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• Reducing Stigma
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• Q&A with Frank Hawkins and Marlene Saunders

Learn how you can get involved!
(302) 654-6833
(800) 287-6423
www.mhainde.org
A message from Jim Lafferty
Executive Director, Mental Health Association in Delaware

About fifteen years ago, I made weekly visits to the then Delaware State Hospital and the Comegy’s Unit (today Delaware Psychiatric Center and Mitchell Building), to facilitate several groups for the patients who were in the hospital or the forensic unit.

I came to know and appreciate the smile and hello that one of the patients always gave me when she saw me. Her name was Sarah (not her real name). When the weather was good, Sarah would be outside walking the grounds of the hospital saying hello to people as they walked from the parking lot to the hospital building.

To my great delight, I walked into a local coffee shop last year and there was Sarah. She remembered me from my visits to the hospital. Now she is no longer in the hospital and lives in the community in a group home. Advances in medication and treatment played a major role in making it possible for her to live in the community.

When we look at the mental health care system, it includes critical community mental health treatment services as well as housing and apartments where people are able to live and continue their recovery so that they can be a part of the community and enjoy life like you and I do.

Thanks to the folks who founded the Alliance for the Mentally Ill in Delaware (NAMI-DE) and those at the Arc in Delaware, Connections Inc. and others who were pioneers in developing community housing, there are group homes and apartment units throughout the state for people to live in as they continue their recovery from serious mental illnesses.

Although some people may continue to be treated in a hospital setting due to the nature of their illness and its response to treatment, most people are able to receive treatment in the community from a private practitioner or through treatment offered in a clinic setting or through various non-profit organizations which provide mental health treatment. Others may need somewhat more intensive treatment such as that offered in the community by organizations which provide a range of treatment options from outpatient to more intensive treatment or through hospitals that offer day treatment or partial hospital programs. And yes, just as with many other illnesses, brief hospitalization may be required for some people due to the severity of the symptoms of their illnesses.

Housing in the community is a critical need for people who no longer require long term hospitalization, such as the care offered by the Delaware Psychiatric Center. If you have ever been in a hospital for any reason, perhaps you like me have been glad to be discharged to your home to continue your recovery. It is exactly the same for a person who has been hospitalized for treatment of a serious mental illness. Folks who may have never had a home of their own are very happy to live in a home in a community while they continue their recovery.

You have probably read articles in the News Journal regarding the concerns that people in a community in north Wilmington have about a group home being opened in their community. MHA would like to offer as much assistance as we can to provide the community with information about mental health, mental illness, and the law regarding the rights of folks to live in the community like each of us are able to do.

It is important to learn as much as we can about mental illnesses. First, they are real illnesses like diabetes or heart disease or cancer and just like these illnesses, are medically treatable. One in four adults in the United States experiences a mental disorder in any given year. That translates to around 60 million of us. Four of the ten causes of disability in the United States are mental disorders and for the age group 15-44, depression is the leading cause of disability. Delaware is no different than the rest of the nation and so in any given year over 170,000 adults in Delaware will experience a mental disorder of varying severity.

This issue of the Update has an article written by Eliza Hirst regarding the law as it pertains to the rights of people with disabilities. Eliza is an attorney for the Community Legal Aid Society and specializes in disability law.

We will provide a series of articles in future issues about these illnesses and what is called the “continuum of mental health care”, which is the array of services that are provided to assist people in receiving the appropriate treatment for their illnesses.

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Individuals with Mental Illness Have the Right to Live in the Community

Community integration of individuals with disabilities has been a laudable goal in Delaware and the United States over the last eight years. Historically, individuals with mental illness were unjustifiably placed in institutional settings, even when they posed no risk to themselves or others. Over time, however, Americans became sensitized to the idea that warehousing individuals with disabilities in institutions amounted to discrimination through unjustified isolation or segregation. As a result, two distinct laws were enacted to stamp out discrimination against individuals with disabilities: The Americans with Disabilities Act of 1990 (ADA) and the Fair Housing Amendments Act of 1988 (FHA). In the aftermath of these laws, states have begun a dramatic push to house individuals with disabilities in group homes, supervised apartments, and independently when appropriate.

