



NAMI – GREATER DES MOINES AFFILIATE AND SUPPORT GROUP NEWSLETTER

December 2005

“Support, Education, and Advocacy”

Meetings are generally the 1st Sunday of the month from 2 - 4 PM
at Iowa Lutheran Hospital, Level B conference room.

2005 Dates	Event	Activity/Other information
Sunday, Dec. 4	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines	Two topics will be discussed. The Value of a Supportive Relationship. Plans for a Less Stressful Holiday Season <i>Election of officers and Board Members to be held.</i>
Thurs.-Fri. Dec. 8-9	NAMI Iowa Fall Conference Four Points Sheraton, 4800 Merle Hay Rd	Cost is \$35.00 for NAMI-Iowa members For all others, cost is \$50.00. Nurses can earn CEU's.
2006 Dates		
Sunday, Jan. 8	NAMI-GDM affiliate and support group meeting <i>New Officers and Board of Directors installed</i>	We will be inviting Dann Flaherty, Family Advocate, with the Polk Co. District Attorney's office to speak on civil commitment.
Thursday, Jan. 19	Mental Health Awareness Day at the State Capitol	<i>Location is in the rotunda space on the first floor.</i>
Sunday, Feb. 5	NAMI-GDM affiliate and support group meeting	We will be inviting a case manager.
Sunday, March 12	NAMI-GDM affiliate and support group meeting will be at an alternative location – “Out of the Shadows” - 1 hour presentation, followed by panel of experts, and dessert.	<i>Reunions for Family to Family classes, Peer to Peer classes, and Visions for Tomorrow classes.</i>

No One is to Blame!

Having a mental illness does not mean that there's anything inherently wrong with you. Having a brain disorder does not affect your worth as a human being or encapsulate who you are any more than being diabetic would. In spite of their illnesses, **all people are valuable and have much to offer others.** Some of the most courageous people in the world are those who are living daily with the realities of having a brain disorder. They and their families should be looked upon for wisdom and guidance.

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.



Slate of Candidates for NAMI-GDM Elections

Candidates were introduced at the November affiliate meeting. Each spoke for a few minutes about themselves.

- President** – Teresa Bomhoff
- Vice-President** – Dr. Bobby Dickerson
- Secretary** – Linda Jayne
- Treasurer** – Don Jayne
- Board Member** – Marlene Foster
- Board Member** – Bill Darby
- Board Member** – June Lavigne, Past President

There has also been a request for a procedural change to NAMI-GDM business. Elections are presently held as follows:

October – Nominating committee appointed.

November – List of candidates announced.

December – Election held

January – Installation of new officers.

The proposal for change is to move the election process up by one month - as follows:

September – Nominating committee appointed.

October – List of candidates announced.

November – Election held

January – Installation of officers.

Great News!!



NAMI-Greater Des Moines has been awarded a grant in the amount of \$1009 from Janssen Pharmaceutica Products, L.P. - the Contributions and Community Affairs Dept. – for paper and postage to continue publishing the NAMI-GDM monthly newsletter. Thank you!

Thank you! Thank you!



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.



Thanks to Lynn Ferrell, Polk Co. Health Services Director – and – Angela Connolly, Polk County Supervisor for being our speakers at the November affiliate and support group meeting. Excellent information was provided. Clearly, two committed individuals and public officials looking for ways to help families coping with mental illness.

Website!!

Please check out the new web site which contains information and resources regarding mental health in Polk County at www.networkofcare.org. Click on [mental health/behavioral health](#) and then click on [Iowa, Polk County](#). Some of the topics are community announcements, nation-wide news, services (who are providers?), library, legislate (state and national legislation), links, insurance (plans available), support & advocacy, emergency services. Please contact Polk Co. Health Services (515-243-6339) if you are aware of other information which could be posted to the site or to provide feedback on the site.

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, Broadlawns 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.

Mental Health Court!!

Angela has been working with members of the judicial system, law enforcement, and mental health system to explore setting up a mental health court - a jail diversion program designed to get more offenders into treatment rather than incarcerated in our over-crowded penal system.

Mental health courts are problem solving criminal courts, designed to address underlying problems and change future behaviors. Goals are to facilitate treatment alternatives, prevent or limit incarceration, and to protect public safety by reducing recidivism.

NAMI-GDM has members who would be very interested in participating in this effort.

