

State Legislation

Here are 3 places on the web to access E-mail to figure out who your legislators are, to contact your legislators, get mailing addresses, and phone numbers. <http://www.legis.state.ia.us/>
<http://www.infonetiowa.com/> - Has the latest on legislation. *Check out their great newsletters online.*
www.nami.org/advocacy **This year's legislative session ends April 21.**

Update on Polk County Waiting List



As of the end of February there are now -

- 502 on the waiting list for disability services,
- 379 have mental illness
- 82 have intellectual disabilities (mental retardation)
- 41 have developmental disabilities
- 0 unknown
- 155 of the 502 are at risk of hospitalization and/or homelessness
 - Longest on List: **695 days**
 - Average Time on List: **234 days**
 - Average Time for those admitted: **177 days**
- 104 kids on referral list (this has increased dramatically because they now allow kids to be placed on the referral list at age 16.

At the **10/10/08 MH/MR/DD/BI Commission meeting**, Polk County CPC Administrator, Lynn Ferrell, shared Polk County is projecting by fiscal year 2010 a new person needing county funded services will be on the waiting list for **five years** without changes to the county funding formula.

Polk County is barred by state law (as are all other 98 counties) to raise additional funds for mental health services. County dollars are frozen at 1996 dollar levels.

There are Medicaid waiver programs Iowa offers eligible residents to allow persons to receive necessary services to remain in their home and community rather than an institutional setting.

Waiver Programs	# slots there are \$ for	# on Waiting List 3-09
Ill & Handicap,	3163	1636
AIDS/HIV	56	1
Elderly	9608	0
Mental Retardation	2851	0
Brain Injury	1168	630
Physical Disability	1292	1147
Children's Mental Health	645	515

Total persons on all waiver waiting lists
3929

Go to: www.ime.state.ia.us
 Click on "Members & Consumers"
 Click on "Additional Services"
 Then choose "Home & Community Based Services."

If you scroll further down on the page you will see a section called "HCBS Funding Slots." Click on the link for "Slot and Waiting List Information." This will tell you how many individuals were waiting for each particular program as of the end of the previous month.

There is also information regarding Remedial Services and Habilitation Services.

NAMI's 2009 Grading the States Report was released 3-11-09 Iowa's Grade is a "D".

To see a complete copy of the report go to www.nami.org/grades09
 0 states received an A. 6 states received a B. 18 states received a C.
 21 states received a D. 6 states received an F. Overall the nation scored a D.
 Grades were based on 65 specific criteria such as access to medicine, housing, family education, and support for National Guard members

In 2006, Iowa's mental health care system received an F grade. Three years later, it receives a D – still a failing grade. Iowa has charted a course for progress, but much work remains to be done.

Grades by Category

<i>Health Promotion and Measurement:</i>	D	25% of Total Grade
Basic measures, such as the number of programs delivering evidence-based practices, emergency room wait-times, and the quantity of psychiatric beds by setting		
<i>Financing & Core Treatment/Recovery Services:</i>	D	45% of Total Grade
A variety of financing measures, such as whether Medicaid reimburses providers for all, or part of evidence-based practices; and more.		
<i>Consumer & Family Empowerment:</i>	F	15% of Total Grade
Includes measures such as consumer and family access to essential information from the state, promotion of consumer-run programs, and family and peer education and support.		
<i>Community Integration and Social Inclusion:</i>	D	15% of Total Grade
Includes activities that require collaboration among state mental health agencies and other state agencies and systems.		

(Iowa's Grade is a "D" – cont'd)

Innovations

- Mental Health Systems Improvement initiative
- Expansion of co-occurring disorders treatment
- Crisis services pilot projects

Urgent Needs

- Uniform statewide data collection system
- Crisis response and stabilization services
- Address mental health workforce shortage



Grading the States 2009: Overview

In 2006, the national average was D. Three years later, it has not budged.

Mental health care in America is in crisis. The nation's mental health care system gets a dismal D. Fourteen states improved their grades since NAMI's [last report](#) card three years ago. Twelve states fell backwards. Oklahoma showed the greatest improvement in the nation, rising from a D to a B. South Carolina fell the farthest, from a B to a D.

