



NAMI GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

February 2007
“Support, Education, and Advocacy”

<p><u>Education</u> Meetings are generally the 1st Sunday 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. Caring and sharing will be held after the educational speaker has finished. See inside the newsletter for support groups.</p>	<p><u>Business and Committee</u> Meetings are the 2nd Thursday of the month at 4 P.M. at the NAMI-Iowa Office.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Business</td> <td style="width: 50%;">5. Advocacy</td> </tr> <tr> <td>2. Marketing and membership</td> <td>6. Fundraising</td> </tr> <tr> <td>3. Support</td> <td>7. Special Events</td> </tr> <tr> <td>4. Education</td> <td></td> </tr> </table>	1. Business	5. Advocacy	2. Marketing and membership	6. Fundraising	3. Support	7. Special Events	4. Education	
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2. Marketing and membership	6. Fundraising								
3. Support	7. Special Events								
4. Education									
Thursday, Feb. 1	Mental Health Advocacy Day at the State Capitol – There will be displays from a variety of organizations and agencies regarding mental health. You have an opportunity to talk to your legislators about mental health issues. 10 AM to 2 PM								
Sunday, Feb. 4	The topic will be children and adolescent mental health disorders. Carolyn Hejtmanek from Orchard Place will be our speaker.								
Sunday, March 4	The topics will be an overview of Mental Health Disorders and the Mobile Crisis Unit – Larry Hejtmanek, founder of the Mobile Crisis Unit will be our speaker.								
Thursday, March 8	NAMI Family to Family educational course begins. Call Teresa at 274-6876 or the NAMI Iowa office at 254-0417 to sign up.								
Sunday, April 1	Recovery and Schizophrenia – and – U. of Iowa Research programs Speakers will be Nancy Hale and her son, Courtney								

SUPPORT GROUP MEETINGS

- Family members, if you are interested in participating in a support group, please contact our Vice-President – Dr. Bobby Dickerson
 Work phone: 288-1914 Cell phone: 979-8390
 E-mail: bdickerson@paccdisciples.org – The next support group meeting is Sunday, Feb. 18, from 2-3:30 PM at Park Ave. Christian Church – 3219 SW 9th St., Des Moines.
- 🕒 **First Monday of each month –6:30 – 8 PM** - a support group for parents and caregivers of children with severe emotional disturbance (SED) or mental illness – meets at the Child Serve Center – 5406 Merle Hay Rd, Johnston. For more information – call Diane at 255-8157 or Mary Ann at 883-8014.
- Every Monday evening – 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.
- Every Monday evening – 7-8 PM** – Broadlawn’s-1801 Hickman – dual diagnosis support group “Double Trouble and Recovery” – in lower level – Sands Kitchen-call Julie at 282-6793
- 2nd & 4th Mondays of each month – 7 P.M.** – For depression and anxiety disorders only – WestView Church, 1155 SE Boone, in Waukee. Call Julie at 710-1487 or E-mail at candlesinthedarkness@mchsi.com
- Every Tuesday morning – 11 AM to Noon-** A consumer support group – Wellness Recovery Action Planning – meets at the Res-Care Hope Center at 602 E. Grand. Call Deborah 283-1230 for more information.

- Every Tuesday evening – 8-10 P.M.** - Recovery Inc., a self-help group for people who have nervous and mental troubles – at St. Mark’s Episcopal Church, 3120 E. 24th St., Des Moines – Call 266-2346 – Marty Hulsebus.
- Every Thursday from 1 PM-2PM** – Procovery Circle – a support group for persons with severe mental illness – meets at Res-Care Hope Center at 602 E. Grand. Call Gina Shelley 283-1230.
- Every Thursday at 2:00 P.M.** - Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at Central Iowa Center for Independent Living, 665 Walnut St., Des Moines – Call 237-0232 – Mark Grunzweig.
- Every Thursday evening – 7:45 – 9:45 P.M.** – Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at St. Timothy’s Episcopal Church, 1020 24th St., in West Des Moines. Call – 277-6071-Deb Rogers.
- Every Saturday morning – 10 A.M.** A group of people who have depression will meet at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175.
- Every Saturday afternoon – 2:00 – 3:30 P.M.** – the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. This is a support group for consumers.
- Coping After a Suicide Support Group** – Polk Co. Crisis and Advocacy Services – Contact: Chris 515-286-3887
 Meeting day – 2nd Thursday of each month 6-7:30 P.M. and last Saturday of each month 9-10:30 A.M. Meeting place is 525 5th Avenue, Suite H. Victim Services Phone: 515-286-3600

RESOURCES – RESOURCES - RESOURCES



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

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



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.



Assistance with Prescription Cost

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

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

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



What is the Rainbow Center?

The Rainbow Center offers rehabilitation for persons with mental illness, based on the clubhouse philosophy. The club is divided into 2 work units. Each unit works consistently to complete the daily work of the Rainbow Center. The program also provides members with a social community and the opportunity to participate in our Transitional Employment program.

Work areas are in clerical, education, kitchen, administration, transitional employment, banking, and social activities.

Tours are provided throughout the week by appointment. Referrals are accepted from all sources. Documentation of mental illness as a primary diagnosis is needed for eligibility. The Rainbow Center reserves the right to select members who will benefit from its safe, unstructured, independent program. Call 243-6929 or email: rainbclub@aol.com for more information.



Positive Alternatives to Hospitalization (PATH)

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.



Program for Assertive Community Treatment (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 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.



The website for Polk County Health Services is www.polk.ia.networkofcare.org.

Intensive Psychiatric Rehabilitation (IPR)

IPR is a 2 year recovery based rehabilitation program. This is a voluntary program for persons with mental illness who want to focus on building skills and working on long term goals in their recovery. Clients and staff meet for 4 to 10 hours per week in group settings as well as individually with a practitioner. To stay in the program, 70% attendance is required. The program is funded through Medicaid, though they are seeking additional income streams.

The group meetings are educational and function as a support group. Clients decide what goals they would like to work toward. Efforts lean toward building skills and focus on hope.

The mission of psychiatric rehabilitation is to improve the functioning of persons with psychiatric disabilities so they can be successful and satisfied in the environment of their choice with the least amount of professional intervention.

