Mental Illness Awareness Week: October 1-7, 2006

by Kelli Burris

The first week of October, established in 1990 by Congress, is designated as Mental Illness Awareness Week (MIAW) in recognition of NAMI's efforts to raise mental illness awareness. Bipolar Disorder Awareness Day (BDAD) is held each year on the Thursday of MIAW to promote additional understanding and early intervention and treatment for this mental illness. MIAW and BDAD are NAMI's premiere public awareness and public education campaigns that link the organization nationally to the organization's over 1,100 local affiliates across the country.

During MIAW, millions of Americans will be honoring the challenges encountered by mental illness as well as celebrating the recoveries they or their loved ones have embraced.

Bipolar Disorder Awareness Day (Oct. 5) was created by NAMI and Abbott Laboratories to increase awareness of bipolar disorder, promote early detection and accurate diagnosis, reduce stigma, and minimize the devastating impact on the 2.3 million Americans presently affected by the disorder.

This entire week represents a great opportunity to help shape public commitment to early intervention and screening for mental illness and bipolar disorder and access to effective treatment. But there are so many things each of us can do to help in the monumental task of erasing the stigma and discrimination of mental illness. There are numerous ways to get involved:

- **Volunteer Your Services**
  Volunteer your services with NAMI-DE. Hands-on help is always in demand and very much appreciated.

- **Write Your Congressman**
  Listed below is information for contacting Delaware representatives. So go ahead and drop your representative a line to increase their knowledge regarding the many issues surrounding mental illness.

  - **Senator Joseph R. Biden, Jr. (D-DE)**
    P: 202-224-5042 • F: 202-224-0139
    http://biden.senate.gov/contact/emailjoe.cfm
  - **Senator Thomas R. Carper (D-DE)**
    P: 202-224-2441 • F: 202-228-2190
    http://carper.senate.gov/aemail.htm
  - **Rep. Michael N. Castle (R-DE At Large)**
    P: 202-225-4165 • F: 202-225-2291
    http://www.house.gov/writerep/

- **Tell Your Friends**
  Surely not all your friends and family know it is Mental Illness Awareness Week – so tell them! This is something to celebrate – this is when we get to tell the world it is OUR week. If you need any information on a certain illness, please visit our website at www.namide.org or call us at 302-427-0787 and we would be most happy to help you in any way we can.

Keep checking our website for more ideas and events that may be happening during Mental Illness Awareness Week!

- **Share Your Story**
  Talk about your mental illness or a family member's mental illness with a friend you've been meaning to share your story with or attend a support group (offered at NAMI-DE). Start talking and begin fighting the stigma that is associated with the name “mental illness” – and you’ll be on the road to mental “wellness”.

- **Visit a Library**
  Visit a local library to donate a book related to mental illness. Then either take out a book you have not yet read on mental illness or go buy a new one! You can never read too much on the subject. We have materials at NAMI-DE available for your reading pleasure, as well.

- **Save the Date**
  for the NAMI-DE Annual Conference
  **Searching for Peace of Mind in America**
  Thursday, October 12, 2006
  SEE PAGE 3 FOR DETAILS AND REGISTRATION FORM
Consumer Support Services
Continuing to make a difference in the lives of consumers!

by Erin Meisel

NAMI C.A.R.E.S is being held the 2nd Wednesday of the month from 7 to 8:30 pm in the basement of the Wilmington office. NAMI C.A.R.E.S is a peer-based support group for people struggling with any type of mental illness. It allows people to share experiences and learn from each other in a safe environment. This, in turn, provides the opportunity to learn new coping strategies for dealing with the stress of living with a mental illness.

For further information on the Newark or Wilmington Activity Centers or N.A.M.I. Cares, do not hesitate to call (302) 427-0787. We always welcome newcomers. Have a great fall!

"We make a living by what we get; we make a life by what we give."
- Sir Winston Churchill

NAMI-DE has a new website design! We are still located at the same address; we just may look and feel a little different now. Please visit us at www.namide.org to see the new design and to find out about some new and exciting events. If you have any comments or concerns about the site, please contact Kelli Burris at 302-427-0787, x17 or kburris@namide.org.
This year’s conference will focus on access to treatment in the mental illness area and is designed for consumers, family members, loved ones, students, mental health and other medical professionals, law enforcement agents, and everyone else in the community who want to experience their messages.

Conference charges, which include lunch, are $25 for members, $40 for non-members and $5 for all consumers, regardless of membership status. The fee for exhibitors is $85, which includes lunch for two people. Register by visiting www.namide.org or completing the registration form!

**SPEAKERS INCLUDE:**

**DEMITRI PAPOLOS, M.D**

*Author of The Bipolar Child*

■ One of a handful of psychiatrists in the world who began to see and to speak out about the possible deleterious effects of antidepressants and stimulants in the population of children within the bipolar spectrum. His extensive work with youngsters with the condition and their families led him to team with his author wife, Janice Papolos, to write the first book ever published on the subject of early-onset bipolar disorder, The Bipolar Child. In its first and second editions, the book returned to press 23 times and third edition was published in 2006. Dr. Papolos has been featured on ABC News’s 20/20, the Oprah Winfrey Show, and National Public Radio’s “All Things Considered” and The Infinite Mind,” as well as CBS’ “Early Show” and The Evening News With Dan Rather.