As the nation confronts a severe economic crisis, demand for mental health services is increasing -- but state budget cuts are creating a vicious cycle that is leaving some of our most vulnerable citizens behind. We must move forward, not retreat.

Long fragile, fragmented, and inadequate, America's mental health system is now in serious peril. In 2003, the presidential New Freedom Commission presented a vision for a life-saving, recovery-oriented, cost-effective, evidence-based system of care. States have been working to improve the system, but progress is minimal.

Today, even those states that have worked the hardest stand to see their gains wiped out. As the country faces the deepest economic crisis since the Great Depression, state budget shortfalls mean budget cuts to mental health services.

The budget cuts are coming at a time when mental health services are even more urgently needed. It is a vicious cycle that destroys lives and creates more significant financial troubles for states and the federal government in the long run.

One in four Americans experience mental illness at some point in their lives. The most serious conditions affect 10.6 million people. Mental illness is the greatest cause of disability in the nation, and twice as many Americans live with schizophrenia than with HIV/AIDS.

We know what works to save lives and help people recover. In the face of crisis, America needs to move forward, not retreat. We cannot leave our most vulnerable citizens behind.

"Too many people living with mental illness end up hospitalized, on the street, in jail or dead," NAMI Executive Director, Mike Fitzpatrick said. "We need governors and legislators willing to make investments in change."

Status of Bills in the State Legislature as of the first funnel deadline of March 13.

<i>Still active</i>	<i>HF 234 And SSB 1002</i>	"Equality in Health Care Coverage and Veterans Wellness Act" - A bill for an act requiring health insurance coverage for costs relating to mental health conditions, including alcohol or substance abuse treatment services.
<i>Still active</i>	<i>HF 501</i>	Requires the state to apply for an autism waiver.
<i>Still active</i>	<i>HF 389</i>	Health Care Reform
<i>Still active</i>	<i>HF 45</i>	This bill provides for the suspension of medical assistance benefits for up to 12 months rather than termination of medical assistance benefits of a person who is incarcerated.
<i>Still active</i>	<i>SF 261 and HF 540</i>	A bill for an act establishing a pilot physician assistant mental health fellowship program and making appropriations.
<i>Still active</i>	<i>HF 236</i>	This bill relates to psychiatric medical institution for children (PMIC) services by providing for development and implementation of a new reimbursement methodology that is acuity-based and by addressing other PMIC service provisions.
<i>Still active</i>	<i>HSB 259</i>	PMIC Insurance mandate
<i>Still active</i>	<i>HF 589</i>	An appropriation to the U. of Iowa for adding a minimum of 14 psychiatric residency positions
<i>Did not make the funnel deadline</i>	<i>SF 134</i>	A bill for an act relating to county mental health, mental retardation, and developmental disabilities services funds and levies, authorizing a supplemental levy for such funds under certain circumstances, and providing an effective date.
<i>Did not make the funnel deadline</i>	<i>SF 144</i>	A bill for an act relating to adult mental health, mental retardation, and developmental disabilities services by shifting responsibility for such services from the counties to the state, revising county levy authority for such services, and providing effective and applicability dates.
<i>Did not make the funnel deadline</i>	<i>HF 1 & SF 1</i>	Autism mandates

The second funnel deadline is April 10. The last day of the legislative session is April 21.

NAMI Greater Des Moines Legislative Priorities

The complete NAMI Greater Des Moines legislative priorities document is on our website.

Priority 1 – Adequately fund the mental health system in Iowa

Priority 2 – TAKE ACTION to Address an Inadequate - Workforce – Beds – Services

These are basic needs not being met.

Priority 3 - Institute Mental Health/Illness Education Mandates

This a medical illness like any other. There should be no shame in seeking help. Accurate information is needed.

We support an improved mental health parity law.

The federal mental health parity law requires that if insurance companies offer mental health benefits they are to be offered with the same coverage as other physical ailments. Iowa should require that all insurance policies offer mental health benefits.

We support jail diversion efforts.

We support Code changes.

The solutions are not easy. They require resources. More than anything, a solution requires the political will for a commitment to place mental illness on the front burner of public policy.

