











NAMI – GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

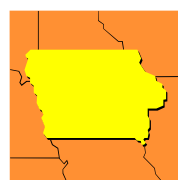
April 2006

“Support, Education, and Advocacy”

<p><u>Education and Support Group Meetings</u> are generally the 1st <u>Sunday</u> of the month from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room. Dates on Sundays other than the 1st Sunday of the month are due to holidays or other special scheduled events. (Coffee and cookies are provided.)</p>		<p><u>Business and Committee Meetings</u> are the 2nd <u>Thursday</u> of the month at 4 P.M. at the NAMI-Iowa Office.</p>	
	<p>Wednesday, March 29</p> 	<p>Advocating Change Day – at the State Capitol 9AM to 2:30 PM. An event designed specifically for individuals with disabilities and their families to become skilled at communicating with their state legislators and state elected officials. There is no registration fee but you do need to register in order to guarantee a free lunch for those attending the event. Register on-line at www.sos.state.ia.us or contact the Sec. of State's office at 281-8993.</p>	
<p>April 2</p> 	<p>The topic will be “self harm and emotional intensity disorder (borderline personality disorder)”.</p> <p>Dianne Walsh, LISW, and Barb Appleby, LISW, from Mercy Psychiatric Services will be our speakers.</p>	<p>April 13</p> 	<p>We will be discussing and planning around the following topic areas:</p> <ol style="list-style-type: none"> 1. Business 2. Marketing and membership 3. Support 4. Education 5. Advocacy 6. Fundraising 7. Special Events
	<p>Saturday, April 8</p> 	<p>9 AM to 1 PM – Citizens' Health Care Working Group – A Presidential commission is asking for your input on what you like and don't like about our nation's health care system. Your opinions will help form a citizens' action plan that the President and Congress are required by law to consider as they work to make health care work for all Americans. This is a chance for you to help shape national policy. The meeting is free – register at www.citizenshealthcare.gov or call Rachel Lynch at 515-243-2000.</p>	
	<p>Wed., April 19 @ Iowa City</p>	<p>Permanent Housing for People with mental illness. . . The Lodge Model – John Trepp, Ex. Director of Tasks Unlimited, a program that sponsors 16 unsubsidized Lodges in the Twin Cities Area 12:00 – 3:00 –Steps to development– then 6:30-8:30 P.M. Lodge Magic. . . a program of family living for people who are recovering from mental illnesses. Mercy Hospital, 500 E. Market St., 1st floor, Conference room. Contact namijohnsoncounty@yahoo.com or call 1-319-337-5400.</p>	
<p>May 7</p> 	<p>The topic will be “veterans issues and PTSD (post traumatic stress syndrome)”.</p> <p>Psychiatrist Dr. Steve Hegemoser and Linda Kramer from the VA will speak.</p>	<p>May 11</p> 	<p>We will be discussing and planning around 7 topic areas.</p>
<p>June 4</p> 	<p>The topic will be “depression and suicide prevention”.</p> <p>Joan Blundall, Executive Director of Higher Plain, Inc. will be disseminating depression toolkits, consulting on depression issues, talking about best-practice treatment of Major Depression and increasing understanding of how depression impacts parenting, work roles, and marriages.</p>	<p>June 8</p> 	<p>We will be discussing and planning around 7 topic areas.</p>
	<p>June 28- July 2</p>	<p>NAMI National Annual Convention – “Changing Minds, Changing Lives, Keeping the Promise” at Washington (D.C.) Hilton Hotel. Check www.nami.org for more information and early bird rates.</p>	

Mental illnesses are biologically based brain disorders. They cannot be overcome through “will power” and are not related to a person’s “character” or intelligence.

Mental illness can strike anyone. It knows no age limits, economic status, race, creed, or color.



Grading the States 2006

NAMI released its comprehensive report on America's health care system for serious mental illness.

Iowa was 1 of 8 states to receive an “F”. The nationwide score was a “D”. See more details inside.

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.

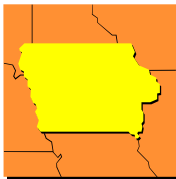
A heart attack is a symptom of serious heart disease, just as hearing voices, mood swings, withdrawal from social activities, or feeling out of control are common symptoms of a mental illness.

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.

Mental health problems are real, common, and treatable. Seeking help is not a sign of weakness – taking care of yourself is an act of strength.



Grading the States 2006

NAMI, the National Alliance on Mental Illness, presents this first comprehensive state-by-state analysis of mental health care systems in 15 years. Every U.S. state has been scored on 39 specific criteria resulting in an overall grade and four sub-category grades for each state. The national average grade is D. Five states receive grades in the B range. Eight receive F's. None received A's.