**PETE EARLEY**

*Author of Crazy: A Father’s Search Through America’s Mental Health Madness*

■ Former reporter for the Washington Post, he is the author of seven previous nonfiction books and two novels.

■ “Propelled by his personal search for healing for his son’s bipolar disorder, he has used his considerable skills to meticulously research why the mental health system is so profoundly broken. He takes us on his compelling journey through psychiatric wards, jails, and urban streets in search of his son’s sanity. For anyone in the thick of the battle for the mind of a mentally ill loved one, a new champion has emerged. Crazy is both a clarion call for change and justice, and an enthralling portrait of a father who refused to surrender.” - Bebe Moore Campbell.

**MOE ARMSTRONG**

■ Through education and experience, Moe Armstrong works with other people with psychiatric conditions and disabilities and family members to create a healthy and productive environment. Currently employed as Director of Consumer and Family Affairs for Vinfen Corporation, Boston, he is also a designer and part time administrator of national research study for the effectiveness of peer support with the VA Connecticut and Yale University. Moe continues to set up peer support across America and has received numerous awards and recognition. Mr. Armstrong has been featured in a special television show on ABC Nightline with Ted Koppel and has appeared on Larry King Live national television show as part of the discussion about mental health issues.

■ Moe is a leader in addressing veterans issues!

**FRANK “BUD” KOWALEWSKI**

■ Presenting on “Management of the Mental Health Inmate”, Bud demonstrates the expanding role of the corrections officer in light of the fact that a large proportion of correctional facility inmates have some form of mental illness. This session is designed for correctional officers, but demonstrates for the audience, as well, the tactical issues an officer is faced with in working with inmates with mental illness. The primary goal of this session is to show the role of the correctional officer in their mission of custody, safety, security, and care. Within a correctional setting, the support of the staff and their knowledge of behavior will impact the treatment of inmates with mental health issues.

**KATHY RUPERTUS, M.A., M.S.**

■ Kathy is with us from the Anxiety & OCD Treatment Center located in Wilmington, Delaware. Presenting on “Anxiety Disorders”, Kathy will discuss the impact this has on families and strategies in coping. She will also discuss understanding loved ones experiences who are dealing with anxiety disorders.

*Annual meeting from 4-5pm following conference. More detailed information such as agenda, etc. will be available soon on our website, www.namide.org. Please check often for updates!
Medicaid Pharmaceutical and Therapeutic (P&T) Committee Votes to Keep Vast Majority of Psychiatric Medications Available to Medicaid Recipients

by Rita Marocco (with contribution from Ranga Ram, MD, NAMI-DE Board of Directors)

Many psychiatrists turned up to advocate for Delaware's psychiatric patients at the P&T Committee hearing held on Thursday, August 10, 2006. The most notable testimony came from Dr. Neil Kaye, nationally recognized as one of the “Top Docs in the Nation” and the esteemed Dr. Zeelof Miniur, President of the Delaware Psychiatric Society. Their impassioned public testimony and the testimony of others successfully influenced the P&T members to keep almost the entire class of psychiatric medications on the Preferred Drug List (PDL) for use at the physicians’ professional discretion. With the removal of the threat of restrictive formularies to treat their Medicaid patients, doctors can go about treating their patients’ symptoms with sound medical expertise rather than having to engage in verbal and written debates with Medicaid to gain approval for the use of “right medication, at the right dose, at the right time”. The success at the P&T Committee hearing testimony is a culmination of over a year of advocacy by NAMI-DE family and consumer members teaming up with members of the Delaware Psychiatric Society to protect the quality of treatment for some of Delaware’s most vulnerable citizens, those diagnosed with severe and persistent mental illness. The importance of this effort can’t be overstated and we congratulate the individuals that worked so hard over the last year and a half to achieve some measure of stability of the “medication question” for Medicaid recipients.

In 1999 the U.S. Surgeon General’s Report on Mental Health reported “The past decade has seen an outpouring of new drugs introduced for the treatment of mental disorders. New medications for treatment of depression and schizophrenia are among the achievements stoked by research advances in both neuroscience and molecular biology”. Despite the newer medications’ ability to achieve unparalleled recovery, families throughout Delaware have been witnessing the potential for the state Medicaid system to deny or place barriers to receiving newer life-changing medication to a multitude of individuals living with chronic mental illness. This threat has been viewed as an insidious tragedy unfolding in Delaware much the same as described in national news coverage regarding the fate of a vast number of individuals in other states that were burdened with unnecessary pain and suffering, suffering that was a result of poorly transitioned Medicaid Part D enrollments in other states. Mental Illness was the only disease cited in national coverage as routinely experiencing desperate, tragic situations that were the direct result of destablizing a person’s recovery with the use of rigid formularies and prior authorizations. Dr. Janis Chester and Dr. Ranga Ram, NAMI-DE Board of Directors, both were major contributors to the initiative to advocate for open medication formularies for individuals diagnosed with psychiatric disorders. Dr. Chester’s tireless efforts to educate Delaware legislators, the Federal congress and other policy makers on the positive impact of protecting the medical treatment of this vulnerable group has been invaluable. Dr. Ram’s consummate patient advocacy since arriving in Delaware several years ago has been inspiring in helping consumers and families find their voice while negotiating the mental health system.