Recovery is characterized by growth beyond the effects of the mental illness. People find that they are able to lead rich and rewarding lives despite the presence of symptoms. Recovery is a complex and time consuming process.

People who are in a recovery process are recovering from more than just the symptoms of mental illness. The examination of loss plays a major role in recovery as clients try to rebuild social networks and role identities.

The experience of recovery is an individual's experience of living successfully with a mental illness. IPR believes in each person's inherent capacity to grow. For more information, call Shannon Evers at 515-241-0982 or her direct line 515-235-8830.

HOW YOU CAN MAKE A DIFFERENCE



Needed – Your Stories

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.



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

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

Several Schizophrenia Studies are also at the U. of Iowa

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

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

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

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

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

State Legislation

Here are 4 places on the web to access E-mail to figure out who your legislators are, to contact your legislators, get mailing addresses, and phone numbers.

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

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

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

www.nami.org/advocacy

Here are the legislators and officials to contact for Polk Co.

Senator Charles Grassley

Senator Tom Harkin

House District 3 – Leonard Boswell (D)

Governor of Iowa – Chet Culver (D)

Lieutenant Governor – Patty Judge (D)

Polk County State Senators Polk County House Representatives

District 30 – Pat Ward (R)

District 31 – Matt McCoy (D)

District 32 - Brad Zaun (R)

District 33 – Jack Hatch (D)

District 34 – Dick Dearden (D)

District 35 – Larry Noble (R)

District 42 – Geri Huser (D)

District 59 – Dan Clute (R)

District 60 - Libby Jacobs (R)

District 61 – Jo Oldson (D)

District 62 – Bruce Hunter (D)

District 63 – Scott Raecker (R)

District 64 – Janet Petersen (D)

District 65 – Wayne Ford (D)

District 66 – Ako Abdul Samad (D)

District 67 – Kevin McCarthy (D)

District 68 – Rick Olson (D)

District 69 – Walt Tomenga (R)

District 70 – Carmine Boal (R)

Feb. 1 is Legislative Advocacy Day at the State Capitol. Join us! Then keep in contact by phone, letter, and/or E-mail & visit again.

We ask that you join us in talking to legislators about the following issues – again and again and again:

✓ **Appropriate more state dollars for MH/MR/DD/BI or change how the limitation in property taxes is applied.**

We have been warned how this will affect Polk County. Mental health services are poised to be cut. In October, a waiting list of approximately 50 people couldn't receive services due to lack of money. The list continues to grow. Now, we have been informed the Mobile Crisis Unit will lose its entire funding from Polk County as of July 1. The funding of mental health services is in crisis.

✓ **Expanding mental health parity.**

Eating disorders, panic and anxiety disorders including post traumatic stress disorder, diagnoses for children and adolescents and substance abuse should be covered.

✓ **Address mental health workforce shortages.**

What's more basic than having enough mental health professionals when assistance and treatment is needed? Iowa's Mental Health Workforce is an in-depth analysis of seven categories of licensed mental health workers. It documents factors that signal potential shortages in several health professions:

http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/mentalhealth_0306.pdf. Iowa is 46th in the nation in psychologists and 47th in the nation for number of psychiatrists.

✓ **Address the critical lack of inpatient psychiatric beds and recovery centers**

Psychiatric crisis beds in Des Moines

Broadlawn's 24-26 (lower level is used for storage)

Mercy Franklin – 24

Iowa Lutheran – 60 beds (34 for adults)

110 crisis beds? – Am I missing any?

Polk County's population is 401,066

1% of the population has schizophrenia – over 4000

1.2% of the population has bipolar - - close to 5000

5-10% have depression – over 30,000

Does anyone see a shortage of health services here?

✓ **Develop state-wide diversion programs to reduce the number of individuals put in jails and prisons instead of treatment programs.**

Taxpayers ought to be outraged that we are squandering taxes to support jails and prisons as our mental hospitals instead of funding effective treatment and support systems. Are we really that inhumane to keep throwing medically ill people in the closet?

✓ **Make ACT a Medicaid reimbursable service in Iowa.**

This is an evidence based practice that is cost neutral with high consumer and family satisfaction. There should be a reliable stream of funding and expansion of these services.

✓ **Retain “open access” for mental health drugs.**

*In an explicit warning to Medicaid state programs and the managed care industry, CATIE III states: "Treatment decisions must be based on the clinical situation of each individual patient. This study clearly **would not justify** policies that would unconditionally restrict access to any particular medication or that would thoughtlessly force patients or doctors who are satisfied with a current treatment to change to a treatment just because it might be less expensive."*

CATIE III notes that second generation drugs "have primarily changed side effects, rather than clinical efficacy." But it is important to understand that in terms of side effects, the choice of first generation drugs runs the risk of permanent, untreatable, debilitating and stigmatizing movement disorders.

NAMI GREATER DES MOINES

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

NAMI Greater Des Moines has a monthly newsletter.
 NAMI Iowa has a quarterly newsletter.
 NAMI National has a quarterly magazine, the "NAMI Advocate".

When dues are paid to NAMI Greater Des Moines – you have NAMI GDM membership, a state membership, and a national membership (3).		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	Yes	Yes
When dues are paid to NAMI Iowa – you have a state membership and a national membership.		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	Yes	No membership
If you pay dues directly to NAMI-National– you only have a national membership.		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	No membership	No membership

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

2007 NAMI Greater Des Moines

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2007 NAMI National Convention

The 2007 Annual NAMI Convention will be held at the [Town and Country](#) Resort in [San Diego](#), CA June 20 – 24. Online registration is now open. Find out more at www.nami.org/convention!

Hotel reservations can be made by calling 1-800-772-8527. You must make your reservation by May 18, 2007 and tell the reservations clerk you are attending the NAMI Annual Convention to receive this special convention hotel rate.



Iowa Coalition on Mental Health & Aging
www.icmha.org

HOW YOU CAN HELP

Becoming a member of NAMI Greater Des Moines is a great first step. The foundation of our organization will always be membership dues. Have you become a member yet? We need you.