Iowa's overall score was an "F". There were 4 subcategories:

- ✓ Infrastructure – F
- ✓ Information Access – F
- ✓ Services – D
- ✓ Recovery Supports – F

Recent innovations noted were a mental health parity law and the creation of a multi-stakeholder taskforce to implement evidence-based practices (EBP's).

Urgent needs identified were:

- Remove legal settlement rules
- Statewide dissemination of EBP's
- A uniform data collection system
- Rural services
- More options to address acute or emergency treatment needs

Grading the States 2006: Iowa – Narrative

Iowa is a prime example of what President Bush's New Freedom Commission on Mental Health meant when it reported that the nation's mental health care system is "fragmented and in disarray." It must be among the most convoluted mental health systems in the country.

For individuals on Medicaid, Magellan Inc. provides mental health and substance abuse services. For individuals who are not Medicaid eligible, the state's 99 counties provide services, through a combination of state funds and county funds, derived primarily from local taxes.

Iowa's counties also follow a policy known as "legal settlement" which requires that individuals be county residents, and free of the need for mental health services for at least a year before their new county is responsible for paying. These restrictions often lead to inordinate, potentially catastrophic delays in getting services when they are needed.

Although Iowa's counties are required to collect data, there is no statewide system through which this information can be shared. As a result, Iowa is among a minority of states that cannot provide an unduplicated count of whom they actually serve.

The state is working to upgrade its data collection system and hopes to have the capacity to provide unduplicated counts by the end of 2006. That will be an important, fundamental step forward. It is hard to design an effective service-delivery system without first knowing the number of people for whom you are responsible.

Surprisingly, the state mental health authority, called the Division of Mental Health and Developmental Disabilities (DMHDD), does not appear to be actively engaged in strategies to expand access to services for people with serious mental illnesses who live in rural areas of the state.

Among its many attributes, as presidential candidates discover early in party primary campaigns every four years, Iowa is rural - 89 of its 99 counties are classified as such. Any presidential candidate can not be a serious contender without addressing the distinctive needs that flow from this fact.

In some respects, Iowa might be the perfect stage for a well-focused comprehensive debate over mental healthcare policy, as the 2006 and 2008 elections approach.

Iowa also appears to be lagging in its implementation of evidence-based practices (EBPs). To its credit, the DMHD is forthright about the need for better progress and has established a statewide Technical Assistance Center for Evidence-Based Practices to promote their expansion.

DMHD has identified Assertive Community Treatment (ACT) as one of its top priorities. Currently, four programs exist - in Des Moines, Cedar Rapids, Iowa City, and Fort Dodge.

Unfortunately, employment and housing, two critical components of recovery, do not appear to be prominent on DMHD's radar screen.

Although the state reports that supported employment services are available to people with serious mental illnesses in 91 of 99 counties, DMHD does not seem to be involved with them through funding or coordination with Iowa Vocational Rehabilitation Services.

DMHD also was unable to provide any information about supportive housing in Iowa, and does not employ, as many states do, a person responsible for coordinating housing services for people with serious mental illnesses.

In his 2006 State of the State address, Iowa Governor Thomas Vilsack took credit for significant accomplishments in the 2005 legislative session that benefited people living with mental illness. He referenced the important milestone of enacting mental health parity legislation, a hard-won victory in a state that was home to some of the most assertive anti-parity lobbying in the country.

Iowa is experiencing significant problems with an overall lack of inpatient psychiatric beds for people with acute treatment needs.

Nationwide, many community hospitals have gotten out of the business of operating psychiatric units - increasing the burden on state hospitals. The few community hospitals that continue to operate inpatient psychiatric units are overwhelmed by demand and do not have enough beds to meet that demand.

For example, in Des Moines there are virtually no hospital beds available for people with acute or long-term care needs.

As acute care beds in community hospitals decrease, the number of state hospital beds decrease as well, worsening the crisis. There are only four state hospitals in Iowa right now that can serve patients with serious mental illnesses, a low number when you consider the geographic size of Iowa.

Iowa's mental health system is in serious trouble. The state needs to move forward with a bold restructuring of its mental health system, which should include removal of legal settlement rules and increased access to mental health services that work for Iowa's residents with serious mental illnesses.



State Legislature Actions to Address Iowa's Failing Grade
www.infonetiowa.com

Rep. Danny Carroll of Grinnell, Rep. Lisa Heddens

of Ames, Sen. Maggie Tinsman of Bettendorf and Sen. Jack Hatch of Des Moines have sponsored the **MH/MR/DD/BI Redesign** bill, which starts to redesign the adult services system for mental health, mental retardation, developmental disabilities, and brain injury. For the first time in many years, the Redesign bill stands a good chance of passing.

Two bills are now out – House Study Bill (HSB) 644 & Senate Study Bill (SSB) 3082.

