

The NAMI Walks For the Mind of America is a little over 2 months away!

Location	Waterworks Park Des Moines, Iowa
Date	Saturday, October 6, 2007
Distance	3 miles
Check-in	8:30 A.M.
Start Time	10 A.M.

Ways you can help

Join a team, form your own team, or walk individually, raise money, and walk with us. Donate to the walk. Ask your employer or stores you frequent to make a donation. Be a Mile Sponsor for the walk for \$250. Higher levels are also available. Come to the NAMI Walks planning meetings – Aug. 10 and Sept. 14 at the NAMI Iowa office. Volunteer for the day of the walk – we need at least 60-75 volunteers. Write grants to help support the walk. Locate door prizes for the Kick Off luncheon. Locate food donations and walk bag donations for the day of the walk. Attend the Kick Off Luncheon on Wednesday, August 15 at the Hilton Garden Inn.

Each walker who raises at least \$100 will receive a free T-shirt.

We would love to have you join us on Saturday, Oct. 6. The walk will be an anti-stigma event as well as a fundraising event. Can you feel the goose bumps on the back of your neck envisioning hundreds of people openly showing their support by walking together? Together, we can accomplish so much.

Checks should be made payable to “NAMI Walks”. In the lower left hand corner of the check, please indicate “NAMI Greater Des Moines”. If NAMI Greater Des Moines is not indicated, we will not receive a portion of the funds donated. You can send the checks directly to NAMI Iowa at 5911 Meredith Drive, Suite E, Des Moines, Iowa 50322

Visit the website for more details: <http://www.nami.org/namiwalks/IA> e-mail: NAMIWALKSIAMGR@aol.com

The Walk Manager is Jay Brewer 515-321-8051.

Family to Family - the next class starts Thursday, August 30.

Family to Family Education - Take the 12 week course (1 night/week for 2-2 ½ hours) NAMI Family to Family educational course to obtain coping skills and information about mental illness. Severe mental illness is traumatic to the entire family - you might consider asking other family members to attend with you – a friend, a parent, spouse, a sibling, or one of your children (must be at least 14 years old).

Topics include brain biology, schizophrenia, major depression, mania and schizoaffective disorder, anxiety disorders, dual diagnosis, basics about the brain, problem solving skills, medication review, empathy and understanding, communication skills, self-care, recovery, and advocacy. Curriculum materials are provided by NAMI IOWA. A take home educational packet on PTSD is a new addition to the curriculum.

Call the NAMI office –254-0417 or Teresa - 274-6876 or Sharon 988-5151 to sign up. E-mail is tbomhoff@mchsi.com or msriving@hotmail.com. Classes will be held at the NAMI Iowa office at the corner of Meredith & Merle Hay – the office is located in a building behind the Quiktrip – 6:30 P.M. to 9 P.M.

Visions for Tomorrow - the next class starts Wednesday, September 19.

Sign up for the next “Visions for Tomorrow” class. **What is Visions for Tomorrow?** VFT is an educational program for people who are raising or working with children and adolescents who have behavioral disorders or mental illnesses. The curriculum is designed to help parents, foster parents and other caregivers face the day-to-day challenges; learn the facts; and find support, resources, and strategies to cope. The 12 workshops of the parent course are usually taught over a series of eight class sessions. There is no charge to attend VFT classes or workshops. Curriculum materials are provided by NAMI IOWA.

Workshop topics include:

- 1) Understanding How the Brain Works
- 2) AD/HD, Oppositional Defiant Disorder, Conduct Disorder, Borderline Personality
- 3) Bipolar Disorder, Depressive Disorders, Suicide
- 4) Schizophrenia, Schizoaffective Disorder, Autistic Spectrum Disorders, Tourette Syndrome
- 5) Anxiety Disorders, Reactive Attachment Disorder, OCD, Eating Disorders
- 6) Empathy, Sharing Our Unique Life Experiences (SOUL)
- 7) Organization of Data and Record Keeping, Communication Skills
- 8) Problem Management, Coping and Self-Care
- 9) Transitions, Rehabilitation
- 10) Recovery, Detours, Alternative Treatments, Types of Therapy
- 11) Stigma, Advocacy, Judicial System
- 12) Graduation

Call Diane 273-5054 or Susan 242-7556 or the NAMI office 254-0417 to sign up – E-mail: itsdianej@aol.com. Classes will be held at the NAMI Iowa office at the corner of Meredith & Merle Hay – the office is located in a building behind the Quiktrip – 9:30 A.M. to 11:45 A.M.

Education Meetings are generally the 1 st <u>Sunday</u> of the month from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room. Dates on Sundays other than the 1 st Sunday of the month are due to holidays or other special scheduled events. See the next page for support groups.		Business and Committee Meetings are the 2 nd <u>Thursday</u> of the month at 5 P.M. at the NAMI-Iowa Office. <ol style="list-style-type: none"> 1. Business 2. Marketing and membership 3. Support 4. Education 5. Advocacy 6. Fundraising 7. Special Events 	
	Tues., Wed., and Thursday July 31-Aug. 2	Iowa Consumer Empowerment Conference at the Best Western Regency Inn in Marshalltown. For more information, direct your inquiries to: Iowa Empowerment Conference, 1 West Grant St., Apt. 109, Marshalltown, Iowa 50158 or call toll free to 1-800-525-2495 pin #00 ask for Kathy. Contact the Office of Consumer Affairs at 1-877-338-2767 or email < jholvec@dhs.state.ia.us for more information on stipends to attend the conference.	
Sunday, August 5 2 PM	The topic will be an Introduction to WRAP – Wellness Recovery Action Plan Program – our speaker will be Deb Guthrie, a Psychiatric Rehabilitation Practitioner from Res-Care, Inc.	Thursday, August 9 5 PM	We will be discussing and planning around 7 topic areas.
	Friday, August 10	NAMI Walks Volunteer/Committee Meeting at NAMI Iowa office, 5911 Meredith Drive, Des Moines – 1:00 P.M. to 2:30 P.M.	
	Wed., Aug. 15 * * * * *	Kick Off Luncheon for NAMI Walks at the Hilton Garden Inn, just north of the 86 th Street exit in Johnston. Watch for your invitation. If you don't get an invitation – ask for one. We need RSVP's to have an accurate count for the food.	
	Tues., Wed., Thurs., Aug 28-30	The Third Annual CIT National Conference will be this August 28 th -30 th in Memphis, TN. See inside for more details and possible scholarships to attend.	
Sunday, Sept. 9 2 PM	The topic will be Estate Planning – including information on Special Needs Trusts . Our speaker will be Frank Vavaris, a disability counselor/planner. Nominations due for election in November.	Thursday, Sept. 13 5 PM	We will be discussing and planning around 7 topic areas.
	Friday, Sept. 14	NAMI Walks Volunteer/Committee Meeting at NAMI Iowa office, 5911 Meredith Drive, Des Moines – 1:00 P.M. to 2:30 P.M.	
	Sept. 14-16	Visions for Tomorrow Teacher Training in Des Moines (see first page of the newsletter)	
	Sept. 14-16	Family to Family Teacher Training (see first page of the newsletter for more details)	
Saturday October 6 * * * * *	NAMI WALKS FOR THE MIND OF AMERICA Des Moines Waterworks Park – 3 mile walk 8:30 AM check-in 10:00 AM Start time	Thursday, Oct. 11 5 PM	We will be discussing and planning around 7 topic areas.
	Tuesday, Oct. 9	National Day of Prayer for those with Mental Illness	
	Tues., Wed., - October 9-10	"Recovery – Under Construction" – the State Mental Health Conference in Ames at the ISU Scheman Center – contact becky@trainingresources.org or call 309-3315	
	Thurs., Oct. 11	National Depression Screening Day	
	Thurs., Oct. 11	Bipolar Awareness Day	
	Nov. 1-4	Training for Consumers to become a support group facilitator for NAMI Connections Support Recovery Groups .	
Sunday, November 4 2 PM	Part 2 - Understanding Social Security and the Appeal Process – our speaker will be Steve Moats. 2008 Elections for Officers & Board Members	Thursday, Nov. 8 5 PM	We will be discussing and planning around 7 topic areas
	Nov. 16-18	Visions for Tomorrow Teacher Training in _____	
	Thursday, Friday Nov. 29-30	NAMI Iowa Fall Conference at the Hilton Garden Inn, just off I-35 at 86 th St., in Johnston.	
Sunday, December 2 2 PM	The topic will be "Partial Hospitalization" – our speaker will be Becky James from Broadlawns.	Thursday, Dec. 13 5 PM	We will be discussing and planning around 7 topic areas

A Peer to Peer class is being formed. If you would like to attend the class, please contact Dawn Olson at dawnao@iowatelecom.net or call the NAMI Iowa Office at 254-0417 to sign up.