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

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

- For Family to Family educational classes
- For Visions for Tomorrow educational classes
- For Peer to Peer educational classes
- For Provider educational classes
- In Our Own Voice presenters for grassroots civic education
- Parents and Teachers as Allies team presenters
- Support Group facilitator (involves once a month 2-1/2 hr commitment of time)

Committee assignments:

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

NAMI Walks – October 2007 (look for more information in this issue)

- Fundraising
- Marketing
- A job on the day of the walk
- Committee work



Your help will be most appreciated. Thanks.



www.nami.org/travel

NAMI now has its own travel web site. This new service is like having our own Expedia. You get access to the same airlines, hotels and rental car companies, cruises, and vacation packages you find on all the other major travel web sites – and low travel prices. Every time you use a travel web site like Expedia, the travel companies pay big commissions for your reservation. Now, if you book through NAMI, 40% of the commissions will help to improve the lives of people living with mental illnesses.

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



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

EDUCATIONAL OPPORTUNITIES

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.

1. Mental illnesses are prevalent.
2. Mental illnesses are treatable.
3. Mental illnesses are 'no fault'.
4. FAMILIES are members of the treatment team, and safety-nets for their loved ones who are experiencing first time psychosis, or relapse.



Iowa Federation of Families for Children's Mental Health Website at: www.iffcmh.org
Check out their newsletters and library for a multitude of information.

For assistance in determining your child's rights, your parental rights, and next steps to be taken to improve your child's ability to learn – consult the following resources:

The Legal Center for Special Education

ASK Family Resource Center
317 East 6th St., Des Moines, IA 50309-1903
Telephone: 515-309-0033
Toll free: 866-250-4545
Fax: 515-309-0035
E-mail: advocates@tlciowa.org

Parent & Training Information Center of Iowa
<http://www.askresource.org/pti/index.html>



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. The class this fall started on Sept. 19. **The next class will be in the spring.**

For a link to find the locations of 300 food pantries across Iowa Go to: <http://www.iowalegalaid.org/ia/homepage.html>
Click on legal information and other resources for Iowans
Click on food assistance and other food programs.



Family to Family Education - Take the 12 week course (1 night/week for 2-2 ½ hours) NAMI Family to Family educational course to obtain coping skills and information about mental illness. Severe mental illness is traumatic to the entire family - you might consider asking other family members to attend with you – a friend, a parent, spouse, a sibling, or one of your children (must be at least 14 years old). Topics include brain biology, schizophrenia, major depression, mania and schizoaffective disorder, anxiety disorders, dual diagnosis, basics about the brain, problem solving skills, medication review, empathy and understanding, communication skills, self-care, recovery, and advocacy. Call the NAMI office to sign up – 254-0417. **The next Family to Family class will start March 8.**



Peer to Peer Education
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.



Provider Education – The 10 week course (1 day/week) NAMI Provider educational course is for personnel at agencies or organizations who encounter or work with persons with mental illness. The course can be CEU accredited.

The course is taught by a team of 2 Family to Family teachers, two consumers and a family member or consumer professional.

Course components:

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

There is a cost for this program. Call the NAMI office to sign up – 515-254-0417. There are 3 programs underway at the Independence Mental Health Institute, Magellan Health, and the University of Iowa.

The Substance Abuse and Mental Health Services Administration (SAMHSA) – if you have an interest in confronting stigma and discrimination associated with mental illness and would like to post information in your own newsletters or listservs. Visit the ADS Center on the Web at www.stopstigma.samhsa.gov.

Coping with Schizophrenia: Don't Compare Yourself to Others

December 2006 – Excerpts from Blog entry by Robin Cunningham
www.schizophreniaconnection.com

Schizophrenia is a multi-dimensional brain disease that can affect all aspects of one's life: mental, emotional, physical and spiritual. I'm not a psychiatrist, psychologist or licensed clinical social worker, so I will not be offering professional advice. For this you must look to the experts in these fields.

The perspectives on schizophrenia I can provide are that of a consumer and a family member. I have walked the walk on both sides of the street. As such, I can speak with experiential authority. It is my objective to share with you, as best I can, what is like to experience schizophrenia, to struggle with it day to day. I will also make observations from time to time about the art and science of being a family member, also taken from my own experience.

Let's begin with something practical: a coping mechanism. I believe the example described below is most effective at the stage in a consumer's illness when they are just entering into recovery, but continues to be useful thereafter as well.

One of My Most Effective Coping Mechanisms

Individuals with schizophrenia respond differently to various medications available for the [treatment](#) of this brain disease. And they may respond differently to the same medications at different points during their illness. No medication works for all patients and at all times, i.e. there is no "silver bullet."

Coping mechanisms are much the same. Providers have developed a large number of coping mechanisms intended to assist individuals living with schizophrenia. Different patients find different coping mechanisms to be helpful at different points in their illness. Again, there is no "silver bullet."

During my fifty years of living with schizophrenia, I have tried many different coping mechanisms. The coping mechanisms I will share with you in this and future blogs will be those that have had the greatest impact on my quality of life over the long term. Remember, however, that each of us is unique. You should discuss with your therapist any and all of the coping mechanisms you use.

One of the interesting aspects of the coping mechanisms I will share is that each, in a slightly different form, has been useful to me both as a person living with schizophrenia and as a family member trying to cope with loved ones that are themselves struggling with mental illness.

Coping Mechanism #1: Do not compare yourself with others or your success in life with what others have achieved.

Compete against yourself. Try to make every day just a little bit better than the one before. Work to be the best you can be.

For Consumers: When I was an undergraduate I lived in one of the men's dormitories and had two sets of friends who were mutually exclusive: 1) Superb students, most of whom were largely inactive socially, and 2) students that were average performers in the classroom but quite adept in social situations.

When I compared myself with the first group, I found myself inadequate. My grades were good but not comparable. My social life did not impress them. When I compared myself with the second group, I again found myself inadequate. This group found my social life less than interesting. They thought I was bookish.

It seemed to me that I did not measure up academically or socially; I did not have full membership in either group. I felt humiliated and isolated. This troubled me to the point that I began to feel paralyzed in both fields of endeavor.