The recommendations are:

Individualized Results Based Services. Makes services consumer and family driven, improves service quality, and increases positive results by requiring persons with disabilities receive individualized services and by providing financial incentives to counties that improve consumer results. *The bills requires counties redesign their systems to meet these directives over the next two years, sets up an Incentive Fund to reward counties that meet these goals, and changes language in Iowa law to be more consistent with these goals.*

Mental Health Workforce. Improve service quality and increase positive results for consumers by directing the Commission, DHS, and DPH to develop strategies to increase access to qualified mental health professionals. *The bills direct DHS to work with other agencies to develop a strategic plan to address the shortage of mental health professionals across the state.*

Financial Eligibility. Reduce system disparities by establishing minimum eligibility for publicly funded disability services at 150% of poverty, and setting uniform resource guidelines. *The bills establish this common set of eligibility guidelines.*

County of Residence. Reduce system disparities by giving people with disabilities access to services based on where they live (county of residence) not their county of legal settlement (where they first started receiving services). *This is probably the most controversial part of these bills, which do address this by requiring counties and the state to pay for services that are authorized in the county of residence's plan. Right now, some counties refuse to pay for services offered in another county if they'd not pay for them in their county.*

In Addition

HR 127 - MH/MR/DD/BI Legislative Task Force Requests a task force to develop a plan for the state to assume responsibility for administering adult mental health, mental retardation, developmental disabilities, and brain injury (MH/MR/DD/BI) services. This would work toward ending the county system.

These bills will be discussed at length this session. Legislators hear a lot from providers, from people that fund the services (like DHS & the counties), and sometimes from family members.

However, legislators will be the first to say that they rarely if ever get calls and emails from consumers – **the people most directly impacted by this legislation.** Let's change that – let your legislators know what you think about this bill, or any other bill you have an interest in.

Here are three places on the web to access E-mail to contact your legislators:

<http://www.infonetiowa.com/> - click on advocate at the bottom of the home page

http://polk.ia.networkofcare.org/mh/legislate/state_index.cfm

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

***"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."* – Margaret Mead**

Find Your Voice – Make a Difference



Please contact your legislators in Washington, D.C. to support the following 3 public policy priorities:

1. Full FY 2007 appropriation of \$40 million for the Garrett Lee Smith Memorial Act (PL 108-355) –*provides funds for state suicide prevention strategies and college campus suicide prevention strategies.*
2. Passage of the Wellstone mental health parity legislation
3. Development of legislation targeting senior suicide early intervention and prevention.

The U.S. Capitol switchboard is 202-225-3121 if you want to ask for your Representative's office.

CIT

The First Annual Minnesota CIT Conference

Feb. 27 – Teresa Bomhoff – Part 2

The Barbara Schneider Foundation and the Minneapolis Police Department worked together on the creation of the first CIT (Crisis Intervention Team) Unit in Minnesota. On Feb. 27, I attended the first Minnesota CIT conference – along with a total of between 250 and 300 others. This included about 40 police officers, social service workers from a variety of counties, judicial staff and attorneys, mental health and health care providers, corrections staff from several facilities, non-profit human service staff, educators and community members. . . .

The Barbara Schneider Foundation (BSF) was born out of a tragedy that occurred on June 12, 2000. Local police, called in on a noise complaint, shot Barbara Schneider to death in her own home. Six police officers entered her South Minneapolis apartment when she was having a mental health crisis. The police were untrained to deal with this call as a health care intervention; instead they treated her as a violent criminal. Rather than receiving the crisis intervention needed, she was shot to death.

BSF's mission is to eliminate the criminalization and abusive treatment of people with mental illness by improving public safety and mental health systems through proactive training and public education.

BSF's primary goal is working to change the mental health crisis response framework from one of public safety to one of health care. They believe this is the root of the lack of much needed services in the community for those who struggle with mental illness.

BSF's values are:

- We honor the dignity of all those with mental illness.
- We see mental health crisis as a health care event.
- We respect the work of police officers who respond appropriately and effectively to mental health crisis calls and seek training to improve their skills.
- We believe in pressing the mental health system to respond more effectively to those with mental illness.
- We value education for policy makers who design and fund our mental health crisis response systems and our acute and long term mental health treatment and support systems.
- We work to strengthen the voices of all ethnic groups within the mental health community because mental illness occurs in all families, all communities, and all cultures.

Officers are selected for the CIT program based on their temperaments, background, and demonstrated interest in helping individuals who suffer from mental illness.

Officers selected receive 40 hours of specialized training under the instructional supervision of mental health providers, family advocates, and mental health consumer groups. They are taught about severe mental illnesses and how to respond to people experiencing psychiatric crises in ways that defuse rather than escalate these crises. They are taught to understand that mental illness is not a crime but a disease.

