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DELAWARE

A collaborative effort of the Center for Disabilities Studies & the Delaware Developmental Disabilities Council

Mental Health and Our Community



Historically, the term “mental health” was only thought of in terms of “mental illness.” While mental illnesses are a very real and prevalent health issue in this country, the extent of mental health is not limited to the American Psychiatric Association’s primary diagnostic manual. The disorders listed in the manual only give insight into diagnosable mental illnesses and not into the mental health concerns that people experience every day. A more comprehensive definition of mental health embraces both the treatment of mental illness and the promotion of mental wellness. Whereas an illness can be treated once it is diagnosed, positive mental health can be promoted and developed so that serious mental health problems may not emerge.

According to the Substance Abuse and Mental Health Services Administration, serious mental illnesses affect more than 10 million Americans.¹ Using a broader definition, the number of people affected by a mental health condition increases dramatically. In the U.S. alone, one in five Americans—about 53 million people—are affected by a mental illness at some time during their lives.² In Delaware, the Mental Health Association reports that nearly 100,000 Delawareans (1 in 8), including children, are affected by mental illnesses each year.³

While these statistics illustrate the large number of individuals affected by mental illness and mental health related problems, the impact is much greater. Mental health concerns affect family members, productivity at work, healthcare costs, and legislative policy. Depression ranks among the top three workplace problems, following only family crisis and stress.⁴ In 1990, the combined indirect and related costs of mental illnesses, including costs of lost productivity, lost earnings, and societal costs, were estimated to total \$148 billion.⁵

The persistent stigma about mental health concerns has resulted in a society that sometimes hesitates to discuss mental health issues. While positive mental health is an often ignored goal, it is a necessary component of successful lives, supportive families, and caring communities. The support of good mental health is vital for a productive and thriving society. Levels of stress, feelings of self-worth, and resilience are just as indicative of health as blood pressure, cholesterol levels, and weight. While recent trends in preventative care have impacted the way we view physical health, a similar awareness and understanding of mental health has not yet occurred. For years, the mental health community has worked at the local, state and national levels to support and advocate for equal consideration of mental and physical health issues. Changes at the state and national level are taking place to turn those efforts into reality.

On the National Front

The discussion of federal parity initiatives has taken place for nearly a decade. Senate Bill 486 known as “The Wellstone Act” and “Federal Mental Health Parity” is expected to move forward soon for a vote. This bill would require health insurance providers to pay for psychiatric treatment under the same rules as they pay for treatment of physical health problems. Full mental health parity means that health plans which offer mental health benefits cannot set limits on coverage that are different than those placed on other medical and surgical benefits.

This issue and others were recently underscored by a federal report on mental health. In 2002, the Commission on Mental Health was charged with studying the obstacles and gaps in the mental health system and to make recommendations that would improve service provision through public and private agencies. A final report was released during the summer of 2003 that confirmed that many unmet needs and barriers to providing support for people with mental illnesses exist.⁶

The report calls for a complete transformation of the mental health system to a delivery system that expands the ability of individuals and their families addressing mental illness concerns to make informed decisions regarding their own care. The recommendations are promising in that they seek to address the needs of those individuals and families affected by mental illnesses. The recommendations also make a strong attempt to address public awareness about mental health in a positive, proactive manner.

Delaware’s Response

Since the federal report was published there has been some response from the mental health community in Delaware. Renata Henry, Director of the Delaware Division of Substance Abuse and Mental Health (DSAMH), agrees that the report reaffirms the work the State of Delaware has supported for the last three years. State-level strategic initiatives already involve community integration with a recovery focus. What the report will do, says Ms. Henry, is encourage the development of a comprehensive state mental health plan through the expansion of the current planning process. In developing the plans at the state level, representatives from public and private organizations will be involved to make the plan more inclusive and foster better connections and communication on many levels. Ms. Henry said, “We look forward to bringing more partners to the table for a more integrated system.”

While the Commission’s report does focus on service delivery for people with mental illness, the recommendations address mental health as a universal health issue. The report emphasizes hope for recovery and equal treatment for all healthcare issues.