We're paying for it in jail costs; homeless services; in lost wages; in anguish of loved ones and in lost lives.

We cannot solve the problems with the same thinking we used when we created them. ----Albert Einstein

Educational Classes

Family to Family – a 12 week class for family members of adults with mental illness –
Contact: Grace at 961-6671 rsivadge1@juno.com or Teresa at 277-0672 tbomhoff@mchsi.com

Visions for Tomorrow – an 8 week class for parents and caregivers of children and adolescents with severe emotional disorder
Contact: Diane at 273-5054 DLJohnson@magellanhealth.com or Steph Estes at 967-6997 steph_estes@msn.com

Peer to Peer – a 9 week course for persons in recovery
Contact: Dawn Olson 254-0417 dawnao@iowatelecom.net

Parents and Teachers as Allies – a 2 ½ hour in-service for teachers and parents
Contact: Susan Gill slsgill@aol.com 242-7556

Provider Education – a 10 week course for persons at agencies and organizations who work with persons with mental illness. A contract is negotiated with NAMI Iowa for this class. 254-0417 or 1-800-427-0417

Support groups – See inside the newsletter for a listing of support groups. We have:

3 support groups for family members – 1 in Des Moines, 1 in Indianola, 1 in Winterset

3 support groups for parents and caregivers of children and adolescents with severe emotional disturbance – Johnston, Des Moines, and Altoona

8 listings for support groups for persons in recovery

A support group for family members concerned about loved ones who are on parole, jailed, or imprisoned.

A support group for those coping with the aftermath of a suicide

Do you know of more support groups we could list?

PLEASE BECOME A MEMBER OF NAMI GREATER DES MOINES

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

Dues are: Send to: Jim Vandenberg
\$35 – Individual/Family Treasurer
\$ 3 – Limited Income 4114 Allison Ave
\$50 - Professional Des Moines, IA
50310

Please make the check payable to NAMI GDM

Dues cover local, state, and national membership.

Donations are also welcome!

NAMI Greater Des Moines Board of Directors
Effective January 1, 2009

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Our Education 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.

Our Business meetings are on the 2nd Thursday of each month at the NAMI-Iowa Office. We discuss 1. Business
2. Marketing and membership 3. Support 4. Education
5. Advocacy 6. Fundraising 7. Special Events

	Tuesday March 31 7-9 AM	NAMI Iowa Legislative Breakfast at the State Capitol. Please join us in the legislative dining room on the ground floor of the State Capitol.		
	Wed., April 1, 8AM to 4PM	Suicide Protection: Prevention, Intervention and Postvention – 1 day workshop at Adventureland Inn, 3200 Adventureland Drive, Altoona, Iowa. Register on-line at http://www.polkcountyiowa.gov/health/eventregistration/ \$30 registration fee includes meals and snacks.		
Sunday, April 5 2 PM	Topics will include “Home and Community based services through the Medicaid waiver programs and remedial services, Creative Arts Therapy (dance and movement, drama, art), Groups for children and adolescents ”, and recovery based services. Apollo Counseling and Resource Center will be our presenter.		Thursday, April 9 5 PM	We will be discussing and planning around 7 topic areas.
Sunday, May 3, 2 PM	The topic is “Medications” . Dr. Ara J. Robinson, psychiatrist, will be our speaker.		Thursday, May 14, 5 PM	We will be discussing and planning around 7 topic areas.
	Wed – Friday May 13, 14, 15	Governor’s Conference on Aging “Aging Well” at HyVee Hall in downtown Des Moines– The first day’s keynote speaker will be Patty Duke. She will speak on mental health and wellness. The conference focus the first day will be on mental health issues. For more information, contact Carolyn Danielson, Events Coordinator, at (515) 725-3318 or carolyn.danielson@iowa.gov or go to http://www.state.ia.us/elderaffairs/living/conferences.html#GCOA		
	Wed – Thursday May 20-21	The Iowa Advocates for Mental Health Recovery are sponsoring the 2nd Annual Co-Occurring Disorder Recovery Conference at the Holiday Inn & Suites, Des Moines, Iowa <ul style="list-style-type: none"> ▪ System Change: Embracing Consumer & Family Driven Transformation ▪ Cultural Competency in Treatment & Recovery Support ▪ Update & Discussion RE: Iowa Departments of Public Health and Human Services, Magellan Health Services Collaboration <i>Consumer Stipends will be available for individuals committed to establishing Dual Diagnosis Recovery Meetings.</i> For any preliminary questions or concerns please contact us at IAMHR07@gmail.com		
	Thurs – May 28	Save this date for an all day Recovery Conference being planned by Behavioral health Resources.		
Sunday, June 7, 2PM	The topic is “WRAP – Wellness Recovery Action Planning” . Our speaker is Deb Guthrie, Peer Specialist.		Thursday, June 11, 5 PM	We will be discussing and planning around 7 topic areas.
	Thursday, June 25	“Many Faces of Mental Illness and Intellectual Disabilities” Conference sponsored by the Siouxland Mental Health Center - 7:30 AM to 4:30 PM at the Sioux City Convention Center, 801 4 th St., Sioux City, IA . The keynote speaker is Pete Earley, the author of “Crazy – A Father’s Search Through America’s Mental Health Madness”. See more conference details at: http://www.siouxlandmentalhealth.com/Conference%202009.htm		
The rest of the 2009 Sunday Education Meeting Dates	July 12 August 2 September 13 October 3 – NAMI Walks November 1 December 6 – Legislative Forum		The rest of the 2009 Business Meeting Dates	July 9 August 13 September 10 October 8 November 12 December 10