The Minneapolis Police Dept and several others in Minnesota have embraced CIT as was confirmed by several speakers at the conference.

The emphasis was that **CIT is about relationships** – between the police, families, consumers, advocates, social services, MH professionals, judges, faith community, hospitals, and county attorney's office.

They estimate that 25-40% of inmates in the Hennepin County jail system have a psychiatric disorder. Hennepin County has a 24/7 nursing staff and clinic.

Judge Richard Hopper from the **Hennepin County Mental Health Court** spoke and showed a video about how their process works. Each case is different, but these are the basic steps:

- 1) Determine the defendant's condition
- 2) Develop a plan
- 3) Plan implementation

It saves incarceration costs, attorney costs, and judge/court costs. There is a lot of dual diagnosis in the mental health court – as high as 90%. Judge Hopper emphasized it was not “a free card to get out of jail.” The mental health court casts a wide net – covering mental health, brain injury, and developmental disabilities.

The Hennepin Co. Mental Health Court has been existence for 2 years and has handled 300 cases. It requires voluntary participation. Of the 300 cases, 170 are under mental health court supervision. They are in the process of expanding their staff. They said the key was to develop relationships with defendants.

They are accomplishing the following:

- 1) Developing a communication plan – from the street to the court – the jail has redesigned their evaluation system.
- 2) Discharge planning
- 3) Pilot program is a reporting center – where the defendant's could receive their medication on a daily basis.

There is now a **bipartisan mental health caucus** in the Minnesota legislature working to improve their mental health system and crisis response. (*Minnesota's grade from NAMI was a C+ - with an A in recovery supports.*)

One of the consumers who spoke was a **gentleman with severe bipolar and substance abuse** who had been in the criminal court 89 times.

He said he didn't care, couldn't get in control of his illness until someone else cared, too. He described a turning point.

He was on an interstate off ramp after narrowly being run down by a semi. A highway patrol officer stopped, recognized what the problem was, did not berate him, and took him immediately to a hospital where he could receive care. As he was being put on a gurney for admittance to the hospital, the officer reached down and gently put his hand on the ill man's leg. The officer looked at him and said “Be sure to take care of yourself now. I wish you the best.” The consumer said he had suffered from **touch deprivation** for so long, that the simple kind gesture from the officer moved him to tears and started him on the road to recovery. It has been 4 years since he was last hospitalized and had a drink.

There were 9 breakout sessions. It was standing room only in the breakouts on *Combat Stress* and *Multiple Scenario Role Plays*.

The role play session was lead by Deputy Chief Joe Cassa from Colorado and The Crisis Company players. Officer

Cassa said that role play training was a very effective and popular method among police officers. One Minnesota police officer participated in each role play with an actor while 2 others and Officer Cassa critiqued and offered advice. In the CIT training, each participant gets at least 30 minutes of personal training time, and many more minutes observing others in similar exercises. The web address for these trainers is www.crisiscompany.com.

When I introduced myself to several of the presenters, we found much common ground.

They were extremely interested in our **Des Moines Mobile Mental Health Crisis Unit**. They said it would complete the third leg of their efforts. They have accomplished CIT acceptance in Minneapolis and they have a mental health court – but they still need and very much want a mobile crisis unit.

I replied Des Moines certainly had a shining star – the Mobile Crisis Unit – and that we needed a mental health court and more ongoing training for the Des Moines Police Dept. approaching the CIT training level.

I described how the Des Moines Mobile Mental Health Crisis Unit worked – a 911 call is made, 2 police officers go to the door first, nursing staff, ability to dispense meds at the scene, professional decision making on whether hospitalization was needed and 24 hour on call service with a psychiatrist. We also discussed how the mobile unit started out making hundreds of calls a year and now make thousands of calls a year – for all of Polk County and surrounding counties.

Hopefully, efforts will be underway soon for community leaders in Minneapolis and Des Moines to get together and showcase each city's shining star programs.



Mobile Crisis Team Recognized as Heroes of the Heartland

On March 9, the Des Moines Mobile Crisis Team was honored by the Red Cross as "Heroes of the Heartland".

Des Moines Police Major Len Murray nominated the team for the award and said

"They understand people with mental illnesses, and they are great in dealing with various states of crisis. For folks that require ongoing health care, the team brings resources into the home to help manage the crisis."

The team consists of about 10 mental health professionals who respond to an average of 200 calls a month. Polk County Health Services pays for the program. In the 2004-05 fiscal year, the team responded to 1,894 calls.

When a dispatcher receives a call involving mental illness, the team sends a liaison with the police to respond. With the liaison, the police have a greater chance of resolving the crisis on-site.