Topics addressed are: relapse prevention, stigma, symptoms of different psychiatric diagnoses, sleep, addictions, spirituality, medication, coping strategies, mindfulness, decision making, advance directive for mental health care decisions, empowerment and advocacy.

RESOURCES – RESOURCES - RESOURCES

SUPPORT GROUP MEETINGS

Third Sunday of the month - Family members, if you are interested in participating in a family support group, please contact Glenn Hobin IowaGH@aol.com or call 965-9799 - or contact Grace Sivadge 961-6671. Meetings are at Park Avenue Christian Church, 3219 SW 9th St., Des Moines – 2:30 – 4:00 P.M.

First Monday of each month -6:30 – 8 PM - a support group for parents and caregivers of children with severe emotional disturbance (SED) or mental illness – meets at the Child Serve Center – 5406 Merle Hay Rd, Johnston. For more information – call Diane at 255-8157 or Mary Ann at 883-8014.

Every Monday evening – 7-8 PM – Broadlawn's-1801 Hickman – dual diagnosis support group “Double Trouble and Recovery” – in lower level – Sands Kitchen-call Julie at 282-6793

2nd & 4th Mondays of each month – 7 P.M. – For depression and anxiety disorders only – WestView Church, 1155 SE Boone, in Waukee. Call Julie at 710-1487 or E-mail at candlesinthedarkness@mchsi.com

Every Tuesday evening – 8-10 P.M. - Recovery Inc., a self-help group for people who have nervous and mental troubles – at St. Mark's Episcopal Church, 3120 E. 24th St., Des Moines – Call 266-2346 – Marty Hulsebus.

Every Thursday at 2:00 P.M. - Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at Central Iowa Center for Independent Living, 665 Walnut St., Des Moines – Call 237-0232 – Mark Grunzweig.

Every Thursday evening – 7:45 – 9:45 P.M. – Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at St. Timothy's Episcopal Church, 1020 24th St., in West Des Moines. Call – 277-6071-Deb Rogers.

Every Saturday morning – 10 A.M. A group of people who have depression will meet at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175.

Every Saturday afternoon – 2:00 – 3:30 P.M. – the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. This is a support group for consumers.

Coping After a Suicide Support Group – Polk Co. Crisis and Advocacy Services – Contact: Chris 515-286-3887 Meeting day – 2nd Thursday of each month 6-7:30 P.M. and last Saturday of each month 9-10:30 A.M. Meeting place is 525 5th Avenue, Suite H. Victim Services Phone: 515-286-3600

Do you know of other support groups in the Des Moines area that we should list in our newsletter?

Suicide Hotline 1-800-273-TALK (8255)



Warning: Regular or heavy alcohol use can worsen most psychological states, such as anxiety, depression, bipolar, schizophrenia, or eating problems. Alcohol can change the way a person feels in the short run; however, the overall effect only worsens a disorder. Marijuana and other drugs can have similar or more serious effects on the brain.

911

If you have a mental health crisis in your family and need assistance – call 911. Be clear with the dispatcher what the situation is, that it is a mental health crisis, and you need the DM Mobile Mental Health Crisis Unit to assist. The goal is to keep everyone safe and to seek the appropriate level of assistance for the ill family member or friend.

The first people to arrive to the situation will be Des Moines police officers. When DM Mobile Mental Health Crisis Unit staff arrive, an assessment will be made whether transport to a medical facility is necessary, and medication can be administered if necessary. A psychiatrist is always on call to help make those determinations and authorizations.

DM suburbs also use the mobile crisis team services – their officers make the decision whether or not the mobile crisis team is called.

We hope you are enjoying the newsletter we are sending you. If you've come to our once a month affiliate meetings, we hope you've obtained useful information.

Please help to support our organization by becoming a member of NAMI Greater Des Moines.

Dues are:

\$35.00 Family/Individual
\$ 3.00 Limited income
\$50.00 Professional

Send to: Don Jayne, Treasurer
1291 16th St.

West Des Moines, IA 50265
*Please make the check payable to
NAMI GDM*

If you would like to make a **donation** instead of becoming a member, please send your donation to our Treasurer, Don Jayne.

Thanks for your generosity!

With a membership to NAMI Greater Des Moines – you help to support all 3 levels of the NAMI organization.

NAMI GREATER DES MOINES

President and Editor of Newsletter	
Teresa Bomhoff	274-6876
<i>E-mail: tbomhoff@mchsi.com</i>	
Vice-President – Diane Johnson	
	255-8157
<i>E-mail: itsdianej@aol.com</i>	
Treasurer – Don Jayne	
	225-8912
<i>E-mail: dojayne@hotmail.com</i>	
Secretary – Sharon Browne	
	988-5151
<i>E-mail: msrvliving@hotmail.com</i>	
Board members	
Kevin Lind	208-6250
<i>E-mail: Kevin.lind@performancefinishinc.com</i>	
Glenn Hobin	965-9799
<i>E-mail: IowaGH@aol.com</i>	
Diane Banasiak	334-5159
<i>E-mail: diban@aol.com</i>	

Please notice we have a new Vice-President – Diane Johnson and a new Board member – Diane Banasiak. – both great additions to NAMI Greater Des Moines leadership!



Volunteer for Bipolar Genetics Study and Major Depression Study at the Univ. of Iowa

You can contact the U. of Iowa directly by calling Nancy Hale at the toll free number (888) 850-8531 if you are interested in participating in genetic studies for either bipolar or early onset depression research programs.

Several Schizophrenia Studies are also at the U. of Iowa

Toll free inquiries may be made at 800-777-8442. Ask for Jane Kerr or Tim Holman.

The University of Iowa Mental Health Clinical Research Center has multiple studies available:

To participate, contact Frank Fleming, BS, BSN
Phone toll free: 1-877-575-2864

The National Institute of Mental Health (NIMH) also has several studies. For more information, go to:

<http://www.nimh.nih.gov/studies/index.cfm>



Assistance with Prescription Cost

Polk County residents without full health insurance coverage can save on prescription drugs under a county sponsored drug discount program. For a complete list of card locations or a list of participating pharmacies, call 286-3895. **and**

The Partnership for Prescription Assistance - Call 1-888-477-2669 or visit www.pparx.org to see if you may qualify for a variety of programs available. **and**

Patients who lack prescription drug insurance and are not eligible for Medicare - call 1-800-444-4106 or visit the [Together Rx Access Web site](#) for the Together Rx Access™ Card.

BECOME A VOLUNTEER for NAMI Greater Des Moines

These are some of our volunteer needs for 2007. If you see an opportunity to help out, please e-mail tbomhoff@mchsi.com or leave a voice mail at 274-6876.

Teacher or Support Group Facilitator – would involve a weekend of training to become a teacher as well as teaching at least 2 classes in two years.

- For Family to Family educational classes
Teacher training will be Sept. 14-16 (see next column)
- For Visions for Tomorrow educational classes
Teacher training will be Sept. 14-16 (see next column)
- For Peer to Peer educational classes
- For Provider educational classes
- Parents and Teachers as Allies team presenters
- Support Group facilitator (involves once a month 2-1/2 hr commitment of time)

Committee assignments:

- Justice issues – would include VHM (Virtual Hallucination Machine) events – help out with events at organization meetings and locations and conferences – normally a day long commitment at a time
- Legislative issues
- NAMI on Campus – DMACC, Drake
- Education – implementing educational courses in the school systems and colleges on mental illness.
- Where Do I Turn to Now? – assembling information for persons with mental illness (and family members) while hospitalized and for use after release.



Training for Family to Family teachers and Visions for Tomorrow teachers September 14-16.

Who may teach Family to Family?

Are you willing to help family members of adults face the challenges of mental illness and find insight, understanding and empowerment? Applications are being accepted for 2007 Family to Family volunteer teacher training sessions September 14-16 (location to be determined).

