mid-1940s, when ten former psychiatric patients from Rockland State Hospital formed a self-help group they called "We Are Not Alone" to assist one another and ex-patients like themselves in finding jobs, places to live, and friendship – paths back to independence and productivity. In 1948, they found a permanent meeting place on West 47th Street – a brownstone with an outdoor fountain in the back.

The notion that mentally ill people could actively partner in their own healing and become fully functioning community members was revolutionary in an era when



Background Information

the mentally ill were highly stigmatized and most often sent away to secluded institutions. In contrast, Fountain House tried to create a physical environment that resembled a private home, rather than a hospital. There were no bars on the windows and no part of the building was restricted from members.

Additionally, Fountain House was established as a Clubhouse, not a service center – an important distinction. A service center is a site from which social workers administer case management and clients receive services. While case management is a part of Fountain House's activities, the principal purpose of the Clubhouse is that of a center for work, education, and entertainment activities organized and administered with the help of the members.

Today, Fountain House offers a wide range of housing, educational, employment, support, and social service programs that help people with mental illness achieve their full potential and gain respect as co-workers, neighbors, and friends. Fountain House has also become a nationally recognized center for research into the rehabilitation of individuals with mental illness and it serves as a key training base for people around the world who want to replicate its groundbreaking Clubhouse Model. More than 300 such programs are currently operating around the world, supported and overseen by the administration of the International Center for Clubhouse Development in New York (see website: www.iccd.org).

Clubhouse activities include members as equal partners with staff, giving a sense of belonging that eases the feelings of isolation and lack of purpose that often accompany mental illness. The Clubhouse Model recognizes that all members are entitled to pursue recovery in their own ways and in their own time. The type or duration of a member's participation in any program is not mandated. Membership is open-ended, with each member pursuing an individualized path of recovery that recognizes that every member can progress and that failure does not exist.

Based on information from the Fountain House website: www.fountainhouse.org.



Using This Guide

This guide is designed to help you use *West 47th Street* as the centerpiece of a community event. It contains suggestions for organizing an event as well as ideas for how to help participants think more deeply about the issues in the film. The discussion questions are designed for a very wide range of audiences. Rather than attempt to address them all, choose one or two that best meet the needs and interests of your group.

Planning an Event

In addition to showcasing documentary films as an art form, screenings of P.O.V. films can be used to present information, get people interested in taking action on an issue, provide opportunities for people from different groups or perspectives to exchange views, and/or create space for reflection. Using the questions below as a planning checklist will help ensure a high quality/high impact event.

- **Have you defined your goals?** With your partner(s), set realistic goals. Will you host a single event or engage in an ongoing project? Being clear about your goals will make it much easier to structure the event, target publicity, and evaluate results.
- **Does the way you are planning to structure the event fit your goals?** Do you need an outside facilitator, translator, or sign language interpreter? If your goal is to share information, are there local experts on the topic who should be present? How will you involve people with mental illness so they can speak for themselves? How large an audience do you want? (Large groups are appropriate for information exchanges. Small groups allow for more intensive dialogue.)
- **Is the event being held in a space where all participants will feel equally comfortable?** Is it wheelchair accessible? Is it in a part of town that's easy to reach by various kinds of transportation? If you are bringing together different constituencies, is it neutral territory? Does the physical configuration allow for the kind of discussion you hope to have?
- **Will the room set up help you meet your goals?** Is it comfortable? If you intend to have a discussion, can people see one another? Are there spaces to use for small break out groups? Can everyone easily see the screen and hear the film? If you plan to invite dancers, is there space for them to dance?
- **Have you scheduled time to plan for action?** Planning next steps can help people leave the room feeling energized and optimistic, even when the discussion has been difficult. Action steps are especially important for people who already have a good deal of experience talking about the issue(s) on the table. For those who are new to the issue(s), just engaging in public discussion serves as an action step.