I blamed my troubles on the fact that I had schizophrenia. After all, the illness had already been a source of great anguish for me. I assumed the illness was crippling me in some fashion which I could not fathom. Symptoms from an earlier point in my illness began to reappear. My paranoia resurfaced. I began to believe the two groups were plotting against me, that they were tearing me limb from limb. I became terrified, on the verge of becoming dysfunctional.

In talking with Dr. Levy, my psychiatrist at the time, he pointed out that I was competing against the best of the best in both groups. Did I really expect to be among the best at everything? Might I be placing unrealistic expectations upon myself? He recommended that I look at my own unique set of skills and employ the coping mechanism set out above. At the time it was a huge challenge to change my thinking and quell the emotional turmoil in which I was caught, but it was something I could do on my own. It didn't require the approbations or approval of others. I worked hard at it, sometimes teetering on the edge of relapse. The effects were unexpected.

In an attempt to make a long story short, I will jump ahead. Competing against myself turned out to be an excellent approach. It greatly reduced my level of stress. I began to develop my own skills at my own pace, both academically and socially.

For Family Members: First, I suggest that the coping mechanism described above can serve as a personal growth strategy for just about anyone. If you're not using it, I recommend you try it.

Second, as noted above, this coping mechanism is probably most appropriate for consumers who are entering into recovery (and thereafter). Consumers are vulnerable at this point in their illness. Family members that understand this will probably be more effective in assisting their loved one during this critical stage.

In my experience, it is not helpful for family members to suggest role models for their consumer to emulate. It is not beneficial to express joy that their consumer is finally returning to "his or her old self," that all their ambitions on hold from yesteryear might once again be possible. Also, it is not productive for a family member to dust off their old expectations concerning the consumer. To do so is to set the consumer up for failure.

Don't expect immediate results from this coping mechanism. Consumers usually find it difficult to execute this strategy, at least initially. Often they have to unlearn the contrary standards of success they have been taught all their lives.

What a family member can do is to celebrate their consumer's every success in making each day better than the one before, even if this is just a hug or a slap on the back.



Professors Often Suffer in Silence

Psychology Today-Sept/Oct 2006

The growing health crisis on campus is no longer confined to the students. "All the structural changes affecting today's students – overwork, competitiveness, technological shifts, commercialism – extend to the lives of faculty," reports Rebecca Herzig, an associate professor at Bates College in Maine.

No one knows the extent of the problem. Herzig heads a committee on faculty issues for the pioneering Bringing Theory to Practice Project, which seed funds innovative solutions to the collegiate mental health crisis.

So far, Herzig admits, the evidence is mostly anecdotal, but on every campus during her sabbatical year, she says she was approached by presidents and deans describing problems such as

an increase in suicidal thoughts among colleagues. When UC Santa Cruz's chancellor, Denise Denton, took her own life in June, the urgency of the situation came home.

Another sign is that employee alcohol and addiction treatment programs at many universities are growing rapidly.

The students, it turns out, have only been canaries in the coal mine.



Myths and Facts about Depression and Bipolar Disorder

from the Depression and Bipolar Support Alliance

Myth: Depression and bipolar disorder are just states of mind. A person just needs to "think positive" and they will go away.

Fact: Depression and bipolar disorder (also known as manic depression) are real, treatable illnesses that affect the brain. They can't be overcome by "snapping out of it". Asking someone to "think positive" is like asking someone with diabetes to change his or her blood sugar level by thinking about it. People with mood disorders can feel better with the right treatment.

Myth: Treatment is a cop-out for people who are too weak to cope with day-to-day life.

Fact: Seeking treatment is a smart choice that takes strength. Mood disorders are not flaws or weaknesses. Seeking treatment means a person has the courage to look for a way to feel better.

Myth: Talk therapy is just whining about problems. It doesn't help.

Fact: Talk therapy has been tested clinically and found to be effective. In some cases it works as well as medication. Good talk therapy helps change behaviors that can make a person's moods less stable.

Myth: Medications that treat mood disorders are habit-forming. They can change a person's personality. A person can't be "clean and sober" while taking medications.

Fact: When properly prescribed and used, medications are not addictive and do not change a person's true personality. Medications help a person's mood become more stable and even. They are not "happy pills" and should not be compared to street drugs. They do not cloud a person's judgment or give a false sense of courage.

Myth: People with mood disorders cannot get better.

Fact: When correctly diagnosed and treated, a person with depression or bipolar disorder can live a stable and healthy life. Millions of people already do.

Myth: Symptoms of depression or bipolar disorder in young children or elderly adults are normal. They are just a part of growing up or growing old.

Fact: Severe mood changes in young children or older adults should be taken seriously. Recent studies have shown that children may be affected by mood disorders as young as infancy. Older adults are also at a high risk for depression. Younger and older people should be given complete physical examinations and treated according to their individual needs.

Myth: People with bipolar disorder or depression are dangerous.

Fact: Research shows that people with mental illness do not commit significantly more violent acts than people in the general population. However, people with mental illness are twice as likely to be victims of violence.

Myth: People with depression or bipolar disorder should not have children.

Fact: People who have been treated for mood disorders can parent as well as anyone else. They are also more likely to recognize symptoms, treat their children early, and understand their children's struggles if their children have mood disorders.

Myth: People with depression or bipolar disorder are not stable enough to hold positions of authority in fields like law enforcement or government.

Fact: People with mood disorders can and do hold positions of authority everywhere. When properly treated, a person's mood disorder does not have to affect job performance.

Myth: Suicide is not a problem in the United States. Only a small number of people take their own lives.

Fact: Suicide is a significant problem that needs to be addressed. Suicide deaths in the U.S. outnumber homicide deaths three to two. Each year, over 30,000 people in the U.S. take their own lives. More than 90% of these people are believed to have had a mental disorder.



Bipolar – Walking the Line

Excerpts from Web, M.D. – July/August 2006

The Lowdown

Just about everyone has ups and downs from time to time, but for people like Robin Molliner, these changes can be severe. Moods range from ecstatic or irritable to sad and hopeless – often with extended periods of normalcy in between. Manic episodes may mean increased energy, euphoria, and an unrealistic belief in one's abilities. People with bipolar disorder may go on lavish spending sprees. They may also have hallucinations (such as hearing voices) and delusional thoughts as Molliner did about her mother.