Teachers are volunteers who have a family member who has a serious mental illness and agree to teach the course at least once per year for two years. They are persons who are comfortable with emotional issues families face and able to self-disclose regarding guilt, anger, shame, ambivalence and grief. They must submit an application form and signed agreement and have completed three day training, expenses paid by NAMI IOWA.

CONTACT: Carol Porch, Family to Family Coordinator, NAMI IOWA 5911 Meredith Drive, Ste. E, Des Moines IA 50322-1903
Phone: 319-351-3498 (Carol's home phone) 515/254-0417, 800/417-0417 (outside Des Moines) email: porch@avalon.net or nameducation@mchsi.com.

Who may teach Visions for Tomorrow? Teachers are volunteers who are parents, extended family, or foster parents who have experience raising a child or adolescent who has a behavioral disorder or mental illness. They attend a weekend training session, expenses paid by NAMI IOWA. The training begins at 6:30 pm on Friday and ends by 2:00 pm on Sunday. Teachers agree to teach the parent course twice in two years and/or present foster parent or caregiver workshops.

Contact: Jackie Elfmann, VFT State Coordinator, NAMI IOWA—Alliance for the Mentally Ill of Iowa
5911 Meredith Drive, Ste. E, Des Moines IA 50322-1903 Phone: 515/254-0417 or 800/417-0417
email: nameducation@mchsi.com



State Mental Health Planning Council

The State Mental Health Planning Council is looking for volunteers to serve on the council in the category of parents of children with severe emotional disorder.

Teresa Bomhoff, President of NAMI Greater Des Moines, serves on the council as a parent of adult children with severe mental illness.

If you are interested, please contact Sue Bakker at sbakker@dhs.state.ia.us and ask for the MHPC Application.



Paxil Pediatric Class Action Settlement – Payments Available

Please be advised of a national settlement in a lawsuit that alleged GlaxoSmithKline, the maker of Paxil and PaxilCR, concealed information about the safety and effectiveness of prescribing Paxil for children.

Under the terms of the settlement, anyone that purchased Paxil or PaxilCR for a minor child or ward is entitled to recover 100% of their documented out-of-pocket costs for purchasing Paxil or PaxilCR. Those who are unable to document their purchases are still able to recover up to \$100.

In order to receive payment, parents and guardians must submit a claim form that must be received by August 31, 2007.

For more information about the settlement or to download a request a claim for, you can visit paxilpediatricsettlement.com or call toll-free (866)494-8404.



THIRD ANNUAL CIT CONFERENCE WORKSHOP

The Third Annual CIT National Conference will be this August 28th-30th in Memphis, TN. The program will examine the development, implementation, advancement and effectiveness of Crisis Intervention Team training. To learn more about the conference, please visit the [Memphis Police Department](#) website. NAMI is offering a limited number of scholarships to cover registration and lodging for consumers and family members who otherwise would not be able to attend. For more information about the scholarships, please contact Laura Usher at laurau@nami.org. Regrettably, we cannot accommodate all applicants; however, we encourage eligible consumers and family members to apply.



The Iowa Empowerment Conference 2007 Joining Hands to Help Keep Hope Alive

The Consumer Conference for individuals with mental illness will be held Tuesday through Thursday July 31-Aug. 2 at the Best Western Regency Inn in

Marshalltown, Iowa. For more information, direct your inquiries to: Iowa Empowerment Conference, 1 West Grant St., Apt. 109, Marshalltown, Iowa 50158 or call toll free to 1-800-525-2495 pin #00 ask for Kathy. Registration Costs:

- \$230 for registration, meals, lodging
- \$150 for registration and meals, no lodging
- \$100 for one day only with meals

Can you raise the money on your own? Look into alternative sources for funding. Will your county CPC (Central Point Coordination) or other community organization pay for the conference? If you are denied funding from other sources, there are a limited number of stipends available. These stipends require a \$30.00 co-payment. Contact the Office of Consumer Affairs at 1-877-338-2767 or email < jholvec@dhs.state.ia.us > for more information.



Words That Can Help

Jack Holveck from the Iowa Office of Consumer Affairs sent the following article for us to share with you. Thanks, Jack. It is from the February 2002 issue of the Mental Health

Recovery Newsletter, which is published by Mary Ellen Copeland and Ed Anthes (copeland@mentalhealthrecovery.com):

If you are having a hard time, what can others say to you that would be helpful? Often when you are having a hard time, others don't know what to say. In their efforts to be helpful, they may say things that are really upsetting like, "snap out of it", "pull yourself up by the boot straps" or "just go take a hot bath". You may want to talk with them about this, telling them what helps and what hurts.

Participants at a recent training came up with the following list of things others could say that would be helpful. Which ones would be helpful to you? Can you think of others?

- You're doing well.
- How can I help?
- I'm here for you.
- We can work together through this.
- It's OK to feel like that.
- I accept you and love you the way you are.
- What do you need at this time?
- You've come a long way.
- You're a strong person.
- I admire your courage in dealing with this pain.
- I encourage you.

Don't give up.
I can't promise, but I'll do my best to help.
I don't understand. Please tell me what you mean.
Tell me how you feel.

Source: Mary Ellen Copeland, P O Box 301, West Dummerston, VT 05357- phone (802) 254-2092 fax (802) 257-7499 - Website <http://www.mentalhealthrecovery.com>



Hearts and Minds, online

To manage mental illness, free on-line video and workbook focus on diet, exercise, smoking cessation

Treating mental illness does not depend on medication or talk therapy alone. It's a matter of mind and body, especially the heart.

The National Alliance on Mental Illness (NAMI) is making its "Hearts and Minds" program available for the first time, free of charge, through a video and workbook at www.nami.org/heartsandminds.

"Too often, the medical profession and society focus on mental illness alone—which may stigmatize a person. Any individual living with a mental illness needs to be treated as a whole person," said NAMI medical director Ken Duckworth, M.D., who narrates the video."

The Hearts & Minds program supports self-management of chronic illnesses such as major depression, bipolar disorder and schizophrenia through a comprehensive approach that focuses on whole body health, including diet, exercise, and smoking cessation.

"You should never have to choose between a healthy mind and a healthy body," says a woman in the video. "Everything has to work together in order for you to be well. You have to take care of yourself from the top of your head to the soles of your feet."

People with mental illnesses are more prone to die from heart disease than the general population. This is due to higher levels of smoking, diabetes, poor diet and inactivity, all things that people have control over, but pose greater challenges when mental illness is involved.

The 26 page workbook offers shopping tips, a food substitution guide, recipes from a variety of cultures, and general healthcare guidelines. The 13 minute video features commentary about the importance of healthy lifestyles from both men and women who have made positive changes in their lives.



Volunteers Needed for the Day of the NAMI Walks For the Mind of America

Making the balloon arch (4-5)

- Set up Volunteers (5-15)
- Volunteers for Check-in Tables (20)
- Volunteers for Check-In Special Assistance (Problem) Table (2)
- T-shirt Table (3)
- Refreshment Area (3)
- Information Tables Area (1)
- Packet Stuffers (6)
- Route Monitors (2)
- Rest Stop Area (2)
- Stage/Program Manager (1)
- Start/End Point Manager (1)
- Event Photographers (2)
- Videographer (1)
- Making balloon animals for the kids (2-3)
- Massage therapists (6 or more)

Call the walk manager – Jay Brewer - if you'd like to volunteer – 515-321-8051

Provider Education

NAMI IOWA and Magellan Behavioral Care of Iowa offer the Provider Education Course - a 10-week training providing behavioral health practitioners with a penetrating, subjective view of mental illness presented through lecture, discussion and handouts.

The Provider Education Course has been completed at Magellan's offices in Des Moines and at the Mental Health Institute at Independence.

The course helps providers realize the hardships that families and consumers endure and appreciate the courage and persistence it takes to find ways to reconstruct lives.

CEU's were arranged for social workers, mental health counselors, marital/family therapists, registered nurses, and certified alcohol/drug counselors.

The Provider Course emphasizes the involvement of consumers in the challenging work of provider-staff training. The teaching team consists of five people: two family members trained as NAMI Family-to-Family Education Program teachers; two consumers who are knowledgeable about their own mental illness, have a supportive relationship with their families, and are dedicated to the process of recovery; and a mental health professional who is also a family member or consumer.