Would you like to become a teacher for Family to Family, Visions for Tomorrow, or Peer to Peer? **Would you like to become a support group facilitator** for a family member support group or for the consumer support group – NAMI Connections? Contact the NAMI Iowa office to be placed on the class list for training. Their phone numbers are 254-0417 or 1-800-417-0417 or send an e-mail namiowa@mchsi.com

to: Teresa Bomhoff, 200 S.W. 42nd St., Des Moines, Iowa 50312
or E-mail: tbomhoff@mchsi.com

NAMI Greater Des Moines 277-0672
NAMI Iowa Office 254-0417 or toll free 1-800-417-0417 M-F 9-4
NAMI National Helpline 1-800-950-6264–Mon-Fri 10 AM-6 PM EST

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. If you receive our newsletter by e-mail and would rather receive it by snail mail – or if you receive our newsletter by snail mail and would rather receive it by e-mail – communicate your preference

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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.



The power of amends

Excerpt from the [Winter 2009](#) issue of [bp Magazine](#)

Grant "Skip" Treaster remembers his hand trembling the day he sat down to write a long-overdue letter to his son.

It was his son's 39th birthday. And Treaster, diagnosed with bipolar disorder in 1995, hadn't seen his son since he was a 9-year-old boy.

"I wish I could just say sorry, that this card is a couple days late," Treaster wrote his son. "But it's been more like a couple decades. I don't know where to even begin to say I'm sorry, but I truly am.

"I'm sorry I just up and disappeared from your life," his card message continued. "I never really intended to do that. But I turned out to be one of those men who leave. Leave jobs when they get too hard. Leave relationships when they get too complicated. Leave town when things get hot. I'm sorry I left you and I'll never be able to forgive myself for that."

Treaster, a former advertising executive who lives in Arizona with his fourth wife, has spent the past several years rebuilding his world after battling bipolar disorder for decades without a diagnosis. As part of the process, he's beginning to try to make amends to those he hurt, including his three adult sons from his first marriage—whom he all but abandoned—as well as two adult daughters from his second marriage.

"I've left quite a wake of ruined relationships and destruction in my path because it took so long to get diagnosed," says Treaster, now 59. "And even the diagnosis doesn't change things, necessarily. It takes time. And a diagnosis doesn't undo all the past mistakes."

Indeed, we have all been hurt, or have hurt others in relationships. Whether unintentional or purposeful, it happens. But when bipolar disorder is at the source of the wound inflicted on another, things such as out-of-control spending, infidelity, anger outbursts, or long periods of isolation brought on by depression can amplify and confuse those hurts. The pain is real, but how can we hold a grudge against someone who has a mental illness? On the other

hand, if we have a mental illness, how do we begin to make amends for things we did when we were ill?