ABOUT THIS ISSUE

Discerning the difference between mental health and mental illness has been a challenging task for the *delAware* staff as it is for much of the general public. The two words are often used interchangeably to mean vastly different things. In researching and writing the articles, we attempted to cover topics pertaining to positive mental health including the need for quality treatment services for people with mental illnesses.

By focusing on positive behavior supports in schools and the community, a system of care approach to child mental health services, the emotional wellness of young children, and issues around community-based housing for people with mental illness, a variety of mental health prevention, intervention, and treatment programs in Delaware are highlighted.

“Making Connections: Thriving by Serving Others” serves as a noteworthy capstone to this issue. The personal story of Penny Brodigan, who

has lived with depression since a teenager, illustrates the connection between the treatment of mental illness and positive emotional wellness. In her work with the Alliance for the Mentally Ill in Delaware, Penny provides support and encouragement to other people who have mental illnesses. “Helping others also strengthens the recovery of those walking the same road,” she stated.

The fundamental thread that ties together these articles is the importance of individualized, inclusive, collaborative, and community-focused mental health and mental illness programs. The articles in this issue scratch the surface regarding the topic of mental health. We hope they broaden your perspective regarding mental health and mental illness as they have ours, as well as inspire you to find out more about promoting positive mental health.

Sincerely,

Tracy L. Mann, Editor

delAware is sponsored by the Center for Disabilities Studies, University of Delaware and the Delaware Developmental Disabilities Council. If you would like to contact us, please call (302) 831-6974 or TDD at (302) 831-4689, fax (302) 831-4690, email to Tracy Mann, tlm@udel.edu, or write to *delAware*, University of Delaware, Center for Disabilities Studies, 166 Graham Hall, Newark DE 19716.

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1. Substance Abuse and Mental Health Services Administration, 1997. www.samhsa.gov
2. National Institute of Mental Health, 1998. www.nimh.nih.gov/
3. MHA in Delaware. www.mhainde.org
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Spotlight on Positive Behavior Support Projects at CDS

Positive behavior support (PBS) functions on the premise that all behavior, no matter how seemingly maladaptive or self-destructive, serves a need for the person engaging in it. Meaningful support is comprehensive and incorporates all aspects of the person's life, including relationships, preferences, interests, and values. The tenets of the support are universal and can be provided in many environments from childcare settings to schools to other structured facilities. The goal of the Positive Behavior Support program, a joint project of the Center for Disabilities Studies and the Delaware Department of Education, is to provide individualized support programs to students and program training and technical assistance to schools. Outside of the schools, the new Positive Behavior Support in the Community (PBSC) program, addresses the individual needs of children and adults throughout the community.

The PBS approach moves away from the traditionally punitive way of dealing with negative behavior. The scenario of a child tearing up her papers during independent work time and swearing at the teacher when she tries to intervene can illustrate this approach. The typical punishment for this type of behavior is to remove the child from the classroom until she is calm enough to behave appropriately. PBS asks educators to understand the reason for the behavior. In this example, the child reads below grade level and therefore completing the independent work is overwhelming. If her problem behavior gets her out of doing the work—the thing she finds so difficult—then it is likely that this pattern will continue. Understanding the purpose of her behavior helps to provide the needed supports and develop skills so that she can manage the task more successfully. At a school-wide level, schools promote a philosophy of positive behavior and actively teach all students what characteristics of the behavior look like in the classroom. When a school-wide system of PBS is implemented, individual supports are more successful. Delaware schools are recognizing the

value of this approach and are finding it effective.

William Keene Elementary School in the Christina School District became one of the PBS Super Star Schools for the 2002-2003 year after just one year of implementation of their school-wide PBS program. Keene began the school-wide program development following the PBS statewide conference in the Spring of 2001. Since the inception of the program, there has been a dramatic change in behavior at the school. "The kids are happy, parents are happy, and teachers are happy," said Beatrice Speir, Keene's Principal.