Incarcerated Mentally Ill to Receive Medications

If your loved one is ever incarcerated in the Polk County jail system, they should be given their medications. Be sure to insist on this and monitor to make sure it is happening.

Polk Co. Health Services Observations...

There has been a dramatic increase in the number of individuals receiving ongoing services.

	FY 1998	FY 2005
Non-Chronic Mentally Ill & Limited Service	2527	4327
Chronically Mentally Ill Adults	1440	1675
Mentally Retarded/ Developmentally Disabled	1035	1493

- Providers are generally operating at capacity.
- Individuals with criminal histories are having increasing difficulties securing housing.
- There is a statewide shortage of inpatient psychiatric beds.
- There is a shortage of affordable housing.
- There is a growing gap between funding and service need.
- There is a supported education program targeted at training individual with mental illness to be direct support staff in the mental health system. 91% of the first class secured job offers.

Concerns Expressed by NAMI-GDM...

NAMI-GDM members expressed concern over the lack of sufficient inpatient hospital beds. It is not unusual that beds are not available in crisis situations.

There is a critical need for patients not only to receive emergency care and stabilization services, but to receive adequate education about their illness and where services are – along with their families - to ease transition from their hospitalization back into the community and to facilitate progress toward acceptance and recovery.

Another concern was lack of respite care services.

We visited about the value of Crisis Intervention Training (CIT) for law enforcement. CIT is designed to enhance on-site police responses. Police, dispatchers, and jailers receive intensive training about mental illnesses and how to de-escalate psychiatric crises. NAMI-GDM saw this program as a necessary partnership with the existing Mobile Mental Health Crisis Unit – not to replace it. The Des Moines Mobile Mental Health Crisis Unit is a critical service which provides mental health triage with the police.

CIT training could also help with stigma reduction in the community. When politicians and law enforcement no longer stigmatize persons with mental illness, become fully informed about mental illness, and openly embrace the concept that mental illness is a brain disorder and a medical illness like any other – it will be reflected back in the community.

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



Thoughts on Recovery

Excerpts from Steven J. Onken
2005 Iowa Mental Health Conference

Recovery is a way of acknowledging that people can successfully contend with severe mental illness and still create positive lives.

Recovery is grounded in resiliency – existing key internal processes that enable an individual to surmount crises and persistent stresses – the innate strength, self-righting capacity and hardiness of that individual.

Recovery is grounded in hope. The feeling that what is desired is also possible, that things will turn out for the best. Fostering hope triggers motivation.

Recovery does not mean an outcome of cure.

Recovery occurs even though symptoms reoccur. People still struggle with the episodic nature of their symptoms, grieve the losses they have sustained, and struggle with the reoccurring multiple traumas they have experienced.

The recovery process itself can trigger symptomatic responses as a person becomes more active on his or her own behalf and opens up to more vulnerabilities. Part of recovery is this process of risk taking.

Recovery is likened to a 3 part journey:

- Recovery is reclaiming a positive sense of self in spite of the challenge of psychiatric disability.
- Recovery is actively self-managing a psychiatric disorder.
- Recovery is reclaiming roles and a life beyond the mental health system.

Mental health recovery can be defined as a vision, process, or an outcome. It is undertaken differently by each unique individual. It is making progress, losing ground, and pressing forward again.

In a coercive service system – recovery cannot be achieved. Characteristics of a coercive mental health service system are where dreams are demeaned, there is a pessimistic staff, decision-making is stripped from the ill person, there is a lack of education and information given to the ill person about their condition, no talk about the potential for recovery and where the resources are. Coercive systems limit or remove choices, and use treatment, services, medication as a means of social control.

The formal mental health service system must embrace the central experience of trauma in psychiatric disorder – a trauma sensitive and healing culture is one of belonging, safety, openness, participation, citizenship, and empowerment.

The elements of recovery are:

- Coping
- Healing
- Wellness
- Thriving

Quotes from focus group members who provided input to Mental Health Recovery: What Helps and What Hinders? A National Research Project

“Because I have had a place where I could live and just be and feel safe, it really accelerated my recovery.”

“Having a friend is a way of feeling comfortable with who I am, having more esteem and respect – esteem and faith in myself and trust to let go and be who I am in a sociable setting.”

“Live your life, not your diagnosis.”

“Coming to this point where I am saying, “Yeah. I can see a road, and there’s a future.””

“Even if you do get worse, this can be compensated by the skills you learn to manage your illness...even if the illness does get worse this does not mean that your life gets worse.”