The Americans with Disabilities Act (ADA)

In 1990, the U.S. Congress passed the ADA to prohibit disability discrimination. Explicit in the Act’s regulations is an affirmative obligation on the state and federal government to place individuals with mental illness in the most integrated (and therefore least restrictive) setting appropriate for their unique needs as long as it is not overly burdensome to do so. In a landmark 1999 case, Olmstead v. L.C., Zimmering, the United States Supreme Court upheld the right to “community-based treatment” for persons with disabilities when clinically appropriate and feasible. In response to Olmstead, Delaware’s Department of Health and Social Services has funded numerous group homes, supervised apartments, and outpatient programs for individuals with disabilities to support greater community integration.

The Fair Housing Act

Both the state and federal Fair Housing Acts prohibit discriminatory housing practices against individuals with disabilities with respect to renting, buying, selling, zoning, and enforcing policies. The FHA also permits individuals with disabilities to request reasonable accommodations, which means they can ask for some alterations in rules or policies to accommodate their needs. Group homes are protected under the reasonable accommodation provision so that individuals with disabilities can have the same opportunities to live in the community of their choosing as others do.

The Benefits of Group Homes

Group homes are good for tax payers because the cost of community care is substantially less than the cost of institutional care. Equally as important, group homes have no detrimental impact on neighborhoods. Over 45 studies have found that group homes do not reduce property values of neighboring homes. In addition, group home residents are no more or less dangerous than other neighbors. In fact, DHSS has an obligation to screen potential residents to ensure that they can live safely in the community. Most importantly, group homes are good for individuals living with mental illness because community integration enables them to work, participate in their communities, and live more normal lives.

— Eliza Hirst, Staff Attorney
Community Legal Aid Society, Inc.

Stigma
Never learn, Never live, Never accept!

Mental illnesses are surprisingly common and affect most families in America at some point. It is also widely known that most people with mental illnesses get better, and many recover completely. Unfortunately, many people with serious mental illnesses do not seek or receive treatment due to cost, fear, not knowing where to go for services, and concern about confidentiality and the opinions of others in the community. This fear of what people may think — the stigma that surrounds mental illness — is a serious barrier to treatment and recovery. There are steps that everyone can take to counter stigma.

• Learn and share the facts about mental illnesses and about people with these illnesses, and speak up if you hear or read something that isn’t true.
• Treat people with mental illnesses with respect and dignity, as you would anybody else.
• Don’t label people with mental illnesses by using terms like “crazy,” “wacko,” “schizo,” “loony,” “psycho” or “nuts.”
• Don’t label people by their illness. Instead of saying, “She’s a schizophrenic” say, “She has schizophrenia.”
• Teach children not to stigmatize people with mental illnesses. Help them see that these illnesses are like any other illness and can be treated.

Resources – Reducing the Stigma of Mental Illness

Substance Abuse and Mental Health Services Administration (SAMHSA)
(800) 789-2647 (English/Spanish) and (866) 889-2647 (TDD)
www.allmentalhealth.samhsa.gov

Mental Health America
(800) 969-6642, 800/433-5959 TTY Line
www.mentalhealthamerica.net

National Alliance on Mental Illness
(703) 524-7600
www.nami.org

Mayo Clinic
www.mayoclinic.com/health/mental-health/MH00076

National Mental Health Awareness Campaign
www.nostigma.org/stigma
The Depression Connection

All illnesses need more than a single focus of care.

Clinical depression is a common and serious medical illness that impacts thousands of people of all ages each year. The risk of clinical depression is often higher in individuals with other medical illnesses and psychiatric or substance abuse/addiction problems. When two or more medical conditions occur simultaneously, they are said to be “comorbid.” The reason why depression occurs with other conditions varies. It could be for biological and psychological reasons or due to pain or incapacity caused by an illness, certain treatments, or as a result of previous mental health illnesses.

People who suffer from heart disease, stroke, cancer and diabetes must be aware that depression can be a factor.