While medication and therapy are the building blocks to recovery from mental illness, making amends and seeking forgiveness play a role as well. As Treaster has discovered, asking for forgiveness—and forgiving himself—have been the hardest part of his climb to wellness.

"Wanting to forgive yourself is the key," says Treaster. "It's not just an apology. It's demonstrating to yourself and to others that you're a different person. You can't go back and do anything over, but you can start from this day forward. I call it 'getting past your past.'"

Today, Treaster has made amends with his daughters and one of his three sons. The son to whom he sent the card and letter, "wrote me a wonderful letter. He said I was the last person in the world he expected to hear from and he was so glad I'd written." The other two sons "simply aren't interested," he says. Treaster adds that he does keep track of his sons and admires the men they've become via family Web sites.

Experts agree that making amends is much more complicated than simply saying "I'm sorry."

"Forgiveness is a process, not an event, whether one has bipolar illness or not," says Daniel L. Buccino, a clinical supervisor for the Adult Outpatient Community Psychiatry Program at Johns Hopkins Bayview Medical Center and assistant professor at the Department of Psychiatry and Behavioral Sciences at Johns Hopkins University School of Medicine. "In order to make amends, one must redouble one's efforts to do the right things in order to show that the incidents requiring forgiveness are the exception, not the rule, about one's character and illness."

For people with bipolar disorder and other mental illnesses, Buccino says the best way to garner someone's forgiveness is to prevent episodes that may cause you to act in ways you normally wouldn't. "Forgiveness is earned as one continues to work toward stability in treatment by maintaining compliance with medications and therapy," he says. "Just as stability begets stability in illness management, stability begets making amends, which begets forgiveness."

Cindy Woodruff, 47, of Gainesville, Florida, was diagnosed with bipolar disorder in 1990 after three hospitalizations. "My illness was a contributing factor to my divorce and to my guilt for my personal actions," she says. "After many years, I learned how to forgive and make amends and now have peace and more happiness in my life."

The religious aspect of forgiveness also helped Woodruff move on. "It's a process," she says. "What's really taken me through is that I have a strong belief in God. And knowing that I'm forgiven helps. I go to church, and being around people who forgive me, care about me, and accept me helps me accept and forgive myself."



When A Friend Commits Suicide

Recalling the pain of a suicide victim and its impact on others.

January 23, 2009 – *Baltimore Jewish Times*
Alan H. Feiler, Managing Editor

It all seems like a lifetime ago to Ruth Guggenheim, and she can speak about it now — 18 years later — with relative calm, clarity and a sense of perspective and compassion.

But she admits that at the time, it was a highly painful and confusing chapter in her life. "Anyone close to someone who commits suicide always feels guilty and goes through a guilt trip period," she said.

Ms. Guggenheim, who is executive director of the Baltimore-based Jews for Judaism organization, was working as director of home ownership services at Comprehensive Housing Assistance Inc. (CHA) when she met Steven A. Kraft. Kraft was a Princeton, N.J., native who was becoming Orthodox and moving to Baltimore's Upper Park Heights community. He was a real estate consultant, a former nationally ranked tennis player and director of tennis programs, as well as a published author on the sport, who graduated Phi Beta Kappa from Harvard University.

"He was the package deal," Ms. Guggenheim said. "He was adorable, with red hair, very well-mannered and a genius. He had phenomenal charisma."

But Kraft suffered from manic depression, of which he was completely upfront with Ms. Guggenheim from the start of their relationship.

"He was on a real high when he first came here," she said, "but then he wound up crashing.... He tried to explain to me that the depression he was experiencing was so unbelievable, you could stay in a room for days. He expressed he had such pain that he just couldn't get through."

Ms. Guggenheim learned that Kraft once tried to kill himself years earlier, "but it was more of a cry for help. They say when a person really wants to do it, they can always find a way."

Ms. Guggenheim and Kraft dated for a year, and she became quite close to him and his family. But as his 40th birthday approached, Kraft became increasingly agitated and despondent.

"He said, 'I don't want to become a burden to anyone,'" Ms. Guggenheim said. "You see and feel the pain, and you don't know what to do for them. He was in such pain, he couldn't deal with it."