The Polk County response team was Larry Hejtmanek's idea, one he modeled after similar teams in other communities. "It's like working for an ER rescue team, and people are always gratified when we respond on time. But it is not at all exhausting, I've talked with most of the members, and there is never a fatigue factor. You just never know what's going to happen."

NAMI Greater Des Moines congratulates the Mobile Crisis Team for an honor well deserved.



The VHM Machine

On March 8, NAMI Greater Des Moines members Teresa Bomhoff and Dr. Bobby Dickerson, together with Charles Tomlinson of Jansen Pharmaceutica – brought the Virtual Hallucination Machine to a training meeting for Police Sheriffs and Officers in Clive and to the Des Moines Police Dept. This was the second visit to the DMPD.

Again we were welcomed and had good conversations with patrol officers, dispatchers, members of the mobile crisis team and administrative staff. Many officers expressed their appreciation for any and all training on mental health issues they could receive.

From all 3 events, over 50 people experienced the 10 minute virtual hallucination. For many, it was an eye opening event to have some understanding of how disorienting a hallucination can be.

We thank everyone involved for allowing us to bring the VHM machine to their conference and workplace.

Hallucinations –

False perceptions that are heard, seen, tasted, smelled or felt.

Per New Webster's Dictionary and Thesaurus
"Perception unaccompanied by reality."

If an ill person has auditory hallucinations, they may hear voices telling them what to do or what not to do, voices that warn of danger, insult the individual, dictate, or deliver unpleasant or alarming information or they may just hear sounds.

If the ill person has visual hallucinations, they may see things that the rest of us don't see, but for them, they are very real and often terrifying. For example, they may see snakes crawling around the room.

The ill person may experience feelings similar to tingling or burning. All the senses are heightened including the sense of smell.

Brain scans of people experiencing hallucinations reveal that hallucinations are produced in the same areas of the brain in which we normally perceive sight and sound.

"I took my son to the hospital because he was hallucinating. In the waiting room, he grabbed my hand and became hysterical because he could smell smoke and saw fire. He said we needed to escape before the fire got us. There was no fire. After calming him down, he turned around and around glancing at me ever so carefully. Later he told me that he saw me changing into different shapes." –Parent

Hallucinations cannot only be present with schizophrenia – but also with acute stages of mania or depression.

Sat., April 8 – 9 A.M. to 1 P.M. - Botanical Center

Please register and arrive early.



The Citizens' Health Care Working Group – A Presidential Commission is asking for your input on what you like and don't like about our nation's health care system. Your opinions will

help form a citizens' action plan that the President and Congress are required by law to consider as they work to make health care work for all Americans. This is a chance for you to help shape national policy. The meeting is free – register at www.citizenshealthcare.gov or call Rachel Lynch at 515-243-2000.



“Out of the Shadow” Recap
Sunday, March 12

Over 220 people registered for the special event at the Temple for the Performing Arts when NAMI Greater Des Moines co-sponsored the documentary “Out of the Shadow” with Jansen Pharmaceutica.

Following the movie, a panel of 12 commented and made observations. **We thank all members of our panel for their expertise and investment in making the lives of persons with mental illness better.** The members of the panel were:

- Dr. Bruce Sieleni – President of NAMI Iowa
- Larry Hejtmanek – Des Moines Mobile Crisis Unit
- Darla Krom – Golden Circle Behavioral Services and PACT
- Angela Connolly – Polk Co. Supervisor
- Karen Walters-Crammond – Polk Co. Health Services
- State Senator Jack Hatch
- James Bremhorst
- David Carrett
- Rudy and Marni Vasquez
- Jeannie Harbison
- Cece Arnold – National Catholic Rural Life

For those of you who missed seeing “Out of the Shadow” – here is an excerpt from the introduction by Susan Smiley, the filmmaker.

“Out of the Shadow was born out of my anger about the stigma and vast code of silence surrounding people with schizophrenia and their families. When I learned about how pervasive this illness is, I realized that it’s not just my mother’s story, it’s millions of people’s story. People with severe mental disorders are all around us, and I am deeply troubled by our society’s profound misunderstanding of what schizophrenia is, and of the people who are afflicted with it. In my family no one talked about my mother’s odd behavior, but we all wondered why she couldn’t pull her life together. After decades of repeated apartment evictions and involuntary hospitalizations kept my mother on a constant cycle of unfamiliar living arrangements, psychiatric wards, doctors, social workers and medications, we finally realized that she actually was SO ILL that she wasn’t ABLE to help herself.