To expand the benefits of positive behavior support to children and adults beyond school-based services, the Center for Disabilities Studies began the Positive Behavior Support in the Community program this fall. PBSC offers a variety of training and technical assistance services for community programs implementing, or seeking to implement, positive behavior supports. PBSC provides training and consultation on issues of behavior support in child and adult mental health, child and adult developmental disabilities, early childcare, and early intervention programs. PBSC, in partnership with the Division of Child Services Mental Health, has developed the Positive Behavior Intervention Certificate program (PBI). PBI was created because of the increasing numbers of Delaware children requiring intensive, systematic, and sustained supports in order for them to remain in the community. The Certificate program provides mental health professionals with specialized skills to effectively serve children with challenging behaviors in the community. Program faculty present powerful, evidence-based techniques for supporting adaptive, socially appropriate behavior while reducing the occurrences of inappropriate, destructive behavior.

For more information on PBS contact Debby Boyer, 302-831-3503 or visit www.udel.edu/cds/pbs. For more information on PBSC contact Michael Partie, 302-831-8374 or visit www.udel.edu/cds/pbsc.

Focusing on Families and Communities



The F.A.C.T. (Families and Communities Together) Project

is a six-year systems change effort funded by the Federal Substance Abuse and Mental Health Administration, Center for Mental Health Services, to establish a system of care for children with serious emotional disturbance and their families. The project brings individualized, flexible, community-based, and culturally competent services to children and their families in Delaware's child mental health service system. A service delivery structure based on comprehensive, individualized, strength-based family-centered services, the project seeks to create a coordinated system of enhanced community mental health and related services and supports for children with complex needs including emotional and behavioral challenges and special education needs. Using a wraparound approach, children receive services within their home, local school, and community.

A system of care approach

The F.A.C.T. Project is a collaboration among Delaware state agencies including the Children's Department, Divisions of Child Mental Health Services; Youth Rehabilitation Services and Family Services; Department of Education; the Department of Health and Social Services, Division of Developmental Disabilities Services; community partners; and Delaware families. In addition, F.A.C.T. is partnering with Children & Families First to develop an independent support and advocacy organization for families of children with mental health issues.

More than 70 grant sites have been funded nationwide. In Delaware, the F.A.C.T. Project is statewide and serves 15 children each in Sussex and Kent Counties and 35 children in New Castle County. The overall goal of the project is to provide comprehensive services to children with serious emotional and behavioral disturbances. Children are eligible for enrollment within the F.A.C.T. Project if they have multiple psychiatric diagnoses, are clients of more than one child services state agency, are returning from or at risk for placement in a residential treatment facility, or have a functional impairment in mul-

tipl life domains. Families typically stay involved in the F.A.C.T. Project for 18 months to two years, and more than 70 children and their families have been served since the program began in Delaware in 2000.

The F.A.C.T. Project focuses on providing services by building on a child's and family's strengths in a community-based setting. F.A.C.T.'s more systematic approach to collaborative delivery of services brings together multiple agencies involved with a child and his or her family to consolidate resources, eliminate duplication of services, and advocate collectively in the best interest of the child and family. By identifying services available in the community and working together within the service delivery system, children can be best supported in their own community.

A fundamental strength of the F.A.C.T. Project is the critical role parents and caregivers play in developing service and treatment plans, participating in the evaluation process, and, essentially, learning to become better advocates for their children.

The F.A.C.T. Evaluation

The Center for Disabilities Studies and the Center for Community Research and Service, two of the University of Delaware's College of Human Services, Education, and Public Policy's (CHEP) Research Centers, collaborate on the evaluation of the F.A.C.T. Project.

F.A.C.T., along with the other grant sites, participates in a congressionally mandated evaluation process. After enrollment in the project, the child and family are interviewed every 6 months for a period of up to three years. The evaluation collects information about child and family functioning, service use, the stability of the child's living environment, the strengths of the child and family, educational performance, and demographic data. A local evaluation effort is also underway to provide a more complete picture of how the project is working. This part of the evaluation will include interviews with policy makers, administrative staff, and the youth and family state agencies involved with the F.A.C.T. programs, as well as additional work with caregivers and children. The local evaluation process will

identify the Project's strengths and areas for improvement and will also describe policy or systems-based barriers that may hinder comprehensive, systems of care service provision.