Facilitating a Discussion

Controversial or unusual topics often make for excellent discussions. By their nature, those same topics also give rise to deep emotions and strongly held beliefs. Mental illness can be one of these topics, and we would like to suggest that you consider finding an outside facilitator for your event. As a facilitator, you can create an atmosphere where people feel safe, encouraged, and respected, making it more likely that they will be willing to share openly and honestly. Here's how:

Preparing yourself:

Identify your own hot button issues. View the film before your event and give yourself time to reflect so you aren't dealing with raw emotions at the same time that you are trying to facilitate a discussion.

Be knowledgeable. You don't need to be an expert on mental health issues to facilitate a discussion, but knowing the basics can help you keep a discussion on track and gently correct misstatements of fact. If you need more background information than is provided in this guide, check the resources listed on page 21.

Be clear about your role. You may find yourself taking on several roles for an event, e.g., host, organizer, projectionist. If you are also planning to serve as facilitator, be sure that you can focus on that responsibility and avoid distractions during the discussion. Keep in mind that being a facilitator is not the same as being a teacher. A teacher's job is to convey specific information. In contrast, a facilitator remains neutral, helping move along the discussion without imposing their views on the dialogue.

Know your group. Issues can play out very differently for different groups of people. Is your group new to the issue or have they dealt with it before? Factors like geography, age, race, ethnicity, religion, health, education, and socioeconomic class, can all have an impact on comfort levels, speaking styles, and prior knowledge. If you are bringing together different segments of your community, we strongly recommend hiring an experienced facilitator.

Finding a Facilitator

Some university professors, human resource professionals, clergy, and youth leaders may be specially trained in facilitation skills. In addition to these local resources, groups such as The National Conference for Community and Justice, Inc. (www.nccj.org) may be able to refer you to a trained facilitator.



Facilitating a Discussion

Preparing the group:

Consider how well group members know one another. If you are bringing together people who have never met, you may want to devote some time at the beginning of the event for introductions.

Agree to ground rules around language. Involve the group in establishing some basic rules to ensure respect and aid clarity. Typically such rules include no yelling or use of slurs and asking people to speak in the first person (“I think...”) rather than generalizing for others (“Everyone knows that...”).

Ensure that everyone has an opportunity to be heard. Be clear about how people will take turns or indicate that they want to speak. Plan a strategy for preventing one or two people from dominating the discussion. If the group is large, are there plans to break into small groups or partners, or should attendance be limited?

Talk about the difference between dialogue and debate. In a debate, participants try to convince others that they are right. In a dialogue, participants try to understand each other and expand their thinking by sharing viewpoints and listening to each other actively. Remind people that they are engaged in a dialogue.

Encourage active listening. Ask the group to think of the event as being about listening, as well as discussing. Participants can be encouraged to listen for things that challenge as well as reinforce their own ideas. You may also consider asking people to practice formal “active listening,” where participants listen without interrupting the speaker, then re-phrase to see if they have heard correctly.

Remind participants that everyone sees through the lens of their own experience. Who we are influences how we interpret what we see. So everyone in the group may have a different view about the content and meaning of film they have just seen, and all of them may be accurate. It can help people to understand one another’s perspectives if people identify the evidence on which they base their opinion as well as share their views.

Take care of yourself and group members. Some people with mental illnesses may find that it’s a new experience to share their views and opinions about these issues. Be prepared to support their sharing, and also to set limits on time so that everyone in the group can have a chance to participate. If the intensity level rises, pause to let everyone take a deep breath. You might also consider providing a safe space to “vent,” perhaps with a partner or in a small group of familiar faces. If you anticipate that your topic may upset people, be prepared to refer them to local support agencies and/or have local professionals present at your event.

General Discussion Questions

Immediately after the film, you may want to give people a few quiet moments to reflect on what they have seen or pose a general question and give people some time to themselves to jot down or think about their answer before opening the discussion. Unless you think participants are so uncomfortable that they can't engage until they have had a break, don't encourage people to leave the room between the film and the discussion. If you save your break for an appropriate moment during the discussion, you won't lose the feeling of the film as you begin your dialogue.