Onset typically occurs in late adolescence, as it did with Molliner, or early adulthood. But some people develop symptoms later in life and still others start showing them during childhood. The illness affects children and teens differently from the way it affects adults. The very young develop symptoms that last longer and swing more swiftly from hyperactivity and recklessness to lethargy and depression.

Medicating Mania

Bipolar disorder can't be cured but is typically treated with medication, psychotherapy, and lifestyle changes. Doctors often treat the mania symptoms with one set of drugs, and use other drugs to treat the depression. Maintenance treatment with a mood stabilizer such as lithium or an anticonvulsant drug can substantially reduce the number and severity of episodes for most people, but this can be a tough pill to swallow.

Why? Because many people with bipolar disorder struggle with the idea of staying on their medication for life. Some even enjoy the initial phases of the manic stage, while others feel fine and don't want to deal with the side effects of the medications, which can include weight gain and sexual problems.

Having been on lithium for 10 years, Molliner says, "I didn't have that choice (about treatment), because I was 16 at the time of diagnosis. (But) the peak of the mania and the deepest end of the depression were so scary and big that I never wanted to experience them again. In the manic stage, I was totally out of control in my own mind and body, and that is the scariest experience ever," she recalls. "And the depression felt like death."

Balancing Act

"It's a human phenomenon," Gray Sachs, MD, at Harvard Medical School. "There is a willingness to take a treatment when you're acutely ill, but then when symptoms are no longer (obvious), it's hard to get your arms around the idea of taking a drug forever when you are not perceiving any benefit."

“As patients experience more and more relapses, the wisdom to take medications becomes clearer,” says Sachs. Some people, he adds, may get the message after 3 lapses – and for others it can take 13.

James Rosenberg, MD at Centinela Freeman Hospital in Marina del Rey, California, says that people with bipolar disorder think, “I am going to finally write the great symphony or make some brilliant discovery” but in the long term, people with untreated mania may find they no longer have family, are HIV positive from engaging in risky/thrill seeking activities – are in jail, or are bankrupt. There are horrible consequences that affect the rest of your life.

For Molliner, the repercussions were mainly social. “I lost my identity as a 16 year old adolescent. I didn’t take final exams (the year) I got diagnosed because I was being treated, and everybody I went to high school with knew why, and the shame that went with that was the biggest repercussion,” she says. “I felt like I didn’t fit in and never would.”

More Than Pills

In addition to medication, family support, counseling and keeping regular routines can help people with bipolar disorder live with the condition. Molliner has been successfully living with bipolar disorder for 10 years, but that’s not to say she does not feel the onset of symptoms and moods from time to time. “I know I need (help) when I sense symptoms coming on in my sleep. I let the people in my life know that I sense it coming on. In doing that, I feel empowered,” she says. Exercise helps, too.

Molliner’s family has been a huge source of support over the years. “They didn’t throw it in my face,” she says. “Initially they were like ‘Have you taken your lithium?’ ‘Are you having a manic episode?’ or ‘Are you having a depression?’ which was not helpful,” she recalls. “What was useful for them to say was: ‘You are feeling happy, that’s OK,’” she says. “They learned to be supportive of me having emotional experiences without it being an episode.”

Molliner, a Berkeley graduate is now earning her master’s degree in psychology at Phillips Graduate Institute in Los Angeles. “I am developing programs for people recently diagnosed with bipolar disorder that incorporate art therapy, relapse prevention, and building medication compliance.” She says she wants to become the therapist that she never had.

“We work on self-esteem and identity through group therapy and relapse prevention through education about symptoms that come on before an episode, as well as coping mechanisms,” Molliner says. “You can’t get rid of bipolar, but you can choose how to live with it.



Auditory Hallucinations

Dr. Robert Liberman, Schizophrenia Digest, Fall 2006

While antipsychotic medication can stop the psychotic symptoms of hallucinations or hearing “voices,” many times this medicine only reduces the frequency and intensity of the hallucination. You and your doctor may have to try different doses and different types of medication to get the very best effects from antipsychotic drugs.

Meanwhile, there are other ways to cope with “voices” that will reduce their unpleasantness. For example, you could hum or sing, talk to people, listen to music through headphones, or read out loud to yourself. Some people hear voices more when they’re in certain situations – like crowded places or where there are relatives that make you feel upset, nervous, or depressed. So you may want to find situations that are peaceful and reduce your emotional arousal – like taking a walk in a park or speaking with a friend on the phone.

Cognitive behavior therapy is an effective treatment for psychotic symptoms that have not responded to medications.



Did You Know?

According to SAMHSA, in 2005 there were an estimated 24.6 million adults aged 18 or older who experienced serious psychological distress (SPD), which is highly correlated with serious mental illness. Among 18 to 25 year olds, the prevalence of SPD is high (**18.6 % for 18-25**, vs. 11.3% for all adults 18+), yet this age group shows the lowest rate of help-seeking behaviors.

Additionally, those with mental health conditions in this age group have a high potential to minimize future disability if social acceptance is broadened and they receive the right support and services early on.

See anti-stigma campaign tools at www.stopstigma.samhsa.gov.

Childhood Revealed: Art Expressing Pain, Discovery and Hope www.aboutourkids.org/aboutour/articles/cr_guide.pdf

The New York University Child Study Center produced the “Parent and Teacher Exhibit Guide” to artwork created by children who have mental illnesses. The exhibit and its corresponding book aim to help end the suffering of children who have mental illnesses; to reassure their parents that there is hope; and to guide each child toward a happier, richer life.

“Reaching Across With the Arts”

http://bluebirdconsultants.com/index_files/Page377.htm

“Reaching Across With the Arts” is a resource guide and manual that explains how to create self-help arts programs and activities. Written especially for mental health consumers, it also offers ideas about how to bring creativity into regular, everyday routines. The manual uses self-help as the model for developing new arts activities and programs.