• About 14 to 28% of coronary heart disease patients without a history of heart attack and 40-46% of patients with a history of heart attacks experience depression.
• 10-27% of people who suffer from stroke or recurrent stroke suffer from major depression and an additional 15 to 40% experience depressive symptoms.
• People with adult-onset diabetes have a 25% chance of having depression.
• One in four people with cancer also suffer from clinical depression.

Depression impacts our lifestyle, our behaviors, and how we accept and follow treatment.

Depression as a comorbid condition is dangerous for a variety of reasons:
• Warning signs are frequently discounted by patients and others who mistakenly assume that “feeling down” is normal for people struggling with illnesses.
• Signs of depression may worsen the symptoms of other illnesses.
• Depressed patients may be less prone to follow and adhere to treatment plans or maintain follow-up with medical professionals.

What can you do?

Understand that DEPRESSION CAN BE TREATED!

Know the signs and symptoms of depression. Go to www.mhainde.org for a comprehensive list.

Understand there might be a depression connection to your symptoms, your behaviors, and other medical conditions.

Do not suffer alone and do not delay treatment. Talk to family friends. Contact your medical providers. Ask for other resources in the community, internet, etc.

Join a depression or anxiety support group.

Refuse from using alcohol, drugs, caffeine and nicotine.

They really harm you feel.

Learn how good nutrition, exercise, and stress reduction techniques help relieve depressive symptoms.
Frank Hawkins and Marlene Saunders Q&A

By Pam George

Frank Hawkins had good reason to attend the People of Color Mental Health Conference. As the associate director of AIDS Delaware, he’s witnessed firsthand the link between HIV/AIDS and mental illness.

While depression is common, yet many AIDS Delaware clients have also experienced some sort of substance abuse. “Research shows when there is substance abuse, there’s usually some sort of mental illness involved as well,” says Hawkins, who is also director of education and outreach for the nonprofit association.

Drug and alcohol abuse can lead to sharing needles or risky sexual behavior — all of which has helped fuel the HIV/AIDS pandemic in the United States since its start.

Hawkins, who came to Wilmington from Brooklyn, became an AIDS Delaware volunteer in 1999, presenting information on HIV. When a position opened up in the education department, he jumped at it. “I’m grateful for the opportunities that have been given to me by AIDS Delaware,” he says.

Now he is giving back. Hawkins in 2005 joined the People of Color Conference committee. This year, he is co-chair of the People of Color Mental Health Conference in November, which will be held at Delaware Technical & Community College’s Wilmington campus.

The annual Wilmington conference paved the way for a Southern Delaware event, held on April 3 at Delaware State University.

Q: How can mental illness affect the care of HIV/AIDS patients?
A: If people are living with HIV, they already have a disease affecting their minds. Mental illness may affect them so much that they don’t want to take their medication. We want to look at it from a holistic perspective that is in line with the theme of the [Wilmington] conference: Body, Mind and Spirit.” We want them to have good mental health so they can want to take their medication.

Q: Who are “people of color”?
A: When we talk about people of color, we’re talking about African-Americans, Hispanics. Studies show that mental illness in people of color goes untreated. Caucasians are more willing to go out, seek therapy and maybe take medications.

Q: How have people of color traditionally seen mental illness?
A: The conference focuses on erasing the stigma that exists when it comes to the issue of mental illness, particularly in people-of-color communities. A lot of times, people use the terms, “He’s crazy!” Or, “She’s crazy!” They throw it off, so a lot of stigma exists when people even think about going to a therapist, psychologist or psychiatrist — or seek any kind of help.

Some communities might use “generational” remedies that have been passed down, so they think there is no need to go to the doctor. “Let’s use Grandmom’s remdy. It worked for them, it will work for us.”

Q: Are people of color more afraid to seek treatment?
A: When you look at any disease, a lot of times people don’t want to go and seek help. They need support — someone to say, “I will walk with you through this. Let’s go look at getting help.” Once they get into treatment, they find a lot of relief. Now it’s like some of the fog has been lifting and they can think better and function better in our society.

Q: How do you reach people of color?
A: We encourage people to become part of this committee who live with mental illness. They can come to the conference and tell their story of how they overcame the stigma, got help and how they’re doing now. And they’ll tell others not to be afraid to seek out help if they feel they have a mental illness of some sort.