One way to get a discussion going is to pose a general question such as:

- **If you were having coffee with a friend tomorrow and they asked you what this film was about, what would you say?**
- **Two months from now, what or who do you think you will remember from this film and why?**
- **Did anything in the film surprise you? If so, what? Why was it surprising?**
- **What insights or new knowledge did you gain from this film? How do you think the new insight might change you?**





Discussion Questions

Each of the people profiled in *West 47th Street* experience moments of challenge, comfort, and connection. You might begin the discussion by asking people to identify those moments and then use their list as a catalyst for further discussion.

The film also poses moments of challenge, comfort, and connection for viewers, asking audience members to consider their own attitudes and emotions. The questions in this section invite participants to use both lenses as they consider the issues.

CHALLENGE

“The driving force of Fountain House is compassion, understanding and the desire to give people the ability to take care of themselves.” MAYOR RUDY GIULIANI

- How do people in the film face the following challenges:
 - * finding a place to live
 - * making friends and getting along with others
 - * finding a job
 - * staying physically healthy
- How are these challenges similar to or different from the challenges that you face? How do they play out differently for people with mental illness than for people who do not have mental illnesses?
- Fitzroy’s struggles reflect a much broader debate within the mental health community about the use of medication. Should people with mental illness be forced to take medication? If so, under what circumstances? How much choice should a person with mental illness have to live with the symptoms of the disease rather than live with the side-effects of medication?
- How might medical professionals demonstrate respect for various cultural expressions, including the possibility that they might need to build a bridge between traditional approaches to mental illness and medically effective treatments?

What do people in the film want from life and how is it the same or different from what you and your friends and family want from life?

- What obstacles do each of the people profiled in the film face? If someone in your family, neighborhood, or community faced similar circumstances, how might you help remove the obstacles or help people get over them?
- What moments of triumph do each of the people profiled in the film experience? What factors or circumstances help make the triumphs possible? What might you do in your own community to facilitate similar moments of triumph?
- Where did Tex, Fitzroy, Frances, and Zeinab live and what were their living conditions before Fountain House? Where do people with significant mental illness live in your community? Are you/they satisfied with the conditions of that housing? If not, what might you do to help improve the situation? If you don’t know where people with mental illness live, why do you think they haven’t been on your “radar screen”?
- Several people in the film mention a history of abuse. Physical or sexual abuse can both exacerbate and cause mental illness. What programs exist in your community to prevent abuse and/or help survivors of domestic violence?
- Several people in the film abuse or have abused drugs or alcohol. Use and misuse of street drugs and alcohol are often symptoms of an underlying mental illness, as the person uses substances to attempt to mask the other effects of the illness, such as hearing voices, or experiencing low moods. Think about your own family and friends. Are there people who might have been hiding depression or other mental illness by drinking too much or using drugs? How did they fare? What services are available in your community to specifically treat people who have both mental illness and substance abuse issues?
- If you know people with mental illness, what sorts of challenges have they faced in getting good treatment for that illness, and sticking to it?
- At one point in the film, Zeinab’s roommate dies by suicide. How might those with mental illness be disproportionately affected by friends or family who have died from suicide? What suicide prevention services exist in your community? What kind of support is available to the friends and loved ones of people who have died from suicide? What might you do to ensure that services remain available and are of high quality?

Discussion Questions



- All over the United States, deep cuts are being made in the state and local government budgets that help pay for community-based mental health programs, such as Fountain House. Are there members of your group who are familiar with the situation in your community? Can you begin to identify some of the needs?

COMFORT

“You wanna take a little time and then we’ll get together...and try and work this out?”