“The Arts—Reaching Hearts and Minds to Counter Discrimination Associated With Mental Illnesses”

www.stopstigma.samhsa.gov/action/heartsandminds.htm

This booklet provides inspiration and guidance in using the visual and performing arts to counter discrimination and stigma. It begins with synopses of some of the many programs that offer consumers of mental health services opportunities to perform or to display their artwork to the public. Next, it offers insight into ways that these and other arts programs combat discrimination and stigma—building confidence among participants and educating the public about mental illnesses and the talents of people with mental illnesses. The booklet concludes with some tips about starting arts programs that address discrimination and stigma.



Change Artists

By: [Victoria Maxwell](#), Bachelor of Fine Arts/“Bipolar Princess”

When I ran down the street naked during an episode of manic psychosis, I had no intention of writing, let alone acting, in a play about it. I had no intention period. But years later, three plays have been born—all revolving around my “adventures” with bipolar disorder, anxiety and psychosis.

The plays chart my experiences with leather cuffs and hospital greens, the shame—albeit misplaced—of having a mental illness, the struggle to take medication, the loss of my beloved career as an actress, my return to work and, most important, how I reclaimed my sense of self.

I started writing my first play, “Crazy for Life,” because...well, after being at “Club Medication” several times (a.k.a. the psych ward), I wasn’t getting auditions like I used to. And to be frank, I was shy about the whole business of acting. I didn’t exactly leave at my peak.

With trepidation, I began writing about what happened. Lo and behold, when I read excerpts at a disability arts festival, the segments took on a life of their own. My voice was no longer only

my voice. It was the sound of others struggling to come to terms with the lurid label of mental illness. People, just like me, craved to be heard, hungered to see themselves reflected accurately among their peers and their communities.

All art forms give expression to the personal and universal, but “stigma-busting” art also illuminates the forbidden, the outlawed and the unspoken. It works in powerful ways: unearthing prejudices, dismantling stigmas, offering information and challenging deeply entrenched perceptions. Art changes societies—one person, one conversation at a time. There is no other way.

Humor is a major ingredient in my art—it puts people at ease, making awkward dialogues more comfortable. Humor and the arts have amazing capacities to heal and inspire.

How does it feel to take medications that sound like characters from a bad “Star Trek” sequel? You know those guys: Captain Zoloff and Lieutenant Paxil, who negotiate with the Lithium Liberation Army and the Prozac Nation?

There’s a collective hunger to have mental illnesses brought out of the proverbial closet, to exchange information and share stories. There is also a fear of it.

To draw attention to psychiatric disorders with storytelling, painting and film—to name only three—encourages people to reveal their own journeys and create their own recovery. It entices the public, who might otherwise turn away, to look more closely.

And in the words of the eminent educator and philosopher Marshall McLuhan, “The medium is the message.” When those of us with a mental illness use the arts to tell our story, we become the medium that triggers a change in how people see us, not just because of the stories we tell, but because the audience sees us doing things they thought we couldn’t. That is the power. That is the inspiration.

Attitudes shift because we conflict with the social status quo of what it means to be mentally ill. “The medium is the message,” and here we become both the medium and the message.

Artists can give potent form to the “insider’s” experience of mental illness and lift some veils of shame. In turn, it supports people to reach out for help earlier—or reach out period, for that matter. People who don’t live with a mental illness are forced back upon themselves, to ask themselves questions about this still-taboo subject.

As artists who happen to have mental illnesses, our work is always personal, and whether or not we like it, I believe it is also educational. The power of art is that it compels us to explore, question and reflect on long-held beliefs.

Like any artist, I have no control over what conclusions people come to after they see my shows, but I can offer persuasive and authentic glimpses into my “lived” experience of mental illness. People will make up their own minds, but perhaps with more accurate information than before



Public Serve Announcements aimed at 18 to 25 year olds are at www.whatadifference.org - the campaign – “What a Difference a Friend Makes”.

If you would like to receive **NAMI StigmaBuster Alerts** – send an e-mail to: smarch@nami.org. You would join 20,000 others to receive an e-mail newsletter. Examples of the results this past year are:

- Complaints to ABC-TV and the FOX-TV are believed to have contributed to network decisions to cancel the heavily stigmatizing comedy Crumbs and the reality show Unanimous.

Several companies took StigmaBuster concerns seriously and pulled advertising from the shows’ time slots.

- NAMI worked with the [Entertainment Industries Council](#) to produce a guide on bipolar disorder for producers, directors and screenwriters, as part of additional efforts to overcome stigma in Hollywood. NAMI also presented CBS-TV with an award for its [CBS Cares](#) campaign on depression.
- Protests of “haunted insane asylum” attractions received national attention at Halloween. Media coverage included the front page of the Chicago Tribune and CBS Radio. The themes of some attractions were changed, and even where not, public dialogue was achieved.
- The “Obsessive Compulsive Action Figure” led to healthy dialogue among StigmaBusters about the uses of humor and whether mental illness is ever funny. An informal survey of readers revealed the following opinions:
 - 50% -- Yes, but only when it’s not stigmatizing in nature; i.e., making fun of the illness, not the person, and especially if it educates others or helps a person cope.
 - 25% -- Yes, but only when we are laughing among ourselves, consumers, families and therapists.
 - 14% -- Never
 - 11% -- Yes. Lighten up. Laughter is the best medicine.
- ☒ Local action based on StigmaBuster models continue to bring success. NAMI Oregon recently protested a bank advertisement that used every stigmatizing word in the dictionary (e.g., crazy, bonkers, psycho, mental, screwy, wacko, etc.) Not only did the bank president apologize and cancel the ad, but the bank also made a contribution to the state organization and signaled a desire to partner with NAMI in the community.



PTSD, Heart Disease Link Made:

The more severe the PTSD symptoms a military veteran has, the greater the likelihood that the veteran will develop heart disease, a study in the Archives of General Psychiatry indicates. Each step up in symptom severity increased veterans’ heart attack risk by 26 percent, the study’s researchers, from the Harvard School of Public Health, found. ([Reuters](#), 1/1/07)



Apply for a Scholarship to attend the NAMI National Conference in San Diego June 20-24

The Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration (SAMHSA), through a contract with AFYA, Inc. (AFYA), is providing financial support to **consumers of mental health services** who would like to participate in the annual conference sponsored by the National Alliance on Mental Illness. The purpose of the scholarships is to foster transformation of mental health care to focus on recovery. Please note:

To be eligible for this scholarship, a completed application and letter of recommendation **must be received by March 1, 2007**.