As a film-maker, I knew that the intimacy I had with my mother would offer unprecedented insight into the life of someone who suffers from schizophrenia. I hoped that by showing such insights, I could illuminate realities and clarify misconceptions. In filming my mother I also wanted to expose the travesties of our public health system, which has so poorly cared for her, that decades of her life were simply lost, wasted. In some small way, I hope this film will educate people who have had to care for a loved one who suffers from schizophrenia, as well as people who are not directly affected by the illness, but simply don’t understand what it is. I also hope it will offer families a renewed sense of hope. It took decades for my family to learn how to take care of Millie and help her realize some degree of potential. Recovery IS possible if the proper supports are in place and mental health and family caregivers work together.--Susan

In Iowa, it is estimated 30,000 people suffer from schizophrenia. Prior to the anti-psychotic medications, a diagnosis of schizophrenia was synonymous with “hopeless”. That is no longer the case. Recovery is real and possible. Education about the illness, medication with

tolerable side effects and a support system are critical pieces for recovery. There is no shame in having this disease. There is no one to blame for this disease.

Mental illnesses are more common than cancer, diabetes, or heart disease. As the President’s new Freedom Commission report states “Mental illnesses are shockingly common; they affect almost every American family.”

Recovery is possible for those with mental illness.

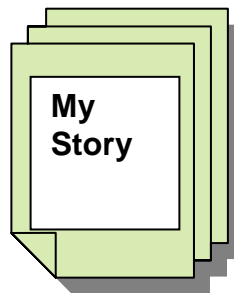
The following is a quote from General Douglas McArthur about recovery:

“In the central place of every heart, there is a recording chamber. So long as it receives a message of beauty, hope, cheer and courage, so long are you young. When the wires are all down and your heart is covered with the snows of pessimism and the ice of cynicism, then and only then are you grown old.”

Persons with mental illness and their families need to receive messages of beauty, hope, cheer, and courage. All of you can make that a possibility. *Be an agent of change.*

Many thanks to all the volunteers of NAMI Greater Des Moines who helped make “Out of the Shadow” a success.

The Mental Health Advocacy Coalition is asking for Your Help.



We would like to compile stories that illustrate mental health issues. These can be anecdotes or human interest stories which help to identify important mental health issues and problems – stigma, lack of access to services, your story and struggle in dealing with mental illness, mental health problems of returning soldiers, importance of the right medications, lack of funding, etc – real stories of

Iowans.

Copies of your stories should be sent to CeCe Arnold at ncrlcca@mchsi.com. The person sending the story should “de-identify” information in the story for replication purposes but still provide attached identifying information to Cece in case she needs to contact you. Anyone with writing skills who would like to help with this project should send an e-mail.



CONFUSED ABOUT DUES?

NAMI of Greater Des Moines and NAMI Iowa are separate non-profit organizations even though GDM is an affiliate of the state.

When dues are paid to NAMI Iowa – you have a state membership and a national membership (2) **but not a NAMI Greater Des Moines membership.**

When dues are paid to NAMI Greater Des Moines – you have NAMI GDM membership, a state membership, and a national membership (3).

By paying \$35 for an individual/family membership to NAMI GDM – you help to support all 3 organizations.

By paying \$35 for an individual/family membership to NAMI Iowa – you are supporting state and national – **but not local.**

NAMI GDM dues also cover all 3 levels of membership for a consumer membership of \$3.00 and a professional membership of \$40.

NAMI GDM dues paid in 2006 cover the calendar year.



Peer to Peer

Peer to Peer is a 9 week course for individuals with severe brain disorders. Each 2 hour session is taught by a NAMI Iowa team of three trained "mentors" who are personally experienced at living well with mental illness.

Participants come away from the course with a binder of hand-out materials, as well as other tangible resources such as: an advance directive, a "relapse prevention plan" to help identify feelings, thoughts, behaviors or events that may warn of impending relapse; information on how to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.

Class topics include: stigma and discrimination, relapse prevention planning, story telling, language, emotions, addictions, spirituality, medication, coping strategies, decision making, relationships, empowerment, and advocacy.

Call the NAMI-Iowa office to sign up for Peer to Peer- 515-254-0417.

Mental illnesses can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others and capacity for coping with the demands of life.



Need Help Paying for Medicine?

The Partnership for Prescription Assistance can give you a helping hand. Call 1-888-477-2669 or visit www.pparx.org to see if you may qualify.

Drug Discount Card

Polk County residents without full health insurance coverage can save on prescription drugs under a county sponsored drug discount program. Discounts average 20% and can be used at more than 100 pharmacies throughout the county.

The cards are available at the county health department, Broadlawn Medical Center, senior citizen centers and other sites. There are no income or age restrictions. While anyone can use the cards for drugs not covered by an insurance plan, the program targets those without insurance. For a complete list of card locations or a list of participating pharmacies, call 286-3895.



www.polk.ia.networkofcare.org

The web site contains information and resources regarding mental health in Polk Co. Some of the topics are community announcements, nation-wide news, services (who are providers?), library, legislate (state and national legislation), E-mail service to contact your state and national legislators), links, insurance (plans available), support & advocacy, emergency services.