BETH (FOUNTAIN HOUSE STAFFER)

- Of the people you see in the film, who would you feel comfortable inviting into your home and why? Who would you feel uncomfortable inviting into your home and why?
- Philosopher Mary Daly wrote the word “disease” as “dis-ease.” In the film, what kinds of things create a sense of “dis-ease” for the residents of Fountain House or those around them? How did they return to a feeling of health, comfort, or safety?
- As you watched the film, what made you feel uneasy or uncomfortable? Why? What might you do to return to a feeling of comfort or safety?
- Frances is clearly in a state of “dis-ease” with gender. How do people who challenge traditional gender divisions make you feel? How does Frances make you feel? Why? Why do some people see Frances’ struggle with gender identity as a sign of mental illness?
- How do staff members respond to conflict with residents or help them through conflicts with one another? What did you learn from their actions about conflict resolution?
- Fountain House is the link between all the people we meet in the film. What does it mean to them (and to you) to have a place to live? What does it mean to know that the place you live is safe? What does it mean to have a home? What is the difference between a home and a place to live?

- Tex reacts to the ending of guardianship saying, “I am now my own boss. What that means is if I want to go someplace or something, I don’t have to ask nobody for nothing.” Contrast this with the legal meaning of “competence.” How might declaring someone incompetent help them? How might it hurt them? How might it be based on serving the needs of others more than it serves the needs of the person being declared incompetent?

CONNECTION

“You feel more like a person because you’re being treated as a person.” FRANCES OLIVERO

- How do staff members at Fountain House model treating people with respect? What specific things do they do? What kinds of language do they use? What response do they get?
- How is West 47th Street different from or similar to other media images of people with mental illness that you have seen? How do the images you have seen prior to this film tint the filter through which you view people with mental illness?
- What is the difference between interacting with someone as a patient or client and approaching someone as a person, community member, neighbor, friend, or colleague?
- Fred Levine, the Fountain House lawyer, calls Frances to let him know the half fare bill passed. Frances thanks Fred for help with grooming so people in Albany would take him seriously. Fred answers, “...you give me and a lot of other people a lot of strength as we move through this thing and so it goes both ways...Don’t forget that.” What have you learned from someone who was very different than you?
- What did you think of the interaction between Frances and his doctor? Did the physician speak in ways that Frances could understand? How might that communication have been more effective? Was the response of the medical professionals administering the MRI appropriate? How might they have made Frances feel more at ease?

Discussion Questions

- It is often said that people with serious and persistent mental illness “wear out their families.” What kinds of relationships do Zeinab, Frances, Fitzroy, and Tex have with their families? How is this similar to or different from the relationship you have with your family? What kinds of unique strength or support do people get from their families? What happens to people who don’t get that kind of nurturing from family? How does Fountain House help fill the void? How are the kinds of connections that Fountain House provides different from what non community-based facilities can provide? What might you do to support people in your community who don’t have family connections?
- Whose story do you want to know more about and why?
- Has this film changed the way you think about people with mental illness, and if so, how?



Photos: Lichtenstein Creative Media



Taking Action

West 47th Street provides an opportunity to channel viewers' emotional responses into effective efforts to improve public policy and services, challenge stereotypes, and increase equitable access to quality care. Leave time at your event for the group to brainstorm actions that meet the specific needs of your community. If participants need help coming up with ideas, you might suggest one or more of the ideas below. In all cases, we recommend following the Fountain House model that includes people with mental illness, along with advocates and service providers in every step of planning and action.