On February 9, 2006 a NAMI-DE Board Member provided testimony to the P&T Committee about their experience involving medication changes for a beloved family member diagnosed with bipolar disorder and the cost both monetarily and in human suffering that even planned changes can produce. We also heard testimony from a NAMI-DE consumer member and NAMI-DE parent member describe the positive life-changing effect that the right medication prescribed at the right time has on the individual living with mental illness, the families and friends who love them as well as society in general.

It has been estimated that it would cost the state of Delaware 5 million dollars to have open access to medication used to treat mental illness without the barrier of prior authorization. Using this estimate, 5 million dollars would continuously keep approximately 208 people on medications prescribed by their doctor without prior authorization requirements.

That same 5 million dollars will cover the incarceration of approximately 100 people diagnosed with mental illness in our state prison system for a month using an estimated cost of $50,000 according to the 1996 Source Book: Criminal Justice Statistics. The same 5 million dollars will pay for approximately 25 people to be continuously hospitalized for one year.

The success...is a culmination of over a year of advocacy by NAMI-DE family and consumer members teaming up with members of the Delaware Psychiatric Society to protect the quality of treatment for...those diagnosed with severe and persistent mental illness.

We want to thank the members of the P&T Committee for voting to protect the families in Delaware living with mental illness from undue suffering that formularies and prior authorization has caused in other states around the nation. The vote to have the vast majority of psychiatric medications available to doctors treating Medicaid recipients also represents a wise expenditure of taxpayers’ money, both State and Federal dollars. It results in the most cost-effective way, to treat mental illness by allowing open access to medications prescribed with the use of the trained judgment of a qualified doctor.
Experimental Medication Shows Relief from Depression in Hours

by Kelli Burris

There was an article in the Delaware News Journal on August 8 titled “Breakthrough announced in fighting depression”. It was a short article, but uplifting nonetheless, especially since this treatment worked in a matter of hours! The only unfortunate part of the article is that only 18 patients were part of the test. NAMI also posted a story on this subject on August 10 with the headline “New Study Shows Relief from Depression in Hours”. NAMI revealed that small doses of ketamine, an anesthetic also used illegally as the club drug Special K, injected in treatment resistant patients can provide relief from depression in as little as two hours. This certainly is a reason for hope.

According to researchers conducting the study at the National Institute of Mental Health, this is among the first studies of humans to examine the effects of ketamine on depression, a debilitating illness that affects 14.8 million people in any given year. “Used in very low doses, the medication is important for research, but is unlikely to become a widely used clinical treatment for depression because of potential side effects, including hallucinations and euphoria, at higher doses. However, scientists say this research could point the way toward development of a new class of faster- and longer-acting medications.” None of the patients in this study, all of whom received a low dose, had serious side effects. Study results were published in the August issue of the Archives of General Psychiatry.

“In years to come,” said Dr. Carlos A. Zarate, chief of the Mood and Anxiety Disorders Research Unit at the National Institute of Mental Health and the ketamine paper’s lead author, “researchers may find ways to tweak ketamine so that it can be used broadly for depressed patients, or ketamine may provide clues to the biology of depression that will lead to related drugs.”

Ask the Doctor

This month’s question answered by Dr. Demitri Papolos

Q: Is bipolar disorder in children the same thing as bipolar disorder in adults?

Adults seem to experience abnormally intense moods for weeks or months at a time, but children appear to experience such rapid shifts of mood that they commonly cycle many times within the day. This cycling pattern is called ultra-ultra rapid or ultradian cycling and it is most often associated with low arousal states in the mornings (these children find it almost impossible to get up in the morning) followed by afternoons and evenings of increased energy.

It is not uncommon for the first episode of early-onset disorder to be a depressive one. But as clinical investigators have followed the course of the disorder in children, they have reported a significant rate of transition from depression into bipolar mood states.

Q: If a child hears voices or sees things, does that mean he or she has schizophrenia?

Absolutely not. Psychotic symptoms such as delusions (fixed, irrational beliefs) and hallucinations (seeing or hearing things not seen or heard by others) can occur during both phases of bipolar disorder. In fact, they are not uncommon. Sometimes the voices and visions are compelling; often they are threatening. Quite a few children report seeing bugs or snakes or say that they see and hear satanic figures.

For more information and frequently asked questions about early-onset bipolar disorder, please visit www.bipolarchild.com.