Last year we were able to have a mother and son there, and we hope again to have people there who want to speak out.

Q: Many times, symptoms of mental illness first appear in teens. Are you targeting this group?
A: We contact the school systems, community centers and youth groups. Last year, we had a nice attendance of young people. One bus came up from downstate. We’ll have a youth track, something exclusively for youth.

Q: Is the conference limited to people of color?
A: We want everyone to come. We don’t want people to feel discouraged by the title … but when it comes to the issue of mental illness, those who don’t get treated are primarily in the African-American/Hispanic group.

Q: What if people can’t afford the conference?
A: Scholarships are available. We definitely want people to come.

The first People of Color Mental Health Conference for Southern Delaware in 2006 was a half-day event with an attendance of about 50. The 2008 event, which ran a full day, attracted about 200 people and featured well-known author Jasanza Kinjutha as the keynote speaker.

The boost in attendance speaks to critical issues facing southern Delaware. “Data indicates that individuals who live in rural sections of the country receive less mental health services than people who live in urban areas,” says Marlene Saunders, who has chaired or co-chaired the conference since its start.

Moreover, the number of mental health professionals in rural areas is proportionately less than in urban areas, says Saunders, assistant professor and director of the master’s in social work program at Delaware State University. DSU’s College of Health & Public Policy sponsored the event with the Mental Health Association of Delaware.

Saunders, who began her career in child welfare, has become active in the effort to address mental health care for people of color.

Q: Are people of color less likely to seek help for mental health issues?
A: Less likely to seek it and less likely to get it. Latino children, for example, are less likely to receive services for their mental health problems. That is related to the stigma of having a mental illness.

It’s also related to the fact that there aren’t sufficient numbers of mental health professionals who speak Spanish and who understand the culture and the way of life of that group. Generally, it speaks to the insufficient amount of services readily available to children and to people of color in lower Delaware.

When you combine those factors with others such as transportation—which many people in lower Delaware experience — then you have a problem.

Q: What kinds of solutions were discussed at the conference?
A: The aim of this conference was for mental health providers and professional and mental health consumers and advocates to begin a dialogue and work together as equal partners to identify the problems and to develop solutions to address them.

At the end of this conference, people involved in providing mental health services. We’ll work to get everyone involved so in the end, services can be more coordinated.

Q: How will you work with them?
A: We will have summit meetings in each county at locations that are convenient. We’re going to contact the major players involved in providing mental health services. We’ll work to get everyone involved so in the end, services can be more coordinated.

Q: How are you reaching out to students to interest them in mental health careers?
A: Delaware does not have a medical school. There is a movement afoot to attract more people to the health care professions, and when a state like Delaware is designated as a shortage area, it makes recruiting for that area easier — this is something about which I’m becoming more familiar.

[Parts of Delaware especially Kent and Sussex counties and parts of the city of Wilmington — have been federally designated as health professional shortage areas, particularly in the specialties of primary care, dentistry and mental health, according to the Delaware Health Commission’s 2007 annual report and strategic plan.]

One of the specialties in the master’s social work program at Delaware State University is mental health. The field practicum assignments and the coursework prepare them to work with people experiencing a broad range of mental health issues, both children and adults.

Q: Why did the conference focus on children?
A: Now we know that one in 10 youths has a serious mental health problem that’s severe enough to impair their functioning in school, home and in the community. Mental health symptoms can present as early as 7, which makes the school an important target for mental health services and programs.

Parents may look at it like a behavior that a youngster normally experiences. But the mood swings are very, very different. Getting help is inhibited by the stigma associated with mental illness, which when combined with the lack of resources means the child doesn’t get the services he or she needs.

Q: What else did you emphasize at the conference?
A: Mental health and health go hand-in-hand. So if a person has a mental health issue it will affect how they feel and behave.

If people believe that [a child] is dealing with depression or a mental health issue, [they need to] get to the youngster’s parents, let them know where a mental health facility is located, or check with a social worker at the school.
MHA News at a Glance!

The Mental Health Association in Delaware celebrated its 75th year of community service on Thursday, December 20, 2007 at the DuPont Country Club.