- Carefully look for things in the film that facilitate moments of triumph or comfort. How might you duplicate those situations or actions for people with mental illness in your community?
- Tell your own story about mental health or mental illness. Sharing your experiences can be validating, help you feel more connected, and can have a profoundly de-stigmatizing effect on the outside world. You can share your story at the website for *West 47th Street* [www.pbs.org/pov/west47thstreet/].
- Meet with media professionals. Provide them with suggestions for stories and reporting methods that would produce accurate, rather than stereotyped, portrayals of people with mental illness. If possible, provide media outlets with a list of persons with mental illness who would be willing to speak publicly, go on camera, or be interviewed “on the record.” Consider the possibility of being such a person yourself.
- Write letters to the editor in support of efforts on behalf of or by people with mental illness.
- In the film, Frances is involved in fighting for people on SSI to receive the same discount on public transportation as people who receive SSD. This seemingly simple issue can significantly improve the daily lives of those in need. Identify similar issues in your community or state and organize people to do what is needed to change policy or practice. Like Frances, plan a lobbying trip to your state capital to meet with legislators.
- Hold a voter registration drive in conjunction with local mental health programs, support groups, and/or advocacy organizations.
- Meet with staff of community-based facilities serving people with mental illness in your community. Find out what they need and help them get it.
- Hold a special evening for families dealing with members who have mental health issues. Allow them to share their stories and concerns. Brainstorm ways that your group or community could support these families.
- Investigate how your local jail handles people with mental illnesses. If they do not have a diversion program (sending people to appropriate treatment rather than automatic incarceration), or if justice system staff have not received adequate training, create a training team (including people with mental illness as well as key professionals) and host an educational seminar. As an alternative, invite justice system personnel from communities with successful diversion programs to share their methods with the people who run your jails and justice system.
- Host a screening of *West 47th Street* as a fundraiser for a locally based support group, community residence, or other service provider in your community that includes people with mental illness as partners in planning and operation.
- Host a screening of *West 47th Street* as a way to begin dialogue among groups who have disagreed over issues such as where to locate treatment facilities or community-based residential services, i.e., use the film to help overcome the “Not in My Backyard” syndrome.
- Convene a meeting of a wide range of community stakeholders, including service providers, legislators, religious leaders, representatives of civic groups, emergency service providers, medical service providers, people with mental illnesses, family members caring for or living with people with mental illness, etc. Drawing from the expertise of the group, complete the Community Assessment Checklist on the next page. Use the results of the assessment to plan next steps.



Community Assessment

Use the table below to assess the mental health resources in your community. The first section asks what facilities and services your community already has and, by omission, what it lacks. The second section asks you to look for programs, facilities, and services that can serve as a model to others, as well as to note resources in need of attention and improvement. The final section helps identify where change will need to happen by assessing if primary control of the service or facility is local, state, or federal. Use the results of the checklist to determine where your group might best focus its energy.

	We Have			Our Community			Controlled by			
	yes	no	don't know	does well	needs improvement	don't know	local	state	federal	don't know
PERSONNEL										
Sufficient number of mental health service providers										
Mental health service providers with a diverse range of approaches to treatment										
Emergency personnel trained to deal with persons with mental illness (police, EMTs, firefighters, hospital personnel, etc.)										
Mental health crises response team(s)										
Social service workers trained to meet the needs of those with mental illness										
Staff to help those applying for government services, including Social Security disability payments, Medicare, Medicaid, housing assistance, etc.										
Support services for families of people with mental illness										
FACILITIES										
Short term treatment facilities										
Long term treatment facilities										
Community-based facilities (like Fountain House)										
Acute care residential treatment (as alternative to hospitalization)										
Detox and rehabilitation services										
Affordable and available housing										
Housing with support services										
Treatment facilities that involve patients in making choices about their treatment										
Separate treatment facilities and programs for children and adults										
Alternatives to incarceration										
Mental health courts										
SERVICES										
Suicide prevention services										
Employment opportunities										
Affordable prescription drugs										
Readily available and affordable health insurance										
Employers who offer health insurance that covers treatment for mental illness										
Religious institutions ministering to and welcoming of those with mental illness										
MISC.										
Adequate funding for mental health programs and services										
Active mental health support groups and advocacy organizations										
Media outlets that, in their programming and reporting, do not stereotype those with mental illnesses										
Media outlets that give voice to people with mental illness										

Resources

National Institute of Mental Health

Office of Communications
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513 or 1-866-615-NIMH (6464), toll-free
TTY: 301-443-8431; FAX: 301-443-4279
FAX 4U: 301-443-5158
E-mail: nimhinfo@nih.gov

The National Institute of Mental Health, part of the federal National Institutes of Health, offers a wealth of information about mental illnesses, including the latest research about treatment. NIMH is the largest funder of mental health research in the world.