From the City to the Shore - NAMI’s Arms Stretch Wide and Far

by Merton B. Briggs

Summer vacation at the shore. The sand, surf, sounds of gulls echoing in the wind. I can’t imagine a better place to relax and unwind from the daily grind. Cell phones turned off, lying by the pool with book in hand and still work presents itself in mysterious ways. My nephew loves wearing his NAMI Delaware t-shirt and it doesn’t go unnoticed. Here is a 7-year old boy with not much knowledge on mental illness other than attending annual walks, yet his shirt is topic for conversation. The manager of our condo asks, “How is it that you know about NAMI?” That’s all it took. Next thing you know we were wading through stigma, housing, medications and the support systems that are in place in various areas. There was talk of Family-to-Family classes and biweekly support groups. Personal accounts of loved ones bouts with the cyclical behavior, ups, downs, good times and bad with their respective illnesses, and when all was said and done you got the distinct feeling that our NAMI family had grown larger – and that with that extra voice the mission had gained strength. I am amazed how many people’s lives are affected by mental illness on a daily basis yet you may never hear about them unless something as seemingly trivial as a t-shirt provides a forum for persons to open up. It’s with that knowledge that I know no matter what time, season or situation we must continue to support, educate, and advocate until there is a cure for severe and persistent mental illness.
The federal Mental Health Parity Act of 1996 (MHPA) sought to improve access to mental health care by prohibiting certain kinds of unequal benefits for mental health services (compared to other health care) in employer-sponsored insurance plans.

The effects of MHPA were disappointing. Because the law prohibited unequal dollar limits but continued to allow unequal cost-sharing arrangements (copayments or coinsurance) and limits on outpatient visits or hospital days, most insurers simply replaced dollar limits with visit/day limits. Several studies published two years after MHPA took effect in 1998 found no substantial changes in consumers’ health benefits, access to mental health care, or health care costs related to the parity bill (GAO 2000; Pacula & Sturm 2000; Sturm & Pacula 2000).

However, MHPA had important symbolic value in directing individuals’ and legislators’ attention toward the issue of mental health parity. Thirty-one states passed some form of parity legislation by 2001, compared to only five states with parity laws prior to 1996. More importantly, some states passed laws that were significantly more comprehensive than MHPA, raising an important question: Can state parity legislation make a substantial difference in individuals’ health care and serve as a substitute for federal legislation?

Bao and Sturm (2004) examined the effects of state mental health parity legislation on quality of insurance coverage, access to care, and use of mental health specialty care as reported by survey respondents from the Healthcare for Communities (HCC) household survey. To evaluate the impact of parity legislation that took effect in 1999 or 2000, they restricted their sample to privately-insured (independently or through employers) adults living in states that had not enacted parity laws prior to 1999. The sample was divided into two parts: 4,989 individuals surveyed in 1997-1998 (HCC Wave 1), and 3,068 surveyed in 2001 (HCC Wave 2).

To determine the effects of state parity laws, Bao and Sturm analyzed whether between-Wave trends in perceived insurance quality, perceived access to care, and use of mental health care by people with mental health need (relative to those without) were affected by whether they lived in a state that implemented parity legislation in 1999 or 2000. They also examined whether effects varied based on the strength of the state parity law, defining as “strong” or “medium” laws with comprehensive coverage (“medium” laws differ from strong laws in that they require parity only if mental health benefits are offered, or they allow exemptions for small employers or those who demonstrate cost increases due to parity), and as “weak” laws that require insurance plans to offer mental health benefits but do not require employers to provide them. Bao and Sturm found no significant or consistent effect of state parity legislation on the four variables evaluated, even when comparing states with strong parity laws to those with no or weak laws. They suggest a number of possible reasons for this apparent failure of state legislation:

- State legislation may not reach enough individuals to have a noticeable effect statewide. A key difference between state and federal health insurance legislation is that the federal government is able to regulate all employers, but the Employee Retirement Income Security Act (ERISA) exempts employers who self-insure from state health-insurance mandates. In 1998, around half of all insured workers were enrolled in health plans that were exempt from state mandates due to ERISA (Gabel et al. 1999).

- People living in parity states may be unaware of their improved coverage, suggesting the need for greater efforts to educate consumers about new legislation affecting health care. If parity legislation accelerated the growth of managed care behavioral health carve-outs, utilization management may have held down access to care in spite of increasing benefits. However, according to a previous study (Sturm 1999), carve-outs actually tend to increase access to any mental health care, while reducing the intensity of services. Furthermore, because survey respondents reported no change in the generosities of their health plans, it seems unlikely that parity laws resulted in any meaningful change in benefit design.

Finally, it is possible that parity legislation is more likely to be passed in states where it will have little effect, because employers will be less likely to oppose legislation when they don’t expect it to raise costs.

Results from studies indicate that state legislation is not an effective substitute for federal legislation in the health insurance arena. Many employers are shielded from state mandates by ERISA, and states in which parity might have a larger impact may have political climates that prevent parity laws from being passed. These findings suggest that improving insurance benefits, access to care, and utilization of mental health care will require stronger parity legislation on the federal level.