The evaluation provides the F.A.C.T. Project with comprehensive data on the children and families in the project. Jim Salt, F.A.C.T. site evaluator, states that the evaluation provides information about issues of services availability, use, and access. Since a sufficient array of locally-available services is an important factor in successfully keeping children with serious emotional and behavioral problems in their home communities, it is important to understand where the strengths and gaps in the system are, states Dr. Salt.

In keeping with the inclusive, family-centered approach of the F.A.C.T. Project, parents are included in the evaluation process. Following the client-focused, strengths-based drive of the F.A.C.T. Project, the evaluation team and parents collaborate on a comprehensive evaluation that not only makes sense to parents and caregivers but continues the participatory process of family-driven systems of care.

Education & Advocacy

Parents learning how to best advocate for their child's and family's needs in the service system is a third facet of the F.A.C.T. Project. In partnership with Children & Families First, F.A.C.T. is facilitating the development of an advocacy and support organization for families of children with mental health problems. Parents learn how to navigate the services their children need, as well as how to train others to advocate for their needs.

The F.A.C.T. evaluation team hopes to build a network of involved family members who have the skills and want to participate in the F.A.C.T. and other evaluation efforts. The F.A.C.T. Project and the evaluation are expected to continue through August 2005.

For more information on the F.A.C.T. Project, please contact Mary Moor, Division of Child Mental Health Services, (302) 368-6903, or email her at mary.moor@state.de.us. For information on the F.A.C.T. evaluation, contact Jim Salt, Center for Disabilities Studies, (302) 831-6735, or email him at jdsalt@udel.edu.

Housing: Building a Diverse Community

In a time when diversity is celebrated and equality is the goal of many communities, mental health field professionals are still very aware of the increased need for public education and awareness about mental health. Many communities still adhere to the negative stigma of mental illness that dictates a “not in my backyard” attitude that prevents group homes for people with disabilities from moving into a neighborhood. Some community organizations attempt to combat these misconceptions through advocacy and education. Now, state and federal policy favors these efforts by legally supporting more inclusive environments for people with mental illness.

Last spring, a debate within a small Sussex County farming community gained media attention. Reports of a plan to relocate a group home for eight men with mental illness from Georgetown to a privately owned farmhouse outside of Milton sparked concern among local residents. Problems began when Mr. and Mrs. Wells of Milton sought zoning approval to lease the family farmhouse to Fellowship Health Resources, a nonprofit organization that owns three other group homes in Sussex County.

Initially, the Sussex County Board of Adjustments denied the permit request to operate a group home based on an outdated zoning law that permitted eight or more people with mental retardation to live as a family but did not include people with mental illness. “The issue was really rooted in discrimination,” said Daniel Atkins, an attorney with the Community Legal Aid Society’s Disabilities Law Program. Based on stereotypes and preconceived notions about people with mental illness, neighbors were concerned about safety, both for themselves and for the group home residents, as well as about real estate values of surrounding properties. The Community Legal Aid Society and Mr. and Mrs. Wells filed a lawsuit against the Board of Adjustments in U.S. District Court. A motion was filed by the attorney for the Board to dismiss the lawsuit, and the motion was denied.

The recent passing of Delaware House Bill 154 (H.B. 154) will affect this litigation. H.B. 154 amended titles 9 and 22 of the Delaware Code relating to persons with disabilities to update the language of the Code that refers to “developmentally disabled persons” to instead, refer to “persons with disabilities.” In the housing context, it eliminates provisions in the Code regarding locations of group homes that are invalid under the Federal Fair Housing Act. H.B. 154, sponsored by Representative Robert Valihura (R—Delaware North) and Senator Margaret Rose Henry, (D—Wilmington East) was signed into law by Governor Ruth Ann Minner on June 30, 2003.

“Our 50-year sustained effort of attempting to remove all forms of discrimination in Delaware continues with the passage of H.B. 154,” stated Representative Valihura at the time of the signing of the legislation into law. Representative Valihura praised his

colleagues in the General Assembly for their recognition of the need to remove the remaining vestiges of legislative discrimination regarding mental health and noted, “With the enactment of this measure, we have ensured that our Code does not reflect outdated definitions and practices and ensures equal housing protections not only for persons with developmental disabilities, but also for those who experience mental illnesses as well.”