National Mental Health Association (NMHA)

2001 N. Beauregard Street, 12th Floor
Alexandria, VA 22311
(703) 684-7722
Toll-free: (800) 969-NMHA (6642)
TTY: (800) 433-5959
Fax 703/684-5968
Website: www.nmha.org

The National Mental Health Association is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness.

National Alliance for Mental Illness (NAMI)

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
Main: (703) 524-7600
Fax: (703) 524-9094
TDD: (703) 516-7227
Member Services: (888) 999-NAMI
Website: www.nami.org

The National Alliance for the Mentally Ill (NAMI) is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses.

Depression and Bipolar Support Alliance (DBSA)

730 N. Franklin Street, Suite 501
Chicago, Illinois 60610-7204 USA
Toll free: (800) 826-3632
Fax: (312) 642-7243
Website: www.dbsalliance.org

The Depression and Bipolar Support Alliance (DBSA) is the nation's largest patient-directed, illness-specific organization.

International Center for Clubhouse Development (ICCD)

425 West 47th Street
New York, NY 10036
Telephone: 212.582.0343
FAX: 212.397.1649
Email: webmaster@iccd.org
Website: www.iccd.org

The International Center for Clubhouse Development promotes the development and strengthening of clubhouses (like Fountain House); oversees the creation and evolution of standards; facilitates and assures the quality of training, consultation, certification, research and advocacy; and provides effective communication and dissemination of information.

National Alliance for Research on Schizophrenia and Depression (NARSAD)

60 Cutter Mill Road, Suite 404
Great Neck, New York 11021
516 829-0091 (Main Line); To request educational materials or information call the NARSAD Infoline at: (800) 829-8289
516 487-6930 (Fax)
Website: www.narsad.org

NARSAD is the largest donor-supported organization in the world devoted exclusively to supporting scientific research on brain and behavior disorders.

National Mental Health Awareness Campaign

1350 Connecticut Avenue, Suite 900
Washington DC 20036
Website: www.NoStigma.org

The National Mental Health Awareness Campaign is a not-for-profit, non-partisan, nationwide public education campaign dedicated to combating the stigma associated with mental illness among youth, adults and seniors.



Resources

P.O.V.'s *West 47th Street* Website

www.pbs.org/pov/west47thstreet

Understanding Mental Illness

Do you know the difference between depression and manic depression? Find out more about the symptoms, treatments, and prognosis for different types of mental illness explored in the film in our helpful primer.

West 47th Street Updates

Find out what has happened to Zeinab, Fitzroy, and Tex since the cameras stopped rolling. Get an update on Fountain House and learn more about this 50-year-old rehabilitation center.

Behind the Lens

Filmmakers Bill Lichtenstein and June Peoples talk about why they decided to make *West 47th Street* and bring you up to date on their current projects.

Resources

Learn more about mental illness, homelessness, rehabilitation centers like the Fountain House and cinéma vérité filmmaking.

What's Your P.O.V.?

P.O.V.'s online Talking Back Tapestry is a colorful, interactive representation of your feelings about West 47th Street. Listen to other P.O.V. viewers talk about the film and add your thoughts by calling 1-800-688-4768.

www.pbs.org/pov/talkingback

To buy or rent *West 47th Street*

please call 1-800-PLAY-PBS
or go to www.LCMedia.com



Co-presenters:



Active Voice, a division of American Documentary, Inc., uses powerful documentary films as the basis for community-involvement campaigns that inspire participants to positive

action - civic engagement, volunteerism and coalition building.

Campaigns include companion materials for the films, and training for the facilitators of discussions held before and after film screenings. Active Voice's diverse, experienced staff also helps clients - national associations, grassroots organizations, youth groups, social justice advocates, university classrooms, public agencies and more - assess community awareness, recruit partners, develop evaluation tools, raise funds and plan long-term distribution.