The course reflects a new knowledge base, the "lived experiences" of coping with a brain disorder or caring for someone who struggles with this life-long challenge. Including this deeply personal perspective creates an appreciable difference in the program's content. It adds a means of teaching the emotional aspects and practical consequences of these illnesses in addition to the academic medical information in the course.

The Provider Education course is designed for line staff at public agencies working directly with people with severe and persistent brain disorders.

Course components:

- Orientation
- Clinical Bases
- 3 Major Mental Illnesses
- Types/Subtypes of Mood Disorders/Diagnosis of panic Disorder, Obsessive Compulsive Disorder and Co-Occurring Brain and Addictive Disorders, interventions which are effective for Family in Stage 1 Crisis
- Research into the Biological Basis of Mental Illness
- Medication review
- Inside Mental Illness
- Responding Effectively to Families in Stage 2
- Meeting the whole family/problem solving
- Why advocacy?/Helping Families in Stage 3

If you are interested in having the Provider Education course at your business or organization – please go to our website www.nami.org/sites/NAMIGreaterDesMoines and click on educational courses to reach an application form or call the NAMI Iowa office at 254-0417.

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. Letters can be sent to: Teresa Bomhoff, 200 S.W. 42nd St. Des Moines, Iowa 50312 or E-mail: tbomhoff@mchsi.com

Parents and Teachers As Allies



This 2 hour in-service program is for Teachers and other school professionals, school nurses, social workers, medical residents, education majors at colleges, juvenile probation officers, court appointed advocates – CASA volunteers, and many others.

The program is presented by an education professional who is also a family member, a facilitator/family member, a parent or caregiver of a child with mental illness, and a mental health consumer that experienced the early onset of mental illness.

Components

Welcome and Introductions
Early Warning Signs of Mental Illnesses
Family Response
Living with Mental Illness
Group Discussion
Closing Remarks and Evaluation

To have this program at your school or organization– please contact Diane Johnson 255-8157 E-mail: itsdianej@aol.com or DLJohnson@magellanhealth.com

Do you know of a conference, school function, wellness fair, or an organization in our community where NAMI Greater Des Moines could make a presentation or attend with resource material?

If you have a request or referral, please e-mail Teresa at tbomhoff@mchsi.com.

MENTAL ILLNESS: THE FACTS

From NAMI: In Our Own Voice

Mental illnesses are brain disorders. They are not defects in someone's personality or a sign of poor moral character or lack of faith. They certainly do not mean that the ill person is a failure. Chemical imbalances in the brain, from unknown or incompletely known causes, are much of the reason for symptoms of mental illnesses.

Mental illnesses are like other organ diseases in which body chemistry changes. The abnormal chemistry of mental illnesses affects brain function the same way that too little or too much of other body chemicals damage the heart, kidneys or liver.

A heart attack is a symptom of serious heart disease, just as hearing voices, mood swings, withdrawal from social activities, or feeling out of control are common symptoms of a mental illness.

Mental illnesses can affect people of any age, race, religion, education or income level. As you read this, five million people here in the United States are dealing with serious, chronic brain disorders.

Major brain disorders include schizophrenia, bipolar disorder (manic-depression), major depression, anxiety disorders, and obsessive-compulsive disorder.

There are many points on the continuum of wellness, and different degrees of recovery that can be reached with medication, therapy, and a strong support system

Federal Legislative Issues

www.nami.org/advocacy

Contact information for members of Congress
Capitol Switchboard 1-202-224-3121

Contact via E-mail can be made directly through their web sites.

<http://grassley.senate.gov/> <http://harkin.senate.gov/>
<http://www.house.gov/boswell/> <http://www.tomlatham.house.gov/>
<http://www.house.gov/steveking/> <http://www.braley.house.gov/>
<http://www.loeb sack.house.gov/>



NEW PRESIDENTIAL PRIMARY MATERIALS AVAILABLE

NAMI is committed to raising awareness of mental health issues in the presidential primaries. In preparation, NAMI has developed a variety of presidential primary campaign materials to help our state organizations and members educate and impact federal campaigns. Our tag line, "Bringing Mental Healthcare to the Ballot," ties NAMI's issues in with a leading campaign issue, healthcare, while our policy action agenda provides an understandable framework and key information on a range of federal mental health policy issues.

[Ten Simple Ways To Make A Difference](#) (tips on how to engage campaigns)

[Policy Action Agenda](#) (introduction and full federal policy recommendations)

[Action Agenda Summary](#) (one-page summary of Action Agenda recommendations)

[Candidate Questions](#) (questions suitable for use in public forums)

[2008 Presidential Primary Schedule](#)

[NAMI Fact Sheet](#) (updated fact sheet for campaign staff or organizations that are unfamiliar with NAMI)

These materials, though developed for the presidential primaries, can also be used to engage congressional campaigns, in partnering with other organizations who share similar interests and goals in one or more policy areas (e.g. health disparities or criminalization), and to familiarize the public and media with key mental health issues.

For questions or more information, please contact Angela Kimball, Director of State Policy, at (703) 859-4142 or angelak@nami.org.



The Vocational Rehabilitation and Employment Program (VREP),

under the U.S. Department of Veterans Affairs, helps veterans with service-connected disabilities find appropriate employment, maintain career goals, and find independence in their daily lives. VREP counselors help veterans assess their disabilities and career outlook with consideration of each individual's interests and aptitude. They also provide much needed counseling to help our veterans make a smooth transition back to civilian life. For more information on VREP or to find out if you qualify, visit www.vetsuccess.gov, or call (800) 827-1000 and ask about VREP.

A new scholarship opportunity is available through the **Sentinels of Freedom Scholarship Foundation**, a nonprofit, community-based scholarship program that supports severely injured veterans. Services can include rent-free housing adapted for physical needs, new furniture, household supplies, and new adapted vehicles. The scholarship recipients also receive career-placement assistance, education opportunities, and personal mentorship. Go to <http://www.sentinelsoffreedom.org/> for more information.



2 part series in the Washington Post

Excerpt from "The War Inside"

"By this spring, the number of vets from Afghanistan and Iraq who had sought help for post-traumatic stress would fill four Army divisions, some 45,000.

They occupy every rank, uniform and corner of the country. People such as Army Lt. Sylvia Blackwood, who was admitted to a locked-down psychiatric ward

in Washington after trying to hide her distress for a year and a half [Washington Post, June 17, story on page A13]; and Army Pfc. Joshua Calloway, who spent eight months at Walter Reed Army Medical Center and left barely changed from when he arrived from Iraq in handcuffs; and retired Marine Lance Cpl. Jim Roberts, who struggles to keep his sanity in suburban New York with the help of once-a-week therapy and a medicine cabinet full of prescription drugs; and the scores of Marines in California who were denied treatment for PTSD because the head psychiatrist on their base thought the diagnosis was overused.

They represent the first wave in what experts say is a coming deluge."

Excerpt from "Little Relief on Ward 53"

"Even on high doses of sedating drugs, Calloway's rage crackled, and one night he started breaking things outside Mologne House. He was again taken to the ER, where he screamed that he wanted to kill his psychiatrist.

Finally, Calloway got what he wanted -- a new doctor. Lt. Col. Robert Forsten had served in Iraq and had published studies on combat stress. Right away, Calloway noticed Forsten's combat badge and his listening skills. Forsten agreed that the violence of Iraq was transforming and harrowing but said it should not define the rest of Calloway's life. The doctor also tried to reframe the experience. "You're a soldier," he said, according to Calloway. "You went to Iraq. You did your job."

Something clicked for Calloway. But it was so late in the game. His physical evaluation board process was nearly complete, and he would be going home soon. His worries turned to what diagnosis the Army would give him and how he would be rated for disability pay. His case worker had told him that she could not locate anyone at Fort Campbell to provide written proof that he had witnessed a traumatic event in combat. Forsten picked up the phone and within days had an official statement:

"During a routine route clearance in August 2006, PFC Calloway's team leader (SGT Vosbein) was clearing a suspected IED crater while PFC Calloway was inside his M1114. SGT Vosbein stepped on a crush wire that detonated 2X155 mm artillery shells. The detonation killed SGT Vosbein and knocked the remaining soldiers to the ground. PFC Calloway came to the site and saw his team leader blown apart into several pieces."

Forsten would soon get another assignment and leave Walter Reed.