“Support from others is very important, especially from others who are in the same predicament that you are. They know what you go through. They’ve been through it, and they survived, which could help you survive.”

“Fear keeps people from gaining that independence.”

“We have a system that’s based on helping on an emergency basis only. Does it have to take an emergency before somebody gets help? Does it have to be when somebody pulls a trigger or slices their wrist before somebody finds the help they need?”

“Implicitly or explicitly getting the message that you will be sick for the rest of your life, you’ll never get well. You’ll have to take meds the rest of your life. Being told you’ll never work again. The thing that the system has done to hinder and actually damage me the most is tell me I’ll never be well.”

“The system should assume that every person that walks through the door has the potential for recovery rather than the opposite – just automatically assume that recovery is possible.”

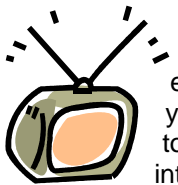
“I don’t want to cry all the time and I want to be able to get out of bed but I don’t want to be 950 pounds either. I didn’t have this side effect before I took it. Give me the right to tell you what’s happening with my body and the medication is not working or else the side effect is much worse than not taking the medication.”

“I had a therapist that cared and this was in the public sector. All those people came together one day to an office at a facility and they all sat down with me and talked about how I was going to survive and how they were going to help me survive. We were all going to decide how we were all going to help me get well. Wrap around, where you’re pulling in community, family, faith, work and being holistic. Combining everybody around you who knows about you and everyone being aware of what your symptoms are, how your behavior is and then it’s just like a community taking care of you until you’re able to take care of yourself.”

Don’t forget to attend the NAMI- Fall conference Dec. 8-9 at the Four Points Sheraton, 4800 Merle Hay Road, Des Moines. At 7 P.M. on Thurs., Dec. 8 – **Andrew Sperling (NAMI Nat’l Deputy Director of Public Policy) will speak.**

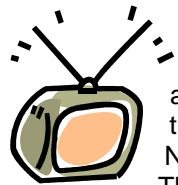
Old Chronicity Paradigm	Emerging Recovery Paradigm
Diagnostic groupings, "Case"; Lumped and labeled as "chronics"/SPMI/CMI	Unique identity; person orientated; Person First Language
Pessimistic Prognosis; "Broken Brain"	Hope and realistic optimism
Pathology/Deficits; Vulnerabilities are emphasized; problem-orientation	Strengths/Hardiness/Resilience Self-Righting Capacities Emphasized
Professional Assessment of "Best Interests" and Needs/Paternalism	Self-Definition of Needs and Goals/Voice/Consumer-Driven/Self-determination
Professional Control/Expert Services	Self-Help/Experiential Wisdom/Mutuality/Self-Care/Partnering with Professionals
Power Over – Coercion Force/Compliance	Empowerment/Choice
Reliance on formal supports or "independence"	Emphasis on natural supports; interdependency
Social segregation; formal program settings	Community integration, real life niches; accommodation to natural community resources
Maintenance, stabilization, risk avoidance	Active growth, New skills & knowledge, Dignity of Risk
Helplessness, Passivity, Adaptive Dependency	Self-Sufficiency/Self-Reliance

Dr. Phil



On November 23, Dr. Phil had an excellent program on schizophrenia. If you missed it, go to www.drphil.com to access information. Persons interviewed were a young lady living well with schizophrenia, a son and daughter seeking help for their mother, and the daughters of an ill woman worried about developing schizophrenia. Very good information – their goal – to demystify schizophrenia.

Shadow Voices: Finding Hope in Mental Illness



The show is a 1 hour documentary about stigma, spirituality, and recovery that features interviews with several NAMI consumers and family leaders. The program is billed as "an intimate, inside look at what it is like to live with a mental illness and how individuals and their families find their way through a tangle of mental, medical, governmental, societal, and spiritual issues."

In checking for the local broadcast dates in Iowa, the only one listed was for the Ottumwa-Kirksville area on Dec. 4 at 12 P.M. **Please contact the station manager at our local ABC Station to know you are eager to see the documentary.** The E-mail address is www.WOITV.com and the phone number is: 515-457-9645.

Ask them to air the documentary before the Feb. 4 deadline and at a time conducive to public viewing along with sufficient media awareness to know when the program will be aired. The tendency has been to air it after midnight or before dawn. The documentary was produced by the National Council of Churches.