The National Alliance for the Mentally Ill in Delaware (NAMI-DE) supported H.B. 154. Rita Marocco, Executive Director for NAMI-DE, said that the bill affected the zoning laws that were not in compliance with the Federal Fair Housing Act. Ms. Marocco explained, “H.B. 154 essentially put Delaware in compliance with the Federal Fair Housing Act by acknowledging the right for anyone with a disability to live in the community, anyone who is deemed able to live in the community with supports, including individuals with mental illness. The old statute only stated ‘developmental disabilities’ which left a loophole for municipalities to try to fight the opening or purchase of homes to house individuals with a disability like mental illness. NAMI-DE always prevailed in these disputes, but the time and money it took to contest the municipalities’ attempts to block housing development for individuals with mental illness was extraordinary. H.B.154 has cleared those hurdles.”

Mr. Atkins said that because of H.B. 154, the lawsuit is very close to being settled. With no grounds to deny the permit, plans to move the residents from the Georgetown group home to the Wells farm are proceeding. According to Rosanne Faust, Chief Operating Officer for Fellowship Health Resources in the Mid-Atlantic Region, the move will take place, hopefully, by the end of the year. The move will give the eight men, ranging in ages from 30 to 55 years old, their own rooms and a lot of extra space for recreation. “The quality of what we’ll be able to provide will be so much greater,” said Ms. Faust.

Living in a community is often described as a benefit to the residents of a group home and their neighbors. Though the response from some people is sometimes adversarial, advocacy groups, such as NAMI-DE, (which operates 54 group homes throughout Delaware) have opted to educate the communities and answer neighbors’ questions before they arise. By making presentations to home associations and encouraging them to educate their fellow neighbors, NAMI-DE is educating the community on mental health issues and alleviating the fears that so often determine the reception a home receives.

Through increasing public awareness, the continued work of advocacy groups, such as NAMI-DE, and the passage of Delaware House Bill 154, individuals with mental illness are benefiting from greater opportunities to live in community settings of their choice. While a supportive and successful home environment is only one facet of community living, it fulfills the basic need for shelter and, subsequently, can provide stability, a growing connection to the community, and ultimately sets the stage for an individual to follow his or her dreams.

Early Education Community Rallies Around the Partners In Excellence Program (P.I.E.)



In 2000, there were over 51,000 children, birth to five, in Delaware. Approximately 35,000 of these children attended licensed daycare. Preschool teachers report disruptive behaviors as the greatest challenge they face. National statistics estimate that the prevalence of problematic behavior is 10%... it is imperative that special interventions are available for those children exposed to separation, trauma, and life stressors. —The Framework for Emotional Wellness in Children

The State of Delaware has launched an interagency effort to address the needs of young children with social and emotional concerns and has articulated the goals and activities of that effort in the document, *Framework for Emotional Wellness in Young Children*. Developed through a collaborative process including families, state agencies, childcare providers, and mental health specialists, the *Framework* is designed to guide the State of Delaware to meet the needs of children’s emotional wellness. The *Framework* developers followed *Delaware’s Early Success Report*, a strategic plan for early care and education that was created by a steering committee comprised of early childhood experts, policy makers, and advocates. *The Framework for Emotional Wellness in Young Children*, states that its mission is to make sure that “Delaware commits to ensuring emotional wellness of all young children and their families within their communities.”

The *Framework* is intended for use by many groups and urges continued collaboration and involvement by all stakeholders, from educators to service providers. Ms. Betty Richardson, State Head Start Collaboration

Director, Delaware Department of Education, reports that support for the *Framework* and its goals is growing. This was apparent as over 100 stakeholders attended the August 7, 2003 unveiling of the *Framework*.

Several goals for the next five years were created through the *Framework*. These include:

- creating a governance structure that will implement the action goals of the *Framework* and *Early Success* strategic plans.
- implementation of systems that will measure the variety and quality of early childhood emotional wellness prevention, early intervention, and treatment services.