The evaluation board diagnosed depression and chronic PTSD in Calloway, and ruled that his conditions had a "definite impact" on his work and social capabilities. He was given a temporary disability rating of 30 percent, which meant he would get \$815 a month. He would be reevaluated in 2008. He would report to the VA hospital in Cincinnati for treatment when he got home.

After eight months at Walter Reed, Calloway showed "some improvement of his symptoms," according to his medical records. But his step-grandfather, Greg Albright, who came from Ohio to help him pack, was astounded at his volatility. "He's a grenade with the pin half-out," Albright said.

Even on his last night, Calloway avoided the open grassy spaces in front of Mologne House. He chain-smoked under the awning. He wondered what home would be like. At dawn the next morning, he set out for Ohio, a combat infantry sticker on the bumper of his car."

From the NAMI National Conference

Veterans: A Critical Concern

June 25, 2007

More Vietnam veterans have died from suicide since the war ended than the approximately 55,000 soldiers who were killed directly during the conflict in the 1960s and 1970s.

Loud gasps were heard from the audience when U.S. Representative Bob Filner, chairman of the House Committee on Veterans Affairs, offered this statistic while speaking before the annual convention of the National Alliance on Mental Illness (NAMI) in San Diego. Congressman Filner spoke during the last day of the convention, June 23.

Filner called on mental health professions, schools, churches, employers, and other community leaders to provide support to returning service men and women, and encourage them to start with education about mental illnesses.

His remarks come at a time when strong concerns have been voiced about the Pentagon's mental health care system and policies as well as VA treatment.

Immediately before Filner's remarks, the Hartford Courant of Connecticut received NAMI's Outstanding Media Award for investigative reporting for a series of stories last year which revealed that soldiers with post-traumatic stress disorder were being sent to the front lines in Iraq while taking medication for this illness but without receiving counseling or monitoring as part of their overall treatment. The series sparked Congressional hearings and was a finalist for a Pulitzer Prize earlier this year.

Describing reforms that have occurred in recent years, John Bradley, a consultant to NAMI's National Veterans Council, said, "The system is really exhausted right now," with turnovers in leadership reflecting almost a "panic."

Horvath estimated that only about 15 percent of medical professionals in the VA system are committed to reform and providing leadership for it. About 50 percent are going it alone but not providing leadership. The remainder are either reluctant to reform or "dead-set against it."

State Legislation

Here are 3 places on the web to access E-mail to figure out who your legislators are, to contact your legislators, get mailing addresses, and phone numbers.

<http://www.infonetiowa.com/> - Also has the latest on legislation and the progress of the Mental Health Redesign.

<http://www.legis.state.ia.us/>

www.nami.org/advocacy

[Treatment Advocacy Center Editor's Note: People with severe mental illness do not choose to be far more likely to be incarcerated, homeless, or victimized - nor do they select to make it many times more probable that their death will be by their own hands.

Those results are not symptoms of these illnesses, but they are products of them.]

THE FACTS OF SUICIDE

By Herb Perry, Portsmouth Herald News (NH), June 07, 2007

Two longtime friends who still live in New York City recently told me that at the depths of their despair, they had put loaded guns in their mouths and contemplated pulling the triggers.

The friends - one a man, the other a woman - don't know each other, live in different circumstances and exhibit markedly different personalities. And yet each decided life was not worth living. Their

hauntingly similar stories of sitting alone in the dark, armed with a handgun and considering using it to end their lives, scared and angered me. Such a story would scare anyone. The anger I felt stemmed from the fact that they both have family members who love and need them dearly, and, selfishly, I didn't want to see them go.

And since I once also contemplated suicide when my illness -- schizoaffective disorder - seemed to have conquered me, I can't and won't judge them. During their dark days, they also suffered from mental illness, which is a risk factor for suicide.

"Suicide is almost always associated with mental illness," Patrick Maidman, medical director of Counseling Services Inc., in York County, Maine, told me this week. I sit on the board of CSI and Maidman and staff members often present information about mental illness they feel the board ought to know. At one board meeting, staff members talked about suicide.

Depression is the obvious illness associated with suicide and suicide attempts, but Maidman said bipolar disorder, anxiety disorders and schizophrenia - among other illnesses - are also linked to suicidal thoughts.

"Most people who commit suicide have a diagnosable and treatable mental illness," Maidman said.

In 2004, 32,439 Americans killed themselves, 52 percent with handguns, placing suicide the 11th leading cause of death in the United States. However, Maidman points out that suicide is underreported. He said the reckless behavior of adolescents in particular often borders on suicidal. Yet deaths related to such behavior - crashing a car into a tree, for example - are attributed to other causes, such as driving too fast and driver inexperience, when, actually, the teen was trying to kill himself.

"There's a fine line between risk taking and suicidal behavior," he said.

For young people 15 to 24 years old, suicide is the third leading cause of death. Strikingly, suicide rates increase with age and are highest among Americans age 65 years and older.

Maidman said that, while suicide is not predictable, there are risk factors that point to suicidal behavior. So if certain behavior indicates someone you know may be suicidal, Maidman urges you to get that person to a doctor to get treatment.

He suggests asking the question, "Do you feel suicidal," citing evidence that suggests asking a person about suicide does not make him or her suicidal.

He said a surprisingly high incidence of high school seniors have thought about suicide. "Thoughts are not actions. The more you find out about thoughts, the more you can prevent actions."

RISK FACTORS

--Suicide ideation

--Fantasies about suicide: Positive fantasies about death or aftermath.

--Social isolation: Few relationships, showing loss of interest in friends or pleasure in usual activities.

--Hopelessness: Expressed feelings of hopelessness, despair, guilt, helplessness, inability to articulate reasons for living.

--Sudden mood change: Sudden, unanticipated signs of improvement in mood, sudden disappearance of depressed or other symptoms. Suddenly becoming calm and resolved.

--Perception of current emotional state and perceived choices.

Belief that current emotional pain is intolerable and inescapable, unable to think of alternate reasons, viewpoints or choices. Belief

- that suicide is the only option to relieve pain.
- "Personality" variables: Hostility, perfectionism or overly responsible behavior (which leads to self-blame and guilt), level of impulsivity, pessimism, dependency, rigidity.
 - Change in appetite or weight: Suddenly eating less or losing weight.
 - Change in sleeping patterns.
 - Decrease in activity level and response rate: Speaking and/or moving with unusual speed or slowness, decrease in sexual drive, diminished ability to think or focus. Complaining of, or displaying reduced energy level.
 - Preparation for the care of the care of those left behind.
 - Gender: Male (succeed more), female (attempt more)
 - Race: White, Native Americans, Native Alaskans.
 - Age: Elderly, teens, young adults.
 - Marital status: separated, widowed or divorced.
 - Employment: Loss of job or change of status. Unemployed "high risk" job setting.

PROTECTIVE FACTORS

In assessing suicide risk, mental health professionals also look for protective or inhibitory factors as well as warning signs. Protective factors are those that when activated or discussed, may actually inhibit someone from taking action to commit suicide.

- Significant others: Number of family, close friends, neighbors, co-workers.
- External social supports.
- Involvement with professionals with crisis management or therapeutic skills.
- Willingness of clients to use supports.
- Level of social acceptance experienced.
- Problem-solving skills.
- Has demonstrated skills for handling emotional crises.
- Future plans.
- Expression of concrete and detailed future plans.
- Family commitments: Raising children, care for siblings.
- Religious or spiritual beliefs.
- Cultural factors: for example, African-Americans commit suicide less often than people of European descent; cultural beliefs against suicide.

From the NAMI National Convention

Child & Adolescent Special Interest Network Session

Thursday, June 21

Darcy Gruttadaro, Director, NAMI National's Child & Adolescent Action Center, began the session discussing what resources and programs the Child & Adolescent Action Center offers NAMI leaders and families and providing an update on the projects the center is currently working on. If you would like to receive regular updates on the Child & Adolescent Action Center as well as resources on child and adolescent mental health issues, please join our e-group by contacting Dana Crudo, Program Coordinator, at danac@nami.org. Visit our [website](#) for additional information.

Below is a list of resources that were shared and discussed by NAMI Leaders during the Child and Adolescent Special Interest Network Session.

NAMI leaders were particularly interested in starting support groups for children and adolescents. Please contact Dana Crudo, Program Coordinator, NAMI National's Child & Adolescent Action Center, at danac@nami.org for information on developing such support groups.