Healthcare for Communities (HCC) is a component of the Robert Wood Johnson Foundation’s Tracking Initiative, which follows up on respondents from the Community Tracking Study (CTS).

For more information on HCC studies and findings, please visit: http://www.hcctrackingstudy.org/hcc.shtml
A Housing Thought
by Merton B. Briggs

Six years ago I came on board with NAMI Delaware's housing department and the need for housing was as strong then as it is now. Over the past few months I have had the privilege of attending various housing functions (annual meetings and conferences) that speak of the necessity for continued growth of safe and affordable housing throughout the state for individuals living with mental illness. Currently the fair market rent for a one bedroom apartment on a statewide average is $660 (DSHA Fact Book 10/05 NCC-792, KC-616, and SC-572). Monthly SSI payments for a perspective tenant range from $603 to $623 per month. Now imagine if programs similar to NAMI Delaware’s didn’t exist. What would a disabled person do with such a shortfall in income? Would a mentally disabled person be able to afford the required Security Deposit, or would they be able to turn on the utilities needed in the dwelling? Additionally, would they be able to purchase the necessary products (food, hygiene and clothes) that each individual deserves and needs to sustain life? Chances are — no. What then?

Unfortunately one of the challenges the system faces is the fact that a large percentage of persons living with mental illness are also dealing with a substance/alcohol abuse problem or dual diagnosis. This can be a problem especially when dealing with subsidized housing such as our program. But it doesn’t have to be that way! In reaching out to various programs that act as support systems for individuals struggling with dual diagnosis problems we can use the resources that are available to curb this destructive behavior by offering real incentives. For instance, if you have a person who is bounced from motel to motel - or worse, not knowing where they can rest their head from day to day, the prospects of a brighter future must seem hopeless. I honestly cannot see the incentive for a person to get clean and work on their treatment when their living conditions and surrounding elements are as dire as the situation that may have landed them in these predicaments. Why not take those same clients by a NAMI-DE home to see the possibilities? How about a safe, affordable and permanent living space? A place where hopes and dreams can become a reality – A place where a person is given an opportunity and empowered with the knowledge if you work it, it will work! That somewhere is NAMI-DE Housing.

However, we can’t stop once the housing has been procured. The entire team (State, advocates, providers and clients) needs to continue to be proactive in bettering not only the lives but the systems that it governs. It’s not an easy task by any stretch of the imagination. The variables in this equation can be quite complex when you take into account that each individual has their own functioning level in regards to handling the rigorous of independent living and the adult daily living skills needed to prosper. Not to mention the fact that you may have 3 to 4 unrelated individuals living under the same roof dealing with their own separate issues. But if a picture is painted with possibilities of a better life with bigger and better things in store, it can be achieved. History shows that it’s been done before but it takes the appropriate monies, time and manpower to see the job through.

I hope that all persons working in the mental health field became involved because they wanted to make a positive difference in people’s lives. When you think about all the work that has been done to procure homes throughout the great state of Delaware to afford individuals living with mental illness on a daily basis with safe, affordable and permanent living conditions we would be doing all a great injustice if we do not ensure that at the end of the day all persons look forward to a beautiful existence and future.

United Way of Delaware Campaign
by Kelli Burris

United Way of Delaware’s 2006 Campaign will officially kick off on September 14th and run through the Thanksgiving holiday. The mission of the United Way of Delaware is “to maximize the community’s resources to improve the quality of life for Delawareans,” and they work to achieve results 365 days a year through their community initiatives and network of funded programs.

About United Way of Delaware
United Way of Delaware partners with social service agencies, businesses, government, other nonprofits, and concerned individuals to achieve “results that matter and a lasting impact on the quality of life in our community.”

How You Can Help
Through your generosity, United Way is changing lives for the better all year round. Support United Way of Delaware in the following ways and make an impact on the issues that most affect our community:

- Write In a donation to the 501(c) (3) of your choice
- Invest in one or more United Way Community Impact Focus Areas
- Give Directly to a network of 110 full member agencies
- Shape the Future with planned giving options
- Volunteer your time and energy with a United Way member agency

For more information on United Way of Delaware, please call 302-573-3700 or visit www.uwde.org.

Thank You!

THANK YOU to all of the volunteers who have taken time to help NAMI-DE over the years. I would like to express our deep appreciation for the work that you all do to help at the office, events, housing, etc. This is all so very important in helping NAMI-DE run efficiently and we are very fortunate to have volunteers such as you on our side. Your support helps us accomplish so much.