Investing in effective community mental health services saves families, lives and dollars.



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

NAMI Greater Des Moines has sign-up packets of information for the U. of Iowa Bipolar Genetics study. Contact Teresa at 515-274-6876 to request a packet.

You can also 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 either the bipolar or 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.

We often feel helpless as we wait for new medications and new research to reveal more effective approaches and solutions in dealing with mental illness.

Participating in genetic studies or other research studies goes to the heart of being a part of the solution.

SUPPORT GROUP MEETINGS

Every Monday evening – 6:30 – 8:00 P.M. – the Support group meets at the Mercy Franklin West Conference Room (enter West side entrance) – 48th & Franklin, Des Moines. This is a support group for both family members and consumers.

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 afternoon – 1:30 to 2:30 P.M. - A consumer support group meets at Res-Care located at the Hammer Medical Pharmacy building at 602 E. Grand. Come early at Noon and have a hot lunch.

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.

Thursdays from 11:00 A.M. to Noon - Anger Management class at Res-Care located at the Hammer Medical Pharmacy building at 602 E. Grand. A hot lunch is provided at noon.

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, 666 Walnut St., Des Moines – Call 237-0232

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 34th St., in West Des Moines. Call – 277-6071

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.

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

1-800-SUICIDE (1-800-784-2433) is a 24 hour crisis line sponsored by the Kristin Brooks Hope Center. For more information, visit www.hopeline.com

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

<u>President and Editor of Newsletter</u> Teresa Bomhoff <i>E-mail: tbomhoff@mchsi.com</i>	274-6876
<u>Vice-President</u> – Dr. Bobby Dickerson <i>E-mail: bdickerson@paccdisciples.org</i>	979-8390
<u>Treasurer</u> – Don Jayne	225-8912
<u>Secretary</u> – Linda Jayne	225-8912
<u>Board members</u>	
June Lavigne	287-1707
Marlene Foster	277-4155
Bill Darby	279-7032
<u>Mailings:</u> Mark Adams <i>E-mail: adamsmarkm@msn.com</i>	556-8164
NAMI-Iowa office <i>E-mail: AMIIowa@aol.com</i>	254-0417



Schizophrenia Digest magazine and BP (Bipolar) magazine to be available at NAMI-GDM meetings

Both magazines are printed quarterly. We will have 50 copies of each magazine available for members and others attending the Sunday affiliate and support group meetings on a first come-first served basis.

There is a limit of 1 copy per person/family.

What will be the cost to you? Please donate a \$1.00 per copy to our organization.

The decision by the Board to offer both magazines was done to enhance support to those living with an illness and for families with loved ones suffering from severe mental illness.

Each magazine offers information about the illness, latest research and legislative developments, and stories of hope. Many letters to the editor have said "Now I know I am not alone."



Sign up for the next "Visions for Tomorrow" class. It is an 8 week course (1 night a week for 2-2 ½ hours) for parents, foster parents and other caregivers of children and adolescents who have serious emotional disorders.

Curriculum includes types of mental illnesses and emotional disorders as well as instruction on coping skills; dealing with schools; communication; medication; rehabilitation, recovery, and transition; and advocacy. Call the NAMI office to sign up – 515-254-0417.



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). Call the NAMI office to sign up –254-0417. The next Family to Family class in Des Moines will start in late August.

Positive Alternatives to Hospitalization (PATH) and Program for Assertive Community Treatment (PACT)



Positive Alternatives to Hospitalization (PATH) is a program at Broadlawns. PATH is a program that provides community based support to persons needing mental health services in Polk County.

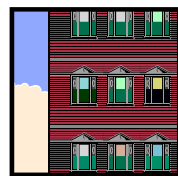
Individuals who are part of the PATH program are at least 18 years old, have a psychiatric disability, have a need for multiple treatment or support services at the time of referral, and have legal settlement in Polk Co.

PATH works with individuals and their families to help them manage their psychiatric disabilities and improve the quality of their lives. A multi-disciplinary team helps individuals make self-determined choices, establish and achieve their personal goals, increase skills, and develop a better understanding of community resources.

For further information or to make a referral, call 515-282-6770 or 282-6750. **AND**

PACT provides the care level of an inpatient psychiatric facility within the consumer's home. PACT is a multi-disciplinary team of mental health professionals, including a psychiatrist, nurses, social workers, mental health professionals, vocational and addiction specialists that provides care to people where they live. PACT services are intended to be long term. Services and service intensity increase and decrease according to each consumer's needs and preferences. To foster rehabilitation and recovery PACT provides; symptom education, symptom management, case management, individual supportive counseling, individual therapy, psychopharmacologic treatment, medication monitoring, vocational services, addictions treatment, family education and support, and skills teaching.