School-Based Mental Health Resources

Elimination of Barriers Initiative

This website includes a guide for school administrators, a teacher

training package, and several other tools, all designed to help educators make mental health a part of their classrooms.

[Intervention Central](#)

Offers free tools and resources to help school staff and parents to promote positive classroom behaviors and foster effective learning for all children and youth.

[NAMI Fort Wayne Resource Guide for Educators](#)

The "Resources for Educators" section of the NAMI Fort Wayne website contains a resource guide for educators on how to create a school environment conducive to the academic success of a child with mental illness. It also helps teachers know what to expect of your child with mental health needs; how symptoms of your child's brain disorder may impact his or her school functioning; and how you can support your child's education both in the classroom and at home.

[Red Flags](#)

Red Flags is a school-based prevention program. It was developed by the Mental Health Association of Summit County and adapted for the Ohio Department of Mental Health to help students, parents and school staff members recognize and respond to signs of depression and related mental illness. The three-pronged program includes an in-service training for school personnel, a video-based curriculum for students and a seminar for parents, students and the community.

[Resource Center to Address Discrimination and Stigma \(ADS Center\)](#)

The resource center contains manuals for educators on talking about mental illness in the classroom and how to help students with mental health disabilities.

[NIMH The Science of Mental Illness Curriculum](#)

Students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.

Transition-Age Issues

[Helping Young Adults with Serious Mental Health Needs Transition into Adulthood](#)

Seeking Effective Solutions: Partnerships for Youth Transition Initiative (PYT)

[Reach Out!](#)

Reach Out! is a web-based service that inspires young people to help themselves through tough times. The aim of the service is to improve young people's mental health and well being by providing support information and referrals in a format that appeals to young people.

[Moving On: Federal Programs to Assist Transition-Age Youth with Serious Mental Health Conditions](#)

Bazelon Center for Mental Health Law
Support Groups & Educational Workshops

[Child to Child](#)

A support group that offers peer support and education for children who have a family member with mental illness. The program was developed by NAMI DuPage, Rainbows, and National Louis University.

[Hope for Tomorrow](#)

Hope for Tomorrow is a Mental Health Education Program offered for middle schools and high schools. It brings together the combined efforts and insights of mental health professionals, educators, and other experts to help parents, teachers, students and communities understand mental illness—a crucial step to improving the lives of those affected by it.

[Parent to Parent - USA](#)

A national non-profit organization committed to assuring access and quality in Parent to Parent support across the country. Parent to Parent programs provide emotional and informational support to

families of children who have special needs most notably by matching parents seeking support with an experienced, trained 'Supporting Parent.

Suicide Prevention Programs

Signs of Suicide Program

The SOS Signs of Suicide Program is a nationally recognized, easily implemented, cost-effective program of suicide prevention for secondary school students.

Columbia University TeenScreen Program

The Columbia University TeenScreen Program is a national mental health and suicide risk screening program for youth.

Traumatic Loss Coalitions for Youth

The Traumatic Loss Coalitions for Youth Program was created to establish traumatic loss coalitions in each of New Jersey's counties and to provide ongoing technical assistance to communities in crisis. The mission of these county-wide coalitions is to develop a coordinated response to traumatic loss events and crises affecting youth and to update those working with youth on mental health issues including suicide prevention and violence prevention.

Yellow Ribbon Program

A Suicide Prevention Program.

Additional Resources

Health Resources and Services Administration (HRSA) Anti-Bullying Campaign

A campaign to educate parents, teachers, and other adults about how to prevent and deal with bullying in schoolrooms and schoolyards.

SAMHSA Mental Illness: What a Difference a Friend Makes

A website for people living with mental illness and their friends. The site includes tools to help in the recovery process, and information about the different kinds of mental illnesses, read real-life stories about support and recovery, and videos to see how friends can make all the difference.

SAMHSA's Transforming Mental Health Care in America Report

Order by Phone: 1-800-789-2647; SMA05-4060



PRESIDENT'S VIRGINIA TECH REPORT: A DISAPPOINTMENT

*Statement of Michael J. Fitzpatrick
NAMI Executive Director*

Washington, D.C.- The U.S. Department of Health & Human Services today released the "Report to the President on Issues Raised by the Virginia Tech Tragedy."

<http://www.hhs.gov/vtreport.html>

The National Alliance on Mental Illness (NAMI) has issued the following response from NAMI executive director Mike Fitzpatrick:

"The President's task force report is a disappointment. It repeats much of what we have known for years. It talks about encouraging people to get help when they need it-when the real problem is that help often is not available.

We don't need any more commissions or task forces. We know what to do. What we need is strong political leadership-and money to modernize our mental healthcare system. Last year, NAMI issued a landmark report that graded each state's mental healthcare system, reflecting the President's 2003 New Freedom Commission Report on Mental Health. The national average was D.

The Virginia Tech tragedy was everyone's worst nightmare-for the families of the slain students and professors, and for individuals and families who live with mental illness everyday. But there are also other kinds of nightmares.

The same week as Virginia Tech, the U.S. Department of Justice announced that it was beginning an investigation of the Georgia

state hospital system-in which 115 deaths have occurred over five years, an average of 23 a year, based on neglect, abuse, or substandard care.

After Dr. Martin Luther King, Jr. was assassinated in 1968, Senator Robert F. Kennedy observed that there is a violence that is slower but just as deadly and destructive as a gunshot or bomb. It is the violence of institutions, indifference, inaction, and slow decay.

That is the kind of violence that too long has marked our mental healthcare system. Failures inside a fragmented system. Failures of will by governors and legislatures. Everyday, we confront the violence of a mental healthcare system that gets a D as the national average. In the end, it comes down to leadership and money, and most of all, doing what's right."



MTV DOCUMENTARY SEEKS CONSUMERS

From Schizophrenia Digest Vol. 1, Issue 10

MTV's award-winning documentary series True Life is seeking young people between the ages of 16 and 25 who have been diagnosed with schizophrenia and who would be willing to participate in an upcoming documentary about the illness.

The show's format is strictly first-person--meaning that subjects' voices are not filtered through narrators or any other third party. Cameras follow the individuals as they tell their own stories in their own voices, to show how they interact and engage with the world they live in. The goal of the program is to document the everyday life of a person with schizophrenia, whether medicated or not.

True Life wants to know: Are these young adults having difficulty distinguishing reality from delusion? Are they getting the medical help they need? How does their condition affect their ability to maintain friendships or go on dates? Do they face discrimination because of their illness?

Young adults between the ages of 16 and 25 who have been diagnosed with schizophrenia by a doctor and who are interested in getting more information about the show can email MTV at tj2008@mtvstaff.com. Be sure to include your name, location, phone number, and a photo (if possible).



NEW BLOOD TEST MAY DETECT MENTAL ILLNESS

Schizophrenia Digest Vol. 1, Issue 10

(London, England) – A new blood test has been developed that could allow doctors to diagnose

mental illnesses, such as schizophrenia and depression, even before patients show any symptoms. Sabine Bahn, MD, PhD, a psychiatrist at Cambridge University, has found that different mental health disorders have their own distinctive chemical signatures. She says the new blood test can detect these signatures, thereby speeding up a diagnosis of psychiatric disease. Diagnosing a mental illness can be a slow process, Bahn says, but that process can be expedited significantly—and inexpensively—with a blood test that can be done in a patient's doctor's office.

Bahn and her team are now working toward conducting clinical trials on tests for schizophrenia, depression, and bipolar disorder, and to develop similar ways of diagnosing such conditions as Alzheimer's disease and Parkinson's disease.

Did You Know?

NAMI E-Join is a nationwide online membership initiative that began June 20, 2007. E-Join will allow visitors to NAMI's Web site to join online, using a credit card, for a universal dues rate of \$35/annually. The money is sent to the state and local affiliate.



More News about NAMI Walks
for the Mind of America

Registered Walk Teams

We are starting to see many teams being formed.