On behalf of the Board of Directors, the entire NAMI-DE staff, and me – we would like to say THANK YOU! – Rita Marocco

For volunteer opportunities, please contact Tere Arevalo at 302-427-0787, x10 or via e-mail at tarevalo@namide.org.
STIGMA AND DISCRIMINATION
Stigma Deprives People of Their Dignity and Interferes with Their Full Participation in Society

by Patricia McDowell

Mental illness affects one in five American families. The World Health Organization has declared that mental illness is the Number One Disability in the United States, Canada and Western Europe. Award winning films such as “A Beautiful Mind” and “People Say I’m Crazy” have shed newer, truer lights on mental illness. Celebrities like Patty Duke have shared their experiences of living with mental illness; actor Martin Sheen has made television commercials to help increase awareness. We at NAMI-DE look forward to our 5th year celebration of the annual nationwide Walk for the Minds of America in May 2007.

Still, stigma persists in making mental illness a very tough hurdle to get over. NAMI-DE denounces all acts of stigma directed toward individuals living with mental illness. Nicknames, jokes and slurs referring to persons with brain disorders in stigmatizing ways are cruel. Stigma leads to low self-esteem, isolation and hopelessness; stigma keeps families from seeking treatment for their loved ones; stigma keeps us from getting help for ourselves; stigma damages relationships in families, neighborhoods, places of worship, schools and workplaces; stigma results in stereotyping, discrimination and abuse.

NAMI-DE keeps moving forward on our mission* to help the public understand the myths and misconceptions that perpetuate prejudice and stigma. We visit churches, workplaces, businesses and community organizations to increase public awareness that mental illness is a treatable, biologically based brain disorder, and that effective treatment is available.

Please join us in our campaign against the cruelty of stigma. If you would like to have an educational presentation or if you would like to participate in presentations contact us at (302) 427-0787.

* NAMI-DE’s Mission is “to support, educate and advocate until there is a cure for severe and persistent mental illness.”

The US Food and Drug Administration (FDA) approved Vagus Nerve Stimulation (VNS) Therapy, the first implantable device for depression and the first therapy specifically designed, studied and labeled as a long term treatment option for patients with treatment resistant depression. VNS Therapy is intended for patients 18 years of age and older who are experiencing a major depressive episode and have not had an adequate response to four or more adequate antidepressant treatments. VNS Therapy was approved for the treatment of pharmacoresistant epilepsy in 1997.

VNS Therapy is delivered from a small pacemaker-like device implanted in the chest area that sends mild pulses to the brain via the vagus nerve in the neck. A thin, thread-like wire, attached to the generator, runs under the skin to the left vagus nerve. The vagus nerve, one of the 12 cranial nerves, serves as the body’s “information highway” connecting the brain to many major organs. Several studies have shown that VNS Therapy may modulate neurotransmitters such as serotonin and nor-epinephrine thought to be involved in mood regulation. The battery lasts from three to eight years, depending on the dose settings.

Side effects associated with VNS Therapy are typically mild, happen during stimulation and decrease over time. The most commonly reported side effects include hoarseness and shortness of breath.

The early studies on the effectiveness of VNS show promise, but more experience and study will help us better understand who will benefit most from this novel approach to an age-old problem. NAMI-DE highly recommends reviewing such a decision with a psychiatrist who is well aware of the treatment device and who can be sure you have received good care for your medication trials before embarking on this new strategy.

For more detailed information on VNS Therapy, visit www.vnstherapy.com or call 1-877-NOW-4-VNS.

The National Alliance on Mental Illness in Delaware is accepting applications for housing in Kent, Sussex, and New Castle Counties. NAMI-DE housing is dedicated to adults who have chronic mental illness. Applicants must be at least 18 years old, capable of independent living, and meet HUD mandated low income guidelines. Rent is based on 30% of adjusted income. Applicant screening includes criminal background check and disability certification. For more information contact Merton Briggs or Marie LaFevre at the NAMI-DE office at 302-427-0787 or toll-free at 888-427-2646.
Rita Marocco Appointed to Task Force to Address Mental Health Gaps

by Kelli Burris

House Resolution Number 93, establishing a Speaker’s Task Force to Study Mental Health Issues for the Citizens of Delaware, was passed by the House of Representatives on June 30, 2006. The Medical Society of Delaware has been tasked with leading and administering the Task Force. Rita Marocco, Executive Director of NAMI-DE, has been appointed to serve on this Task Force on behalf of NAMI-DE.

The purpose of the newly created Task Force will be to accomplish short term solutions to the challenges faced by physicians and patients regarding access to mental health care.

Days of Caring

NAMI-DE is always looking for individuals, groups, organizations, or religious congregations to help us share the care to our properties and the individuals who live in them. You would be surprised in what the coming together of friends, families, coworkers, or maybe even complete strangers can do in a short amount of time to “clean up” a house, which then brightens the spirits of the people who live in them. We have two different Days of Caring projects - landscaping and painting.

NAMI-DE will supply all necessary equipment for the projects; all you need to do is bring yourselves! Please contact Jim Dragani at 302-427-0787, x 20 or at jdragani@namide.org for any further questions or if you would like to participate in a DAYS OF CARING project.

SUPPORT GROUPS

You are not alone! NAMI-Delaware holds free monthly support groups throughout the state. These groups are for family members and loved ones of persons who have a mental illness. Support groups offer friendship, compassion, coping skills and idea exchanges to help meet the challenges of mental illness in the family. Please call us to see if our support groups could be helpful to you!