The Mental Health Advocacy Coalition is asking for Your Help.

We would like to compile stories that illustrate mental health issues to hand to legislators at Mental Health Awareness Day on Jan. 19.

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. Cece hopes to be at our December affiliate meeting to hand out information on this project.

OLD vs. NEW Medications: Stories Wanted

A recent National Institute of Mental Health (NIMH) study has suggested that "new generation" antipsychotic medications are no more effective than older medications in treating schizophrenia, **raising concerns** that the study will be used to restrict open access to newer medications under Medicaid or managed care.

NAMI wants to hear from consumers or family members describing the difference that newer medications have made in their lives. Please send your short, personal story to storybank@nami.org, including your name, age, city and state, telephone number, diagnosis, treatment history, and relevant details. All submissions remain confidential. They will not be used without further contact and authorization.



NAMI Launches CIT E-newsletter

CIT in ACTION is an electronic newsletter focused on police crisis intervention team (CIT) programs and other jail diversion initiatives, community re-entry and related decriminalization initiatives. CIT in ACTION is a publication of the NAMI CIT Technical Assistance Resource Center which has been established to serve as a repository of information about CIT and related pre-booking diversion initiatives as well as a catalyst for the development of programs across the country. You can access this newsletter by clicking on CIT in ACTION at the NAMI website – www.nami.org.



Holiday Myth: Depression and Suicide from NAMI Connection E-mail newsletter

Despite traditional media stories of an increase in suicides during the holiday season each year, research shows that there is actually a *decrease* in suicides during the months of December and January.

According to a study conducted by the Annenberg Public Policy Center of the Univ. of Pennsylvania, this false perception was perpetuated by at least 2/3 of the news stories for the end of year holiday period in 1999-2000. Dr. Daniel Romer led the study to show that the implication by the media that suicide rates increase during the holiday season is incorrect.

Research into suicide patterns began as early as the end of the 19th century. Back in the late 1800's, Enrico Morselli studied suicide in Europe and found that 17 out of 18 countries showed an increase in suicide rates during the spring and summer months.

More recently, Dr. Kay Redfield Jamison, author of *Night Falls Fast: Understanding Suicide* (1999), found a similar pattern in a 1995 study. July has the highest rate, followed by August. December and January typically have two of the lowest rates of suicide during the year.

However, there is still concern for certain mental health disorders during the winter months. Seasonal Affective Disorder (SAD) is a disorder in which a lack of sunlight can lead to depression, which is especially a problem during the long winter months. Some symptoms are lack of energy, a decrease in productivity, the need for unusual amounts of sleep, feelings of depression, and an increase in appetite. If you think you or someone you know suffers from SAD, consult a doctor.

Some treatments effective in combating SAD are a balanced diet, including lots of fruits and vegetables, and consistent exercise, especially outside in the morning hours when the sun is at its strongest or being seated next to a window at work. With more severe cases, light therapy has proven an effective treatment option. This therapy involves exposure to very bright light (usually from a special fluorescent lamp) for a few hours each day during the winter months. Additional relief has been found with psychotherapy sessions, and in some cases, prescription of antidepressants.

Many depressive episodes begin in winter, but reach the point of maximum risk in the early spring, when mood seems to be improving and energy returns, including energy to act on lingering suicidal thoughts.

But watching out—and reaching out—to family and friends during the holidays is still important.



Best Books, Movies, and Television of 2005 for positive portrayals of the issues related to mental illness. You can order these at www.nami.org and NAMI will receive a percentage of the profits. There is also more information about each of the items.

Movies The Aviator
Stateside

Television Monk
Biography

Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness by Joshua Wolf Shenk

Divided Minds: Twin Sisters and Their Journey Through Schizophrenia By Pamela Spiro Wagner and Carolyn Spiro, M.D.

Will's Choice: A Suicidal Teen, a Desperate Mother, and a Chronicle of Recovery by Gail Griffith

Fear is No Longer My Reality: How I Overcame Panic and Social Anxiety Disorder and You Can Too by Jamie Blyth

Down Came the Rain: My Journey Through Postpartum Depression by Brooke Shields

Never Have Your Dog Stuffed: And Other Things I've Learned by Alan Alda

Books – Fiction

72 Hour Hold by Bebe Moore Campbell

Non-Fiction

50 Signs of Mental Illness: A Guide to Understanding Mental Health by James Whitney Hicks, M.D.

Against Depression by Peter Kramer



Enrollment for Medicare Drug Benefit Begins – Part D

As of Nov. 15, Medicare beneficiaries can begin signing up for prescription drug coverage. The actual benefit goes into effect on Jan. 1, 2006, and the initial enrollment period will run through May 15, 2006. The drug benefit offers multiple plan options that many elderly and disabled beneficiaries are finding confusing and overwhelming.