Here are the teams currently registered with their Team Captain:

* Out for a Stroll	Rachel Dray
* Abbott Labs	Mark Block
* AstraZeneca	Tracy Miksell-Branch
* Blarney Crew	Kevin Lind
* Celtic Clan	Kay Kopatich
* Contributing Consumers	Dawn Olson
* Educators Extreme	Carol Porch
* For Mom & A Wife	Tamara Mowrey
* NAMI IOWA Wolves & Pups	Margaret Stout
* SED Parents Walk	Diane Johnson
* Scott's Neurons	Marlin & Sharon Browne
* Sole Sisters	Peg Shelton
* The A Team	Vicki Adams
* The Brainiacs	Teresa Bomhoff
* The DBSA Team	Colleen Knight
* The J Squad	Jay Brewer
* The Walking B's	Diane Banasiak
* Uli's Team	Chris McCallin

Thanks to these folks for joining in the fun. Anyone can join one of these teams by logging on to the NAMIWALKS IOWA web site. Or form your own team. <http://www.nami.org/namiwalks/IA>



Male Depression: Don't Ignore the Symptoms

You can re-read Part 1 in the July newsletter
This is Part 2 from the Mayo Clinic newsletter

When male depression goes untreated

Like other men, you may feel that your depression symptoms aren't severe. You may believe that you should be able to just get over them or tough them out. You may try to deny them, ignore them or blunt them by drinking too much alcohol or working longer hours. But left untreated, male depression symptoms disrupt a person's life in many ways and leave the individual chronically unhappy and miserable.

Depression can also damage your health. For instance, it can keep your stress response continually activated, a state that can damage many organs, including the heart. Depression can even shorten your life. In a given year, men with depression are more than twice as likely as men without depression to die of any cause. Women with depression also have an increased risk of dying, compared with women without depression, but the difference is not as great as it is in men. Although the reasons for this difference are unclear, men with depression may be more likely to engage in self-destructive behavior — from excessive drinking to reckless driving to suicide — that may contribute to it.

Depression also increases your risk of divorce and your children's risk of developing depression themselves. At work, male depression makes you less productive, limits your earning potential and increases your risk of losing your job.

Suicide and male depression

Although women are twice as likely to have depression, men are four times as likely to suffer its worst consequence: suicide. Starting in adolescence, men are far more likely than women to take their own lives. Older men, particularly white men over age 85, have the highest suicide rate. Although women attempt suicide more often than men do, men are more likely to complete suicide.

Men are more likely to use more lethal means in suicide attempts, such as guns, which partly accounts for their higher rate of suicide. But other factors also are involved. One such factor may be their tendency to move from suicidal thoughts to suicidal actions faster than women. Men take an average of just 12 months to go from contemplating suicide to attempting suicide. In contrast, it takes women about 42 months.

During this time, men are less likely than women to show warning signs, such as talk of suicide. Because this window of opportunity is so short, family and mental health professionals may have little chance to recognize a man's depression and intervene.

Treatment and self-care for male depression

If you or someone close to you is considering suicide, seek help immediately from your doctor, the nearest hospital emergency room or emergency services (911).

If you suspect you have depression, schedule a physical examination with your family doctor or primary health care professional now. Conditions such as a viral infection, thyroid disorder and low testosterone levels can produce symptoms similar to male depression.

If your doctor rules out such conditions as a cause of your symptoms, the next step may be a depression screening. Treatment for male depression may include antidepressant medications, psychotherapy or both.

Self-care strategies also may help. These include:

- Setting realistic goals and prioritizing tasks
- Spending time with supportive family and friends
- Engaging in activities you enjoy, such as exercise, movies, ball games or fishing
- Delaying important decisions, such as changing jobs or getting married or divorced, until your depression symptoms improve



NAMI's Strategic Planning

NAMI has made a commitment to greatness. Through our strategic planning process, we have dedicated ourselves to moving from being a good, solid organization, to one that is truly great. By "great" we mean that *NAMI will deliver superior performance that makes a distinctive impact over a long period of time.*

To achieve greatness, we have selected 5 goals:

1. NAMI is a dynamic, well-run organization that seeks and engages a diverse and growing membership.
2. NAMI is financially secure and independent.
3. NAMI is the dominant force in mental illness advocacy.
4. NAMI is the leader in crafting and implementing state-of-the-art education and information.
5. NAMI is building and incorporating the largest consumer movement in the country.

We will achieve our goals and greatness by:

- Increasing and diversifying funding at all levels.
- Making NAMI a household name.
- Confronting failures
- Describing and promoting best practices
- Increasing training and learning opportunities
- Embracing and empowering leaders and members from diverse communities
- Embracing and empowering consumer leaders and members
- Embracing and empowering families of children and youth.



For those who have suffered from depression, body pain is one of the symptoms reported to physicians.

Is pain a cause or symptom of depression?

Harvard Medical School Health Beat Newsletter 6-7-07

Pain is depressing, and depression causes and intensifies pain. People with chronic pain have three times the average risk of developing psychiatric symptoms — usually mood or anxiety disorders — and depressed patients have three times the average risk of developing chronic pain.

When low energy, insomnia, and hopelessness resulting from depression or anxiety perpetuate and aggravate physical pain, it can be impossible to tell which came first or where one leaves off and the other begins.

Pain slows recovery from depression, and depression makes pain more difficult to treat. For example, depression may cause patients to drop out of pain rehabilitation programs. So it often makes sense to treat both pain and depression; that way they are more likely to recede together.

Brain pathways

Normally, the brain diverts signals of physical discomfort so that we can concentrate on the external world. When this shut-off mechanism is impaired, physical sensations like pain are more likely to become the center of attention. Brain pathways that handle pain signals use some of the same chemical messengers (neurotransmitters) that are involved in the regulation of mood.

When these pathways start to malfunction, pain is intensified, along with sadness, hopelessness, and anxiety. And as chronic pain, like chronic depression, takes root in the nervous system, the problem perpetuates itself.

The mysterious disorder known as fibromyalgia may be an example of this kind of biological process linking pain and depression. Its symptoms include widespread muscle pain and tenderness at certain pressure points, with no evidence of tissue damage. Brain scans of people with fibromyalgia show highly active pain centers, and the disorder is more closely associated with depression than most other medical conditions. This leads some experts to speculate that the pain sensitivity and emotional storminess of fibromyalgia result from faulty brain pathways.

Treating pain and depression in combination

In pain rehabilitation centers, specialists treat both problems together, often with the same techniques, including progressive muscle relaxation, hypnosis, and meditation. Physicians prescribe standard pain medications — acetaminophen, aspirin, ibuprofen, and other nonsteroidal anti-inflammatory drugs (NSAIDs), and in severe cases, opiates — along with a variety of psychiatric drugs.

Almost every drug used in psychiatry can serve as a pain medication. By relieving anxiety, fatigue, or insomnia, these medications also ease related pain. In addition, antidepressants — sometimes given in low doses — may relieve pain in ways unrelated to their antidepressant effects.

Exercise and psychotherapy are commonly used at pain centers, too. Physical therapists help patients perform exercises not only to break the vicious cycle of pain and immobility, but also to help relieve depression. Cognitive and behavioral therapies teach pain patients how to avoid fearful anticipation, banish discouraging thoughts, and adjust everyday routines to ward off physical and emotional suffering.

Psychotherapy helps demoralized patients and their families tell their stories and describe the experience of pain in its relation to other problems in their lives.

Meditate to prevent depression

Studies have found that meditation can help prevent relapse in people who have had three or more episodes of depression. If meditation appeals to you, ask your therapist about how best to use it. Going to a class or listening to a meditation tape may be a good first step. In addition, try the meditation exercises listed below.

- Choose a mental device to help you focus.
- Silently repeat a word, sound, prayer, or phrase (such as “one,” “peace,” “Om,” or “breathing in calm”).
- You may close your eyes if you like, or focus your gaze on an object.
- Adopt a passive attitude. Disregard distracting thoughts or concerns about how well you’re doing.
- Any time your attention drifts, simply say, “Oh, well” to yourself and return to silently repeating your focus word or phrase.
- Now slowly relax your muscles, moving your attention gradually from your face to your feet.
- Breathe easily and naturally while using your focal device for 10 to 20 minutes.
- After you finish, sit quietly for a minute or so with your eyes closed.
- After you open your eyes, wait another minute before standing up.
- Try to practice this meditation daily for 10 to 20 minutes or longer, preferably at a specific time each day.



We thank John Schoeberl from the Social Security Administration office in Des Moines. John spoke at our June 3 affiliate meeting about SSI, SSDI, and Medicare. A folder of information was provided to each participant. We still have some of those folders at our resource table. We also had an informative question and answer session. Thanks, John.



Many thanks to Jo Kinsinger, LMSW, from ResCare. Jo spoke to the July 1 affiliate meeting about therapy approaches for children and adults. We had a lot of questions from the audience. She made a difficult subject something we could understand. Thanks, Jo.