The evening included dinner, dancing, and a short program during which the Hon. Jane Maroney was presented with the Mental Health Association in Delaware’s Lifetime Achievement Award.

Rep. Maroney was recognized for her instrumental role in the passage of Delaware’s Mental Health Parity Bill, which became law in January 1999.

“Jane’s life has been devoted to improving healthcare in Delaware, especially for children,” said Executive Director Jim Lafferty.

The program also featured a visual timeline of MHA’s history and the introduction of a new initiative for MHA in Delaware, “Child Mental Health Matters in Delaware.”

Mark Your Calendars

Don’t miss these exciting events!

May is Mental Health Month luncheon/speaker
Karen L. Swartz, MD, Director, Mood Disorders Clinical Programs,
The Johns Hopkins University School of Medicine will present,
“Science to Service”
Tuesday, MAY 6
DuPont Country Club

Division of Child Mental Health Services
Child Traumatic Stress and Treatment Conference
Wednesday, MAY 21
Dover Downs

Food, Wine, and Art Fest
Friday, MAY 30
Harry’s Savoy Grill, sponsored by F&N Liquors

Suicide Prevention Conference
Thursday, SEPTEMBER 25
Clayton Hall, University of Delaware

National Depression Screening Day
Friday, OCTOBER 10
Various locations statewide

E-Racing the Blues® 5K Walk/Run 10K Run
presented by Astra Zeneca
Sunday, OCTOBER 26
Dravo Plaza, Wilmington Riverfront

People of Color Conference
Saturday, NOVEMBER 8
Del Tech Community College, Wilmington Campus

Call MHA 302-654-6833 or visit www.mhainde.org
for event and registration details
Why join a support group?
If you have depression, anxiety, or have dealt with the grief of losing someone to suicide or violence, support groups can give you another level of encouragement and perspective to feel better and live better. Joining a support group is a valuable addition to, but not in place of, professional treatment.

What can you expect?
A Peer Led support group brings people together who have similar experiences.

Meetings are confidential, informal, non-judgmental, and are geared to stimulate discussion and sharing of concerns.

Support groups are led by a peer facilitator, not a medical professional. The facilitator’s role, as a member of the group, is to guide discussion and provide emotional support.

Support groups can help you:
• Feel less alone
• Find new coping skills
• Feel accepted and encouraged with hope for recovery
• Make connections with others
• Get motivated to stick to your treatment plan
• Feel better that you are not alone

Call today to learn more about MHA’s support services.

Mental Health Association in Delaware Support Groups Spring 2008
Please call to register. (302) 654-6833 in New Castle County, or in Kent or Sussex (800) 287-6423
To maintain the privacy of our members, MHA does not publish support group locations; locations are provided with registration. Support groups sponsored by MHA are not intended to replace professional mental health treatment.

For help with...

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MHA’s Dollar for Dollar Campaign – It is Fundamentally the right thing to do!

If you enjoyed the articles contained in this newsletter, we need YOU to help us continue providing this valuable information. You can help us continue our quest to “fund-a-mental” health program simply by donating $1. Yes, for just $1 received from every person that reads our newsletter (about 120,000 distributed) we can continue to offer the important services needed by people every day in dealing with their mental health. There are many ways we provide these services such as through our conferences like the People of Color Conference, the 24 statewide support groups, and with the “Beyond Stress” presentations just to name a few. In order to continue these offerings, funding is key. For just $1, you too can play a key role in helping us continue our fundamental mission.

It is critical that we be the source in our community that people seek out when they want information on mental health. We rely on individual and corporate donations to continue our work as we educate, support and advocate. Your tax deductible donation is especially needed this year as we add a new initiative “Child Mental Health Matters in Delaware” while still maintaining all of our other programs. It is of vital importance to all of the people we serve who have a mental illness that we are able to maintain our important work. Work that someday, you may need or your loved ones may need. Your generosity in sharing $1 of your hard earned money with us is greatly appreciated (of course we would accept more). You can send your tax deductible donations to:
Mental Health Association in Delaware at 100 W. 10th St., Suite 600 in Wilmington, DE 19801.