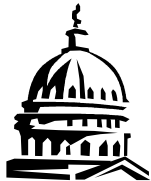
Drug coverage is voluntary, except for Dual Eligibles who are concurrently eligible for Medicare and the state Medicaid program. These extremely low income and vulnerable beneficiaries (about 1/3 have a severe mental illness) will be automatically assigned to a Part D drug plan on Jan. 1, 2006 – if they do not choose the plan they want to have that is most beneficial.

To get direct one-on-one assistance, call 1-800-633-4227 (Medicare specialists) to obtain a personalized profile of the 3 least expensive drug plan options. Beneficiaries need to provide their Medicare enrollment number, zip code, and their list of drugs (with specific dosages).

Other on-line resources are

- *NAMI's Medicare Drug Benefit Information Center*
- *Medicare Rx Connect*
- *Partnership for Prescription Assistance*
- *Kaiser Family Foundation*

There will also be 2 presentations at the Dec. 8-9 NAMI Fall Conference on Medicare Part D.



State Legislation

The administrative rules are being drafted for the Mental Health Parity Bill passed in the last legislative session. A new Iowa House committee has been created to address issues impacting our National Guard and Army Reserve soldiers returning from Iraq. One issue likely to surface in this committee is expanding mental health parity legislation passed last year to include a requirement that insurance companies pay for mental health services to persons suffering from Post Traumatic Stress Disorder (PTSD).

Our work is not yet done with the Mental Health Parity bill, but it is a start. We can't let mental health slip off the radar screen for state legislators. That's the reason for the call for stories on mental health from Iowans (see pages 4 and 5).

Preferred Drug List

There are big problems with a PDL (preferred drug list). Iowans should be very concerned.

In 2001, Maine implemented a PDL policy – one of the first in the nation. 8 months ago, the MaineCare Advisory Committee submitted a report to the state DHS, that scrutinized Maine's system and found what it characterized as "disturbing trends". According to the report:

- Emergency room visits have increased.
- Hospital admissions and patient referrals to specialists have increased;
- Many patients have experienced a worsening of their medical conditions as they jump through hoops to get medications not on the PDL;
- Many patients have been forced to go to the doctor multiple times to get the right medicine;
- Medical staff time and attention have been diverted from patient care to handle "voluminous paperwork" and increased calls from patients;
- Doctors have cut off or are limiting the number of Medicaid patients they accept because of the increased administrative burden; and
- Quality of care has decreased, with patients suffering painful consequences.

The subcommittee report noted, while a PDL "is an important cost containment tool, aspects of its implementation have adverse consequences directly affecting the health care of thousands." Other PDL states are also experiencing serious problems.

(Please note Iowa is establishing a PDL list.)

Let's look at the dynamics that would be set in motion. A limited program is likely to generate quick positive numbers, while the long term impact and human cost would remain unquantifiable for several years.

Stories of frustration and tragedy would have a difficult time competing with clear financial data that would build political momentum in favor of PDL's, to the injury of a population that is already striving to overcome immense challenges.

Maine is currently investigating the administrative problems caused by its PDL program. At some point in the future, Maine plans to try to quantify the human damage caused by the program to determine if the money it saved was worth the cost.

A PDL doesn't take individuals and their drug needs into account. Certain drug plans related to HAWK-1 cover only generic mental health drugs. Generic psychiatric drugs need only have 80% of the active ingredients of the brand name drug.

Once again – see our plea for your stories on pages 4 and 5 to show what a difference having the right medication means in the life of the ill person and their family – and the community.

FIND YOUR VOICE – MAKE A DIFFERENCE



Federal Legislation

Senator Paul Wellstone Mental Health Equitable Treatment Act

For the third consecutive year, a majority of House members are cosponsoring the Wellstone Act, which would end insurance discrimination against individuals with mental illness by ensuring

health plans cover mental health treatments and services as they do other medical care.