DOVER GROUP
3rd Thursday of each month • 7:30 pm
Kent General Hospital
640 S. State Street, Basement PDR3, Dover
Contact: Cathy Mesick (302) 492-8885
Joan Conard (302) 734-2603

NEWARK GROUP
2nd Thursday of each month • 7:30 pm
Holy Family Parish
Outreach Office
15 Gender Road
Contact: Mary Zickefoose (302) 454-1379
Lena Angotti (302) 368-0591

NORTH WILMINGTON GROUP
2nd Monday of each month • 7:30 pm
Brandywine Valley Baptist Church
Room 149
Mt. Lebanon Road • Talleyville
Contact: Jill or Simon Shute (302) 478-3302

REHOBOTh/LewEs GROUP
4th Thursday of each month • 7:30 pm
NAMI-DE Office
706 Rehoboth Avenue, Rehoboth Beach
Contact: Mark Thompson (302) 226-3334
Sue Brunhammer (302) 645-7617

CONSUMER SUPPORT GROUP: Dual Recovery Anonymous is a Twelve-Step self-help program for individuals who experience both chemical and an emotional psychiatric disorder. The support group meets at the Rehoboth NAMI-DE office every Tuesday night at 8 pm. Attendees of the support group find understanding from others who share similar experiences, practical information and guidance.

NAMI C.A.R.E.

NAMI C.A.R.E. (Consumers Advocating Recovery through Empowerment) is a peer-based, mutual support group program for individuals facing the challenges of recovering from any serious mental illness. NAMI C.A.R.E. is not illness-specific, and welcomes persons with all psychiatric diagnoses. NAMI C.A.R.E. meets in all three counties.

NEW CASTLE COUNTY
Fourth Wednesday of the month at the Wilmington Activity Center at 7:00pm.

KENT COUNTY
Third Thursday of the month at Bayhealth/Kent General Hospital
Room 2, at 7:30pm.

SUSSEX COUNTY
Fourth Thursday of the month at the NAMI-DE Rehoboth office at 7:30pm.

For more information, please call the NAMI-DE office in your county.

NAMI-DE Receives Community Service Award from Access Wilmington

Rita Marocco recently accepted the Community Service Award on behalf of NAMI-DE at the Mayor’s 2006 award luncheon sponsored by “Access Wilmington” to recognize individuals, agencies and companies that have been committed to expanding opportunities for Wilmington residents, workers, and visitors with disabilities.
DPC Monitoring Program

by Frazier Van Velsor

The DPC monitoring program is a volunteer program where a pair of trained volunteers visits the patients’ sites at the Herman Holloway campus to review upkeeps such as housekeeping, environment, building integrity, accommodations, and information boards. Twice a year the volunteers and the DPC staff meet to review the prior six months activity, which is an important activity for the patients and staff at DPC.

Frazier Van Velsor has assumed the role of DCP Coordinator. If anyone is interested in volunteering as a monitor, please contact Frazier at 302-427-0787, x18 or at fvanvelsor@namide.org. He will ensure that you get all the information you need to get trained as a monitor and teamed up with a partner. If you have a partner in mind that you would like to pair up with, just let him know.

NAMI-DE employee Jim Dragani recently volunteered. Welcome aboard Jim!

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Downstate News

by June Butler

Kent County is gearing up for our fall 2006 sessions. We are reaching out to the community with our Education Programs.

The Family-to-Family Education Course is a series of twelve weekly classes for the family members and loved ones of people with mental illness to help them understand and support their mentally ill relative while maintaining their own well-being. This course is taught by a team of trained volunteer family members who understand the issues involved in having a loved one with a serious mental illness in the family. This class began Monday, September 11, 2006 in Dover.

The Peer-to-Peer Education Course is a nine week course on recovery for any person with serious mental illness who is interested in establishing and maintaining wellness. This course is taught by a team of three trained “mentors”, or peer-teachers, who are themselves experienced at living well with mental illness. This class began Tuesday, September 12, 2006 in Dover.

For more information on programs call the NAMI-DE office at 302-744-9356 or toll free at 1-888-427-2643. All programs are offered at no cost to participants.

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Boscov’s & NAMI-DE

Friends HELPING Friends Day

Tuesday, October 17, 2006 • 9 am – 9 pm

Refreshments • Entertainment • And a chance to win great prizes!

Big Screen TV • iPod • Set of Luggage • $500 Shopping Spree

It’s time to go SHOPPING at Boscov’s on Tuesday, October 17 for “Friends HELPING Friends Day”. NAMI-DE is selling 25% off discount shopping passes to be used on October 17 for just $5 each. This is a great fundraiser and all proceeds benefit NAMI-DE directly. In addition to 25% off, there will be refreshments and great door prizes.

Please contact Kelli Burris at 302-427-0787, x17 or kburris@namide.org to purchase as many tickets as you like for your family, friends, customers, teacher, etc.

This is for a great cause! Please spread the word.