PACT is available to its consumers 24 hours a day, seven days a week for crisis intervention. Office hours are Monday through Friday 8 a.m. to 8 p.m. and 8 p.m. to 4:30 p.m. weekends and holidays. To make a referral or to learn more about the local PACT team please contact the Team Leader, Darla R. Krom, LMSW at 235-8846.



Subsidized Apartment Search

Go to www.hud.gov/apps/section8/

The last search for Polk County, Iowa, revealed 27 entries.

NAMI Beginnings - Winter 2006 - Issue #7

Read the Winter 2006 Issue of NAMI Beginnings published by NAMI's Child and Adolescent Action Center.

<http://www.nami.org/template.cfm?template=/ContentManagement/ContentDisplay.cfm&ContentID=31760&Istid=275>

Terrific articles - including *Minnesota law requires teachers to be trained on mental illnesses* – and – *Improving the academic competence of students with emotional disturbance*.

Please detach, complete, attach check, and mail to NAMI-GDM Treasurer – Don Jayne, 1291 16th St., West Des Moines, Iowa 50265

- For Renewal of NAMI – GDM dues for 2006
- To become a NAMI-GDM member in 2006



Checks should be made payable to NAMI-GDM.

IT'S TIME

We look forward to seeing you in 2006!!

Name _____

Address _____

City, State, Zip code _____

Phone _____ E-mail _____

Dues are as follows:
 (please check one)
 _____ \$35.00 Individual/Family
 (\$10 national, \$10 state, and \$15 local)
 _____ \$3.00 Consumers/Limited Income
 _____ \$40.00 Professional
 _____ Gift \$ _____

Be part of a movement to create awareness of the facts of mental illness – it is a human issue, a health issue, a community issue. At our meetings, you can meet, share, and care with others who are living with mental illness, as well as obtain information about mental health resources, meet speakers knowledgeable about mental illness, have access to informational resources and legislative issues.

Please help to support us whether it is through payment of dues or attending meetings or both!

THANKS if you have paid dues to become a NAMI Greater Des Moines member. **WELCOME!**



Arkansas Medicaid to Add 80,000 Low Income Workers

The Center for Medicare and Medicaid Services approved Arkansas Governor Mike Huckabee's plan to increase health insurance coverage in the state. **The plan targets businesses with 50 employees or less that do not currently provide health insurance.** Medicaid money will be used to cover the healthcare costs with minimal financial participation by employers. The program is expected to cost the state \$18 million over a five year period. (Pine Bluff Commercial, March 7, 2006)



NAMI CIT Technical Assistance Center Launches New Website!

NAMI is pleased to announce that our new CIT Technical Assistance website is now on-line. The website offers a variety of resources including toolkits, articles, and related links for those interested in building new or expanding upon existing CIT programs. We welcome you to submit articles, links, photographs, CIT pin logos, and other helpful materials to share with fellow advocates.

To view the website, please follow the following link:
<http://www.nami.org/Template.cfm?Section=CIT2>



New Mental Health Court Studies Released!

Two studies were done with funding made available by the National Institute of Justice. The first study, 'From referral to disposition: case processing in seven mental health courts', has been published in Behavioral Sciences and the Law, 23(2), 1-12. This study discusses the demographics of mental health court defendants. The abstract may be viewed

at: <http://www3.interscience.wiley.com/cgi-bin/abstract/110436937/ABSTRACT>

In the second study titled, 'The Second Generation of Mental Health Courts', the authors compare and contrast older mental health courts with the workings of newer courts. The abstract of this article may be viewed at: <http://content.apa.org/journals/law/11/4>

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

The 10 Fundamental Components of Recovery

Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and

From: National Alliance for the Mentally Ill of
Greater Des Moines
An affiliate and support group of NAMI-Iowa
5911 Meredith Drive, Suite E
Des Moines, Iowa 50322-190

PRSR T STD
US POSTAGE PAID
DES MOINES IA
PERMIT NO. 34

To learn more about mental illness, call NAMI Iowa (515-254-0417) or visit their office library at 5911 Meredith Drive, Suite E, Des Moines, IA 50322-1903. Check out the online resource NAMI website, www.nami.org, for information on research, disorders, treatments, medications and other topics.

services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

Non-Linear: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Peer Support: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Respect: Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief

in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope: Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

Resources www.samhsa.gov
National Mental Health Information Center
1-800-789-2647, 1-866-889-2647 (TDD)

Emily Dickinson's poem entitled "Life" speaks about the power of hope. "Hope is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all."

Each of you can be a conveyor of hope.