As of the 11-16-05 news release from NMHA, the legislation has 218 cosponsors in the House. 283 national organizations also support the bill. Despite the bill's majority support in the House for 5 consecutive years, House leaders have not brought the Wellstone Act to the floor for debate or for vote, and no House committee has taken up the bill. Without passage, Americans with mental health needs will continue to face inequitable barriers to needed medical treatment. If you want to contact your legislator about the Wellstone Act -

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

House Clears Budget Package Including Medicaid Cuts (11-18-05)

Medicaid is the largest and most important source of funding for public sector mental illness treatment services.

In our October issue, we informed you that NAMI was urging you to reach out to members of Congress this

(Medicaid cuts – cont'd) fall to tell them programmatic changes and proposed reductions to Medicaid could have an enormous impact on beneficiaries living with mental illness.

Most mental illness support services are deemed “optional” for state Medicaid programs, including prescription drugs, intensive case management and assertive community treatment (ACT).

On November 18, 2005, the House passed (217-215) the long expected budget “reconciliation” package that includes \$11.4 billion in reductions to the Medicaid program over the next 5 years. This sends the budget “reconciliation” measure to a conference committee with the Senate that will try to resolve differences between the two bills. The differences between the separate bills over proposed changes to the Medicaid program are substantial.

The Senate bill reduces future Medicaid spending by only \$4.3 billion over 5 years and does not include proposals in the House bill allowing states to impose higher cost sharing on beneficiaries.

If you are concerned and want to voice your opinion on this critical issue – contact your legislator - *the U.S. Capitol switchboard is 202-225-3121 if you want to ask for your Representative’s office.*

Mental Illness Research

The House failed to pass a final agreement on spending legislation covering FY 2006 funding for the FY 2006 Labor-HHS Appropriations bill (HR3010).

The bill includes the FY 2006 budgets for the National Institute of Mental Health (NIMH) and Substance Abuse and Mental Health Services Administration (SAMHSA). This means that changes will likely have to be made in the bill and be taken up after the Thanksgiving holiday.

The bill contains the smallest increase for mental illness research in nearly a decade.

If you are concerned and want to voice your opinion on this critical issue – contact your legislator - *the U.S. Capitol switchboard is 202-225-3121 if you want to ask for your Representative’s office.*

Housing, Veterans, Criminal Justice Programs

Just prior to beginning a 2 week Thanksgiving holiday recess, the House and Senate on Nov. 18 passed legislation containing the 2006 budgets for housing, veterans, and criminal justice programs.

These bills restore deep cuts that had been proposed for housing assistance to low-income people with mental illness and boost funding for treatment and services for veterans’ with mental illness.

Funding the Dept. of Commerce and Justice, Congress allocated \$5 million in funding for new programs authorized under the Mentally Ill Offender Treatment and Crime Reduction Act (P.L. 108-414).

Although this is far less than the \$50 million authorized in the Act, it is nevertheless a very positive development at a time when it is very difficult for new programs to achieve funding. The appropriation reflects bipartisan consensus on the value and importance of jail diversion, correctional mental health treatment and community reentry services.

The new program will be administered by the Bureau of Justice Assistance, U.S. Dept. of Justice. The criteria and schedule for applying for grants has not yet been determined. NAMI will be actively engaged in the process of developing the first Notice of Funding Availability (NOFA) for the program.

Whether it is state legislation, or federal legislation – your input is needed.

FIND YOUR VOICE – MAKE A DIFFERENCE.

Mental Health Task Force for Military

Excerpt from Federal Daily newsletter



The Senate on Oct. 6 accepted an amendment to the Dept. of Defense Appropriations Bill that would establish a Defense Task Force on Mental Health to develop a new plan for addressing mental health issues within the armed forces.

“We have not dealt with such an extraordinary number of returning war veterans in decades, and our Iraq veterans are facing unique mental health issues as a result of the intense and protracted urban combat they faced in Iraq,” said Sen. Barbara Boxer, D-California, who sponsored the amendment.

Boxer said the task force would primarily be charged with assessing and making recommendations to improve DoD’s mental health services. The task force would examine:

- How prevalent are mental health conditions in the armed forces;
- How well do existing programs work to prevent, identify and treat mental health conditions;
- How best to reduce or eliminate barriers to care, including the stigma associated with seeking help for mental health related conditions;
- How smoothly veterans who receive mental health care transition from the DoD health care system to the VA health care system; and
- How accessible long-term care is for members of the Individual Ready Reserve, the Selected Reserve, and for discharged, separated or retired members of the armed forces.