Contact information to obtain the application:

Lethia A. Kelly, CMP, Senior Conference Manager
AFYA, Inc.

8101 Sandy Spring Road, Suite 301
Laurel, MD 20707

Phone: (301) 957-3049 (direct) (301) 957-3040, ext. 249

Fax: (301) 457-9902 E-mail: lkelly@afyainc.com



New guidelines allow troops who've recovered from traumatic stress disorders to redeploy

By [Leo Shane III](#), *Stars and Stripes*
Mideast edition, Friday, December 22, 2006

WASHINGTON — Troops with bipolar and psychotic disorders cannot deploy into Iraq or Afghanistan but those recovering from traumatic stress disorders still can, under new defense guidelines released this week.

Defense health officials said the new guidance is designed to clarify existing policy, not to replace any current practices dealing with deploying service members with mental health issues.

"What we found was that [health officials] had some questions about exactly what the regulations were," said Terry Jones, spokesman for Dr. William Winkenwerder, assistant secretary of defense for health affairs. "These are much more specific guidelines to help them evaluate troops."

The new policy guidance states that any condition that "limits the physical or psychological ability of a service member" must be evaluated before troops are sent downrange, since it could hurt both them and the mission.

It specifically states that troops with psychotic or bipolar disorders, and those taking anti-psychotic or anti-convulsant drugs, should not be deployed. Troops who suffer from any mental disorder for more than a year should also be considered "unsuitable" for military duty.

But service members with "a psychiatric disorder in remission, or whose residual symptoms do not impair duty performance" may be considered for duty downrange. It lists post-traumatic stress disorder as a "treatable" problem.

That decision is left to mental health professionals, under the guidelines. If troops do not improve after three months of therapy and medication, the guidance prohibits their deployment.

Jones said officials do not expect the new guidelines to significantly change the practices of mental health evaluators or the numbers of troops being deployed.



VA Comes Up Short on Promised Mental Health Funding – Excerpts from Federal Daily 12-11-06

The Dept. of Veterans Affairs is running about 20% short on its promise to add \$300 million over the last 2 years for enhanced mental health care for veterans, a new government report said.

The Government Accountability Office (GAO) auditors found that in FY 2005, the VA failed to spend \$12 million and in FY 2006 failed to spend \$46 million.

The GAO report noted that thousands of returning veterans from the wars in Iraq and Afghanistan require increased attention, but are not always getting it.

"There's something very disturbing to us – we're seeing a growing attitude by some in Washington who don't think that PTSD or mental health issues should be something government should be helping with," said Dave Autry, a spokesman for the Disabled American Veterans.

Federal Legislative Issues

www.nami.org/advocacy

Contact information for members of Congress

Capitol Switchboard 1-202-224-3121

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

<http://grassley.senate.gov/>

<http://harkin.senate.gov/>

<http://www.house.gov/boswell/>

<http://www.tomlatham.house.gov/>

<http://www.house.gov/steveking/>

<http://www.braley.house.gov/>

<http://www.loeb sack.house.gov/>



An Open Letter to Pastors

Marja Bergen, a photographer and writer from Burnaby, British Columbia, lives with bipolar disorder. She is the author of [Riding the Roller Coaster: Living With Mood Disorders](#), and is writing a second book about being a person of faith living with mental illness. The following is re-printed from her blog.

A friend of mine, someone with bipolar disorder, recently said to me, "I've gone to church nearly all my life and I've just heard about mental illnesses mentioned once, and just in passing. When I was hospitalized, some people came from the church, but they just prayed for the devil to leave me."

As someone who also lives with bipolar disorder - a medical illness - I find this tragic. For a person who is already suffering to be told she's not right with God is painful. It damages a person's relationship with her Christian friends and her church. Some even come to believe that it IS the devil that is the cause of their troubles and refuse to take the medication that would help them survive.

Would a person in hospital because of a heart attack, a stroke, or Alzheimer's be prayed for in this way? Can you imagine how that can make a person feel?

I believe churches should, at least once a year, receive a message from the pulpit on the truths about mental illness. I know that pastors don't usually preach about illnesses, but in this case, congregants need to learn how to separate the spiritual from the medical. Too many are uninformed and make things worse because they don't know how to best support people who are going through emotional trauma.

The kind of support such individuals need is very similar to the support people with physical illness need: practical help with things like meals and transportation, and a sympathetic ear. Church leaders can help their church family learn how to provide this.

There are two excellent opportunities each year for such a sermon. This upcoming year, May 7 - 13 is Mental Health Week. In October there is a Mental Health Awareness Week as well.



A Multitude of Mercies

By Fay Freimuth

This sounds like a book which many could benefit from. Here are 2 reviews from Amazon.com:

Review #1 - "These days, nearly everyone knows someone who has had to deal with mental illness. Readers will relate to this book and discover they are not alone or unique. The author is obviously in-the-know, as the situations, reactions and emotions described are spot on. The heartbreak, the bizarre symptoms and the stigma will be familiar to many and an eye opener for others. The story of Laura and her family travels from the depths of despair to the ultimate triumph of love and acceptance. Very uplifting."

Review #2 - "A multitude of mercies is more than just another novel about schizophrenia. The story weaves this tragic mental affliction into the lives and fears of other family members. The book shows that it is not just the schizophrenic herself who suffers, but that the immediate and even the extended family are also challenged for good or ill by this devastating illness."

Throughout the book, we suffer with Nan, the unaffected sister, as she tries to run her household while supporting her sister and entertaining her own fears. Meanwhile, her wacky but wonderful family have their own ways of dealing with this disease and with each other.

Be aware that if you read this book, you will be alternately laughing, crying, and marveling at the unexpected gems of wisdom found throughout. One thing is for sure: you will understand much more about how a supportive family can influence the outcome of a terrible mental illness."