P.O.V. is now in its 16th season. Since 1988 P.O.V. has worked to bring the best of independent point-of-view

documentaries to a national audience. The first series on television to feature the work of America's most innovative documentary filmmakers, P.O.V. has gone on to pioneer the art of presentation and outreach using independent media to build new communities in conversation about today's most pressing social issues.

Major funding for P.O.V. is provided by the John D. and Catherine T. MacArthur Foundation, the National Endowment for the Arts, the New York State Council on the Arts, the Open Society Institute, PBS and public television viewers. Funding for *Talking Back* and the *Diverse Voices Project* is provided by the Corporation for Public Broadcasting. P.O.V. is presented by a consortium of public television station including KCET/Los Angeles, WGBH/Boston, and WNET/New York. Cara Mertes is executive director of P.O.V. P.O.V. is a division of American Documentary, Inc.

P.O.V. Interactive

www.pbs.org/pov

P.O.V.'s award-winning Web department creates a web site for every P.O.V. presentation. Our web sites extend the life of P.O.V. films through community-based and educational applications, focusing on involving viewers in activities, information, and feedback on the issues. In addition, www.pbs.org/pov houses our unique *Talking Back* feature, filmmaker interviews, viewer resources, and information on the P.O.V. archives as well as a myriad of special sites for previous P.O.V. broadcasts. P.O.V. also produces special sites for hire, specializing in working closely with independent filmmakers on integrating their content with their interactive goals.

American Documentary, Inc.

www.americandocumentary.org

American Documentary, Inc. (AmDoc) is a multimedia company dedicated to creating, identifying, and presenting contemporary stories that express opinions and perspectives rarely featured in mainstream media outlets. Through two divisions, *P.O.V.* and *Active Voice*, AmDoc is a catalyst for public culture, developing collaborative strategic engagement activities around socially relevant content on television, online, and in community settings. These activities are designed to trigger action, from dialogue and feedback, to educational opportunities and community participation.

All photos:
Courtesy Lichtenstein Creative Media





Endnotes

- 1 Surgeon General's Report on Mental Health, 1999
- 2 (National Mental Health Association, online, 2003)
- 3 [Lifetime and 12-Month Prevalence of Psychiatric Disorders in the U.S. (Archives of General Psychology National Comorbidity Survey)]
- 4 (Surgeon General's Report on Mental Health, 1999)
- 5 [Goodwin, Frederick K. and Kay Jamison, Manic Depressive Illness (1990, Oxford University Press)]
- 6 [(Fenton WS, McGlashan TH, Victor BJ, et al: Am J Psychiatry 154:199-204, 1997)]
- 7 (Report of the National Advisory Mental Health Council, March 1998)
- 8 (National Mental Health Association "Barriers to Recovery" study, Harris Interactive, 2003)
- 9 (National Mental Health Association, 2003 and Goodwin, Frederick K. and Kay Jamison, Manic Depressive Illness 1990, Oxford University Press)
- 10 (Kessler, et. al., Journal of the American Medical Association, 2003)
- 11 (Surgeon General's Report on Mental Health, 1999)
- 12 (SAMHSA, February 2002)
- 13 (Department of Health and Human Services, 2000)
- 14 (SAMHSA Behavioral Health Headline Database, online)
- 15 (Surgeon General's Report on Mental Health, 1999)
- 16 (Substance Abuse and Mental Health Services Administration, 1998)
- 17 (Centers for Disease Control: Homicide and Suicide Among Native Americans, 1996)
- 18 (SAMHSA, Center for Mental Health Services, 2001)
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- 20 (Henry J. Steadman, Edward P. Mulvey, et al, "Violence by People Discharged From Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods," Archives of General Psychiatry, Vol. 55: 393-401, 1998)
- 21 (Surgeon General's Report on Mental Health, 1999)
- 22 (National Association for Children of Alcoholics, 1998)
- 23 (Open the Doors Project)