2006 Family to Family Teacher Training



Watch upcoming issues of this newsletter for details on Family to Family Teacher training to be held the 1st weekend in March and the 2nd weekend in July, 2006.



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.

Community living and support services may include:

- Assessing service needs
- Developing an individual plan
- Advocating on behalf of the individual
- Monitoring and educating regarding mental health issues
- Developing supportive relationships
- Communicating with other providers
- Helping to ensure individuals attend appointments and obtain medications
- Developing crisis plans
- Providing support and education in regard to independent living including referrals to:
 - Transportation use
 - Money management
 - Medical care
 - Dental care
 - Legal services
 - Housing support
 - Leisure activities
 - Employment opportunities
 - Volunteer opportunities

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

AND

The last 2 months, we've provided information about **PACT**. 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 of Greater Des Moines serves residents in Polk and Warren County. Most consumers currently in our program are funded through Title 19. Priority is given to persons living with schizophrenia, bipolar disorder, and other psychotic disorders. Title 19 currently requires that PACT referrals funded by Title 19 have a history of at least two psychiatric hospitalizations in the past two years, and have attempted treatment in a less intense treatment program.

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.



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 be 3-12-06.



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.

Early diagnosis and treatment of mental health problems can help children reach their full potential.



NAMI's **Provider Education Course** consists of a series of classes for line personnel at public agencies who work directly with persons with mental illness. It is designed to help the

providers learn to understand the day-to-day hardships of brain disorders; and to use this as a basis in developing staff skills and competency.

It is a 10 week course for 3 hours per session. The course costs \$7500 or \$300 per person and is arranged through a contract agreement.



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 dispatchers make the decision whether or not the mobile crisis team is called.

2 mobile crisis unit staff are on duty for each shift. There is no coverage between 2 A.M. and 6 A.M. The coverage area is all of Polk County and DM suburbs – a population of approximately 388,000.

It appears that the mobile crisis unit is stretched to the max. Additional units are needed and a more regional approach taken so all units of government are contributing to this much needed health service for an exceedingly fragile population.



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 – 515-254-0417.

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.

SUPPORT GROUP MEETINGS!!

Every Monday evening – 6:30 – 8:30 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.

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.

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 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.

Do you want to receive this newsletter by E-mail rather than by mail? Let us know – we’ll adjust our database. Send your E-mail address to Teresa.

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

<u>NAMI –GDM dues are:</u>	
Family/Individual (\$15 local, \$10 state, \$10 national)	\$35.00
Open Door Membership (Limited Income)	\$ 3.00
Professional	\$40.00

If you wish to become a member, please send your check (made payable to NAMI-Greater Des Moines)

To: Frances Ramsey, Treasurer
200 Bell Avenue, Des Moines, IA 50315

- 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.
- A chance to meet, share, and care with others who are living with mental illness.

NAMI – Greater Des Moines	
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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

Acceptance

From In Our Own Voice

Learning to accept the reality of having a serious mental illness is quite a challenge. It can be hard for anyone to come to terms with having a serious illness, no matter what it is, but acceptance is essential to beginning recovery.

While there is nothing you can do to change the fact that you have a mental illness, you decide how to respond to it. You can make choices that will help you lead the life you want. Please remember – you are not your illness, you are living with an illness!!

With acceptance, you can again begin to take control of your own life. Being a victim is not acceptable.

Recovery is possible. With the right treatment and support, you can lead a full and productive life.

Recovery System Components

Advocacy (*Rights*)

Treatment (*Symptom Relief*)

Crisis Intervention (*Safety*)

Rehabilitation (*Reduce Impact of Disability*)

Families and Community (*Support*)

Self-Help and Empowerment (*Control*)

Early Intervention Recommended - Treatment Delays Worsen Issues

One half of all lifetime cases of mental illness begin by age 14. Despite effective treatments for the disorders, there are long delays between the onset of symptoms and seeking treatment.

The median treatment delay for all disorders is about a decade. Disorders that emerge in childhood are associated with the longest delays in treatment, even though childhood disorders are often more serious than those that strike later in life.

According to the researchers, early treatment is simpler and could prevent “enormous disability” later. It also halts the development of co-occurring disorders, which are particularly difficult to get under control. Episodes can increase in severity and frequency, and grow resistant to treatment when left

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.

From: NAMI-Greater Des Moines
An affiliate and support group of NAMI-Iowa
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Des Moines, Iowa 50322-1903