To motivate real action, specific completion dates for short- and long-term goals have been set and strategies for implementing the tasks are presented in the *Framework*.

The mental health community is already seeing the results. Ms. Richardson reports that stakeholders responded to a proposal, funded by the Head Start and Child Care Bureaus of the U.S. Department of Health and Human Services, to participate in a Partners in Excellence (P.I.E.) initiative. A Delaware consortium was formed using the *Framework* as a guide to meet the mental health needs of children in the state. In the spring of 2003 the group was awarded one of five national grants to operate a P.I.E. program based on the *Framework*. The University of Illinois at Urbana-Champaign will be partnering with Delaware to provide expert support as the P.I.E. program begins.

The goal of the P.I.E. program is to bring evidence-based practices to early childcare programs so that chal-

lenging behaviors can be prevented and positive behaviors can be supported. So far, the program has successfully organized how information will be brought to early childcare programs. Explicit and in-depth training for individuals involved in early childcare will be provided so that they, in turn, will be able to train co-workers and program partners in preventing challenging behaviors and supporting positive behaviors. Additionally, the P.I.E. program will provide ongoing support to trainers. At the conference in August, the P.I.E. program faculty completed their first orientation and “train the trainer” workshop for interested parties.

To successfully develop trainers, the Center for Disabilities Studies, through New Directions Early Head Start and the Community Education Program, partnered with the P.I.E. program.

The P.I.E. program is currently recruiting agencies and trainers to participate in this training, and about 60-80 people are expected to participate. Participants can come on their own or come from partnering agencies that are committed to the *Framework* and goals of the P.I.E. program. As well, there are site-based projects (New Directions Early Head Start, Telamon Early Head Start, and Delaware Early Childhood Center) that the P.I.E. program will be using as demonstrations for best practices of real-world applications of the content taught in the training sessions. Intense support will be provided to these sites by the P.I.E. program.

The training is open to everyone including teachers, childcare providers, counselors, nurses, instructors, and graduate students. Several training sessions have been scheduled. Contact Sandy Reidel or Betty Richardson at (302) 739-4667, for more information.

The Framework for Emotional Wellness is available at http://www.doe.state.de.us/early_childhood/Emotional/emotional.htm.

Making Connections: Thriving by Serving Others

For Penny Brodigan, living with a mental illness has become part of everyday life. Depression has affected and controlled her life since she was a teenager. When she was hospitalized last year and unable to continue working, she was unsure of how she would afford to live, and she did not know to whom she could turn. "In these past few years, it had hit me very hard. I've been hospitalized for it and was unable to work as of September of last year and have gone on disability because of my depression," recounted Ms. Brodigan.

Out of work and without an income, Ms. Brodigan found herself lost and confused. While hospitalized, a social worker talked about the National Alliance for the Mentally Ill in Delaware (NAMI-DE) and its housing program. Ms. Brodigan qualified for a subsidized housing program which allows residents to pay thirty percent of their adjusted income for rent and utilities. Ms. Brodigan pursued the housing opportunity, and she moved into a NAMI-DE-owned, two bedroom apartment last spring.

"It's been a good experience for me because being on disability, I couldn't afford to continue to live in the apartment I was living in before. I didn't know what I was going to do," Ms. Brodigan stated. "When I heard about NAMI-DE's program and applied, it was a big relief to know I had some place that I could afford to live. It's a problem for a lot of people with any type of illness that necessitates being on disability. Finding affordable housing is a really big issue."

Her personal experience with her depression and treatment has

opened another door for Ms. Brodigan. Three days a week, she works as a facilitator for the NAMI-DE Consumer Services Organization at the Activities Center and uses her energy and common experience to work with other people who have a mental illness. "It was after becoming involved with NAMI-DE in housing that I heard about the Activities Center, and I started coming here as a client and felt really comfortable. It's a really supportive environment, and it's run by people who have or have gone through mental illness themselves." Eventually, Ms. Brodigan became a support person for others at the Center. "Both Mike (a co-facilitator) and I have firsthand experience, and we understand what it's like to struggle with a mental illness, and that makes it a really great supportive environment to work in."