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BECOME A 2006 MEMBER OF NAMI-DE!

By joining NAMI-DE, you show decision-makers that you support our work. When you join, you become a member of NAMI National as well, which allows you to access online communities at www.nami.org and receive the quarterly Advocate magazine. Members are also eligible for discounted admission to certain NAMI Delaware and National events.

To join, please mail this form (or a copy) with payment to the Wilmington office or visit http://www.namide.org/info/supportnami/.

NAME: ____________________________________________________________________

PHONE: ___________________________________________________________________

BUSINESS/ORGANIZATION: ________________________________________________

ADDRESS: _______________________________________________________________

CITY: ___________________________ STATE: _________ ZIP: ________________

EMAIL ADDRESS:___________________________________________________________

VISA / MC__________________________________________________________________

EXP. DATE: ________________________________________________________________

☐ Consumer Membership .........................$5
☐ Individual Membership...............$30
☐ Family Membership ___ # in Family ....$50
☐ Professional Membership .............$75
☐ Sponsor .............................................$150
☐ Patron .............................................$250
☐ Organization .................................$300
☐ Champion .................................$500+

Please make all checks payable to NAMI-DE. THANK YOU FOR BECOMING A MEMBER OF NAMI-DE!
2-1-1 Delaware

by Kelli Burris

Background
A Task Force was formed in 2003 and recommended that a 2-1-1 system be implemented by September of that same year to offer 24-hour community services to Delawareans. Implementation was delayed due to State of Delaware budget constraints, but is now back in front of the House of Representatives, 143rd General Assembly, House Bill No. 107 to be amended.

What is 2-1-1 Delaware?
■ 2-1-1 is an easy to remember telephone number that connects callers to information about critical health and human services available in their community.
■ 2-1-1 provides a one-stop service for vital information.
■ While services that are offered through 2-1-1 vary from community to community, 2-1-1 provides callers with information about and referrals to human services for every day needs and in times of crisis.

For example, 2-1-1 can offer access to the following types of services:
■ Basic Human Needs Resource: food banks, clothing, shelters, rent assistance, and utility assistance.
■ Physical and Mental Health Resources: medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention, rehabilitation, health insurance programs, Medicaid and Medicare, maternal health, and children's health insurance programs.
■ Employment Support: unemployment benefits, financial assistance, job training, transportation assistance, and education programs.
■ Support for Older Americans and Persons with Disabilities: home health care, adult day care, congregate meals, Meals on Wheels, respite care, transportation, and homemaker services.
■ Support for Children, Youth and Families: Quality childcare, Success by 6, after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, and protective services.

Volunteer opportunities and donations.

Benefits to 2-1-1 Users
■ One call gives you access to resources across the State; it’s efficient, fast and easy to use.
■ No more wrong numbers; no more wasted time trying to find the right resource(s).
■ 2-1-1 is confidential; most often the name of the caller is not taken.
■ 2-1-1 maintains the integrity of the 9-1-1 system; saving that vital community resource for life and death emergencies.
■ 24-hour/7 day week availability.
■ 2-1-1 is an easy way to find or give help in your community.

Benefits to the Community
■ 2-1-1 strengthens our State by uniting the people who want to help with those who need help.
■ There are over 2,400 non-profit organizations in the State of Delaware in addition to numerous government agencies. People looking for assistance often have difficulty navigating a complicated web of health and human service programs. Likewise, people who want to help often do not know where to begin.
■ 2-1-1 is a useful planning tool. Based on aggregate data about the types of calls that the 2-1-1 Center receives, communities are in a better position to anticipate demand for services and mobilize resources to meet changing needs.

Benefits as a Crisis Tool
■ 2-1-1 is a critical information system, which is necessary prior to, during, and after a community crisis such as an attack, flood, fire, or other local or national tragedy. Prior to a community crisis, it is critical that an information system is in place that will respond to the crisis at a moment’s notice.
■ 2-1-1 responds immediately during times of crisis, to field calls regarding the crisis, and to direct callers to services most appropriate for their needs.
■ Once 2-1-1 is implemented, people can find the help they need whether their needs arise a week or several years after the crisis event.

America needs 2-1-1 to be accessible nationwide. As the number of organizations providing specialized services is on the rise, people find it frustrating and confusing to access community services. 2-1-1 reaches approximately 165 million people (over 55% of the total U.S. population) in 38 states and the District of Columbia. Yet, millions of Americans still need to be connected, including Delaware.
Consumer Support Services
Weekday Drop-In Centers

Wilmington Center
NAMI-Delaware, 2400 West 4th Street
lower level, enter via parking lot
off Hawley Street
Hours: Monday - Friday
10 am - 3 pm

For more information, contact:
(302) 427-0787

Drop-in Center Peer Facilitators offer conversation, games, videos, holiday parties — all promoting friendship, self-esteem, education about mental illness, self-advocacy and FUN as we walk together on the road to recovery!

NAMI-DE now has an endowment fund with the Delaware Community Foundation. For more details call 427-0787.