August 5 NAMI GDM Affiliate meeting

Deb Guthrie, of ResCare, will be presenting an introduction to WRAP – Wellness Recovery and Action Planning -

Dedicated to Making Good Government Better

Our Mission

The Office of Citizens' Aide/Ombudsman was established by and operates under the authority of [Iowa Code Chapter 2C](#). The office has adopted rules, [Iowa Administrative Code \[141\]](#), regarding the office's organization, practices and procedures.

The Office of Citizens' Aide/Ombudsman serves as an independent and impartial agency to which citizens can air their grievances about government. By facilitating communications between citizens and government and making recommendations to improve administrative practices and procedures, the Ombudsman promotes responsiveness and quality in government.

The Ombudsman has authority to investigate complaints about Iowa state and local government, with certain exceptions. The Ombudsman attempts to resolve most problems informally. Following an investigation, the Ombudsman may make findings and recommendations and publish a report.

<http://www.legis.state.ia.us/Ombudsman/>

The following article appeared in the beginning of the Ombudsman's 2006 report.

Do we really believe mental illness is a crime?

By Judi Milosevich

More than one-fourth of the Ombudsman's complaints in 2006 came from inmates in state and county jails, prisons and other facilities. The majority involved health services.

While the number of complaints about prisons controlled by the Iowa Department of Corrections (DOC) remains steady, complaints from within county jails are on the rise.

The Ombudsman has observed an increasing unwillingness by county sheriffs and jail administrators to provide inmates with adequate medical attention and prescribed medications. Many prisoners who contact our office tell us that county officials sometimes refuse to refill necessary medications, even if those prisoners enter the jail with a doctor's prescription.

Iowa law, however, does not permit sheriffs and jail staff to deny medications to inmates with serious health problems. The Code of Iowa does permit a sheriff to charge an inmate "for any medical aid provided to the prisoner." The tensions between a sheriff's obligation to provide medical care and an inmate's responsibility to pay for it is spelled out in more detail in the Iowa Administrative Code.

This rule was developed in consultation with the Iowa State Sheriffs and Deputies Association, the Iowa Association of Chiefs of Police and Peace Officers, the Iowa League of Cities and the Iowa Board of Supervisors Association. The rule emphasizes that a sheriff cannot deny necessary medical treatment, including medicine, to a prisoner just because that prisoner is indigent.

The Ombudsman's investigations into matters such as medication delivery in jails also have brought another serious issue to light: a lack of resources to treat mentally ill offenders. With few beds available for individuals in psychiatric crisis, many of the mentally ill are simply arrested and jailed because there is nowhere else for them to go.

The reason for this is clear. Our communities have few mental health services to begin with. As a result, the prisons continue to expand their role as the mental health institutions of the 21st century. Most of those fortunate enough to receive treatment in prison have little or no access to continued care in the community once released. This gap often results in a relapse and an eventual return to prison.

As these stark realities become clearer, with little response from our government officials, it begs the question whether Iowans care about the fates that befall our prison and jail populations.

Do we really believe people should be denied nitroglycerine for heart problems, insulin for diabetes, and psychotropic drugs for mental illness simply because they are incarcerated and cannot afford to pay for it?

Do we really believe mental illness is a crime?

Have we completely lost our heart?

Iowa needs to look seriously at how we fund mental health services. Under the current system, the level of care varies widely from county to county. This disparity should not continue to exist. This should be a state-funded service.

Iowa has only one mental health court. We need to divert more mentally ill from the criminal justice system rather than widening the net of offenders.

Iowa currently ranks 47th in the nation in the number of psychiatrists it employs per resident, according to a study by the Iowa Civic Analysis Network at the University of Iowa. We must do

a better job of recruiting psychiatrists to Iowa. To accomplish this goal, officials should consider forgiving a portion of student loans for students who agree to stay in Iowa after completing their education. Other incentives could also be offered to recruit and retain this essential resource.

Amid all these challenges, there are some glimmers of hope. The DOC, acting on the recommendations of a 2004 Ombudsman's task force report, has developed an online training course for correctional officers to better recognize symptoms of mental illness.

Approximately 25 people signed up to participate in the first offering and provided feedback to DOC and the American Corrections Association (ACA), which helped to develop the course. This course has become the first in the ACA Correctional Medical and Mental Health Issues series offered to correctional staff across the country. The course has the potential to become hugely successful because it is easy for corrections officers to work the online training into their schedules. The online classes are also cheaper than conventional classroom training, and thus, are more attractive to the DOC. So far, the ACA has issued 30 certificates to DOC staff for successfully completing the course. An additional 17 certificates were issued during the testing phase of the course.

As the Ombudsman's assistant for corrections, I also took the course and offered suggestions for improvements.



The following is an article dedicated to those who could make a difference in the way the mentally ill are treated and who could demand the necessary steps are taken to create and fund a mental health care system in Iowa. We often associate this information with teaching kids, as adults, we would do well to be reminded it applies to us as well.

The 6 Pillars of Character

www.iowaCharacter.org

TRUSTWORTHINESS

Trust is the basis of all good relationships and a cornerstone of good character. Trustworthy people keep their promises, are honest, reliable, principled, and never inappropriately betray a confidence.

- Be honest - don't deceive, cheat or steal
- Be reliable-do what you say you'll do
- Have the courage to do the right thing
- Build a good reputation
- Be loyal-stand by your family, friends and country

RESPECT

Treating people with respect helps us get along with each other, avoid and resolve conflicts, and create a positive social climate. Respectful behavior means treating others with civility and courtesy, accepting personal differences, listening to what others have to say, and refraining from ridiculing, embarrassing or hurting others.

- Each of us has a role in creating a respectful climate.
- Treat others with respect; follow the Golden Rule
- Be tolerant of differences
- Use good manners, not bad language
- Be considerate of the feelings of others
- Don't threaten, hit or hurt anyone
- Deal peacefully with anger, insults and disagreements

National Alliance for the Mentally Ill
of Greater Des Moines
5911 Meredith Drive, Suite E
Des Moines, Iowa 50322-1903

NONPROFIT ORG.
US POSTAGE PAID
DES MOINES IA
PERMIT NO. 34

(continued – The 6 Pillars of Character)

RESPONSIBILITY

Responsibility is often regarded as a burden, but we discover that it is actually a great source of personal power. It is the key to taking charge of our lives. Responsible people do what needs to be done, fulfill their obligations, are accountable for their actions, use good judgment, and don't let people down.

- Do what you are supposed to do
- Persevere; keep on trying!
- Always do your best
- Use self-control
- Be self-disciplined
- Think before you act-consider the consequences
- Be accountable for your choices

FAIRNESS

Nothing makes people bristle like injustice, but often it's difficult to know what's fair and what isn't, or what to do when faced with injustice. Fairness means living by the golden rule, doing what it takes to be a fair and just person, and realizing how much our personal actions do matter.

- Play by the rules
- Take turns and share
- Be open-minded; listen to others
- Don't take advantage of others
- Don't blame others carelessly

CARING

Caring is not just a way of feeling, it's a way of behaving. What makes us caring people is doing caring things. Caring people respond selflessly to the needs of others and treat others with kindness, concern, and generosity.

- Be kind
- Be compassionate and show you care

- Express gratitude
- Forgive others
- Help people in need

CITIZENSHIP

Citizenship, at its core, is social responsibility in action. It is doing your part for the common good, serving your community, and helping make our democracy work. One person can make a big difference!

- Do your share to make your school and community better
- Cooperate
- Stay informed; vote
- Be a good neighbor
- Obey laws and rules
- Respect authority
- Protect the environment
- Recycle

Please send a big **THANK YOU** to
Cindy Gross and Plaza Printers

6762 Douglas Avenue
Urbandale, Iowa 50322

278-4695 www.plazaprinters.net

For their assistance in helping us print this newsletter.

In a previous edition of this newsletter, we reported there is a 4 year National Institute of Mental Health funded study on NAMI's Family to Family educational course. It is anticipated that the study could have the result that the Family to Family course is declared an evidence based practice. An evidence based practice is like a gold standard for practices that have good outcomes for participants. Initial results (*reported at the NAMI National Convention in June*) show decreased burden, worry and displeasure among family members graduating from the Family to Family course plus increased empowerment and knowledge about mental illness.