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
 _____ To Become a NAMI-GDM member



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 NAMI Greater Des Moines

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Dues paid now will cover the 2007 calendar year

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GDM dues include local, state, and national membership

(please check one)

_____ \$35.00 Individual/Family

_____ \$3.00 Consumers/Limited Income

_____ \$50.00 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.

***** NAMI Walks *****
 For the Mind of America

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



You can participate in the Walk in a variety of ways –

- Form a walk team
- Join a walk team
- Walk as an individual

And/Or

You can help support the walk by –

- Sponsoring a walker
 - Being an event sponsor
 - Donations
- And/Or
- Volunteer to serve on a committee
 - Volunteer to help the day of the event

One of the questions you will be asked is what affiliate you are participating on behalf of – we would be honored if you would indicate NAMI Greater Des Moines. If we aren't mentioned, we will not receive a portion of the funds for our efforts.

NAMI Greater Des Moines would like to expand our programming by starting an "In Our Own Voice" consumer speaker's bureau, offer more educational classes like Family to Family, Peer to Peer, and Visions for Tomorrow, expand the number of support groups, and start an educational program in the schools as well as a hospital discharge program of information for ill persons as well as for their families. And yes, there are other things on our wish list.

With your help we can move forward on more of our goals to improve the lives of people affected by brain disorders.

Visit the website for more details:
<http://www.nami.org/namiwalks/IA>

The Walk Manager is Jay Brewer – 515-321-8051
 NAMIWALKSIAMGR@aol.com

Please join us!



Many thanks to Marvita McCown of Mercy Psychiatric Services for her presentation on eating disorders at our affiliate meeting Jan. 7.

Eating disorders have a 15-20% mortality rate and affect both males and females of all ages. At the present time there are no inpatient facilities for eating disorders in Des Moines – there are outpatient educational support groups however with a cost involved. Families seeking treatment are going out-of-state for in depth treatment – Colorado and Oklahoma.

Eating disorders are not covered by our present mental health parity bill. This is contributing to the financial demise of many families desperate for help.

Powerful reasons for talking to your legislators about expanding mental health parity in Iowa.

The top 6 sites on the internet on eating disorders are:

1. [Remuda Ranch Treats Eating Disorders](#)
 Eating disorder treatment center for women and girls suffering from anorexia and bulimia. We provide a safe, healing environment in a comfortable, ranch-like setting. Based in Arizona.
www.remudaranch.com
2. [Eating Disorder Treatment Programs](#)
 Rader Programs is a provider of treatment for all eating disorders including anorexia, bulimia and compulsive overeating. Treatment centers nationwide.
www.raderprograms.com
3. [Eating Disorders Treatment at Milestones](#)
 Residential treatment and online support for all Eating Disorders. Apartment-style residences in a non-hospital setting. JCAHO accredited. Most insurances accepted.
www.milestonesprogram.org
4. [Teen Residential Treatment Center](#)
 Learn how to control your eating disorder using an innovative treatment philosophy in a serene environment. Specially created for girls 12-17 years old. Adult facility available as well. www.mirasol.net
5. [Eating Disorder](#)
 Eating disorder treatment center. Get inpatient and outpatient therapy. Receive anorexia and bulimia treatment from disorder specialists. www.newlifecenters.org
6. [Eating Disorder Resources](#)
 Pale Reflections offers a comprehensive listing of resources and information for people with eating disorders. www.pale-reflections.com

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

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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. NAMI Iowa's website is at www.namiowa.org. Polk Co. Health Services' website is www.polk.ia.networkofcare.org.



Silver Ribbon Dialogue Column

We have silver ribbon pins available for \$3.00 at our Sunday affiliate meetings. Here's 4 examples (courtesy of June Judge) how wearing this ribbon has made a difference.

Dialogue #1

A young man settled himself beside me, in a tiny commuter airplane, going from Minneapolis to St. Louis.. As we were crunched together, he noticed the Silver Ribbon on my lapel and asked about it. "My son has schizophrenia. This ribbon says 'I care about people with mental illness'" The young man paled "My nephew is 16. My sister just called us to say that he has been diagnosed with schizophrenia. We don't know anything. What can we do?" I just happened to have a Family to Family brochure in my knitting bag and gave it to him, with the NAMI national 800 number listed. He thanked me over, and over and said 'it was meant to be' that we were crunched together on that flight.

Dialogue #2

As we waited in line for a restaurant, a woman standing beside me, asked about the silver ribbon on my lapel. "I care about people with mental illnesses". She teared up. "My daughter had depression. She committed suicide last year. I am taking care of my grandchildren. What can I do to be able to help them and me -to know more about their mother?" I happened to have the F2F brochure in my knitting bag. It's a good place to start!

Dialogue #3

Sitting beside me at "The Lion King" a woman asked about the silver ribbon on my lapel. "I care about people with mental illnesses". She blurted "my son has schizophrenia. My husband thinks he should just get a job, and everything will be okay". I gave her my card and said there is a program called Family to Family, that might be helpful. It's nation-wide - call me and I'll give you the 800 number to find a class close to you. "You are not alone."

Dialogue #4

Sitting in a Dairy Queen having a huge Blizzard as I waited for a plane change - I struck up a conversation with a woman my age. She was going to visit her son and his family, who was a physician. She was a University of Oregon teaching nurse. I said "We need more psychiatric training for nurses." She said "There's this organization called NAMI -.have you heard of it?" We spent the next 15 minutes talking about how nursing could offer more community-based "street" psychiatric nursing. She said "Yes, there is a great need. NAMI needs to work on this."

Would you like to wear a silver ribbon, too? Please send us a synopsis of the dialogues you encounter while wearing your silver ribbon pin - for this column.



Suppose when you awoke this morning you weren't feeling well. You've been dragging for some weeks now, but this morning you have a coughing jag; blood comes up.

Worried that something is terribly wrong, you reach for the phone. Maybe you can catch this in time.

You call the health clinic. They ask some questions. How long have you felt this poorly? Is this the first sign of blood? Any family members there to make you soup?

Then, incredibly, the clinic tells you, sorry we can't help you unless you are in imminent danger of dying today. Call us back when you can no longer breathe.

Of course this won't really happen if your illness is physical. But mental illness is a different story, especially for those who lack insurance or have run out of coverage. Unless you are in "imminent" danger of harming yourself or someone else, take a number.