Approximately twenty people visit the Center daily and participate in different support groups, activities, and outings. There is a computer lab with web access and an area for training. The primary activity, however, is the informal conversation that includes everyone and is so crucial to the comfort level at the Center. NAMI-DE Executive Director, Rita Marocco shares, "The individuals who come to the activities center have various diagnoses of depression, OCD, schizophrenia, bi-polar, and anxiety disorders. As with all diseases, it is helpful to know that you are not the only person experiencing the symptoms of a disease."

Ms. Brodigan adds, "We try and hold group sessions, and we're also here to talk one-to-one



Penny (right), Mike (center) and a client work in the computer lab.

with people. We'll help people find the right people at the right agency. Just hooking up with the right group to meet and address their needs helps. We usually have a group of regulars that we see every day. A lot of people come because they feel it's a safe place, they feel comfortable, they feel accepted. A lot of times, out in the world at large, they don't." Ms. Brodigan continues, "I really get a lot of enjoyment out of working with other people and when I can help someone, it's a really great feeling. It's really done my self-esteem a lot of good, and I've gotten a lot out of it too, from hearing other people talk. I've learned a lot."

Ms. Marocco adds, "Penny's contribution to NAMI-DE's Consumer Services Organization (CSO) is immeasurable. She and a fellow facilitator mentor and give hope to individuals in varying stages of recovery from a host of diagnoses. Learning how to cope is essential to recovery of any disease. We learn best from those who went before us and are further down the road to recovery. Helping others also strengthens the recovery of those walking the same road."

To those who are dealing with a mental illness, Ms. Brodigan offers this advice: "If they aren't already, they should seek profes-

ANNOUNCEMENTS

Announcing the 6th Annual LIFE Conference

Mark your calendars now for the 6th Annual LIFE Conference to be held on January 22, 2004. LIFE stands for Liberty and Independence For Everyone and addresses the following topics: Legislation, Independence, Families, and Education. The conference will begin at 8:00 a.m. with a continental breakfast followed by the keynote speaker, Bobby Silverstein, Director of the Center for the Study of Advancement of Disability Policy. Mr. Silverstein's keynote address will focus on legislation and advocacy efforts at the local and national level.

For more info, contact Marsha Mills at the Developmental Disabilities Council by phone

at (302) 739-7193 or e-mail mmills@state.de.us.

Are you ready to work for a change in public policy?

Partners in Policymaking is a monthly workshop held in Dover between January and September. Participants will be trained and educated about various topics including: How to Meet Public Officials, Inclusive Education, Assistive Technology and Community Organizing. If you are interested in learning the steps to make positive changes for you or your family members with a disability, please call Marsha Mills at the Developmental Disabilities Council by phone at (302) 739-7193 or e-mail mmills@state.de.us.

sional help. A lot of times it's a process of trial and error. It's taken me several years to find the right combination of medication for me and a therapist. I feel like I've finally done that. I'm on medications that are working for me that have very few side effects. I'm working with a psychologist that I really feel comfortable working with. I've told people here that sometimes it's a hit or miss thing. If you feel like you're not getting the results that you would like, it's like anything else—shop around. It took me three years to find a therapist that I really felt like I could work with." She explained that sometimes it is "just hooking up with the right group to meet and address their needs."

Ms. Brodigan emphasized that there is no one-stop shop for services. "There are so many different agencies out there. It's sometimes a daunting task to find out

what's out there—especially when they're not feeling their best. The more people know about them [agencies], people can keep looking to find the help they need out there."

NAMI-DE and the organizations that provide services for people with mental illness positively impact the lives of the people they serve. Penny Brodigan credits her success to the support she has received from NAMI-DE and says they helped her to "take this step forward." The assistance in housing and the shared experience of others at the Activities Center has positively affected her recovery. "I don't worry about where I'm going to live or finding safe, clean affordable housing. It's definitely a big relief to not have that worry. And this is the first job I've had since I became unemployed. Just getting out and working has made a big difference."