One weekend in mid-December, Ms. Guggenheim said she and Kraft had plans to celebrate together the start of the Chanukah festival. Instead, he drove to the Liberty Reservoir watershed near Randallstown, tied a pair of cinderblocks to his legs and jumped from the dam there to his death.

Like any survivor of a suicide victim, Ms. Guggenheim went into a period of deep mourning and immediately questioned herself, even contemplating whether her relationship with Kraft and their possible future together encouraged his self-destruction. "I wondered if I drove him to it, because he wanted a normal life so badly," she said.

More than 1,000 people attended Kraft's funeral, a testament to his winning personality and tenacity for making friends, and Ms. Guggenheim received a great deal of comfort and support from his family, as well as from her own inner circle and spiritual leader.

"You need professional, spiritual and personal support to get through it," she said. "But you have to deal with it. Everyone mourns in their own way. We the survivors need to understand we may not have been able to change anything. Ultimately, we couldn't probably have changed what was [a suicide victim's] destiny. The people I was close with were there for me."

Unfortunately, in the process she learned that society still has a long way to go in understanding the full scope of mental illness.

"There is a shunning process," Ms. Guggenheim said. "In almost any community, there is a stigma about mental illness. It's across the board [among affiliations in the Jewish community], and even among non-Jews. It's not something you want to talk about extensively. It's sad, and it's easier to not give credence to it

because it could hit home. There's always a denial with something that seems abnormal. We're so afraid this will hit home, so deny it.

"But you can't control someone getting cancer, and it's the same with mental illness," she said. "It could affect any one of us."

While respectful of Jewish tradition and its strong stance against suicide, Ms. Guggenheim noted that rabbis no longer generally apply strict interpretations in suicide matters.

"The rabbis of the Torah didn't realize then that it was about mental health," she said. "When the Torah was addressing the concept, [suicide] wasn't recognized as an illness. So we've all become more human in our outlook. It comes down to chemical imbalance, and it's instigated by what a person is going through psychologically."

In the end, Ms. Guggenheim said she emerged a stronger, more empathetic person from the tragic experience. And while she will never forget Steve Kraft and his accomplishments and wonderful attributes, she said she understands mental illness better today.

"It was a humbling experience that really opened my mind about people's pain and what life is about," Ms. Guggenheim said. "I learned a lot about mental illness from the experience."

What to Look For, What to do

A person may be suicidal if he or she:

- ✓ Talks about committing suicide.
- ✓ Experiences drastic changes in behavior.
- ✓ Withdraws from friends and social activities.
- ✓ Loses interest in hobbies, work, school.
- ✓ Gives away prized possessions.
- ✓ Has attempted suicide in the past.
- ✓ Takes unnecessary risks.
- ✓ Is preoccupied with death and dying.

What you can do

- ✓ Be direct. Talk openly and matter-of-factly about suicide.
- ✓ Be willing to listen. Allow expressions of feelings.
- ✓ Be non-judgmental.
- ✓ Show interest and support.
- ✓ Don't act shocked.
- ✓ Don't be sworn to secrecy.
- ✓ Offer hope that alternatives are available, but do not offer glib reassurance.
- ✓ Remove means, such as guns or stockpiled pills.
- ✓ Get help. If you or someone you know is in crisis, call 911 or 1-800-273-TALK (8255), the 24 hour National Suicide Prevention Lifeline.

Sources: *Suicide Prevention Action Network* (spanusa.org)

And the *American Association of Suicidology* (www.suicidology.org)



VA Suicide Prevention Hotline Credited with 2,600 "Saves" Feb. 9, 2009

As the military deals with a record number of suicides among active-duty forces, Secretary of Veterans Affairs Eric K. Shinseki reminded Veterans and their families that the Department of Veterans Affairs (VA) has an extensive array of services to help Veterans in distress.

"I urge Veterans and their loved ones to take advantage of our suicide-prevention program," said Shinseki. "Help for these heroes is a phone call away."

Since July 2007, VA has operated an around-the-clock suicide-prevention hotline that has received about 100,000 calls and has

been credited with rescuing over 2,600 people. The number for VA's suicide prevention hotline is 1-800-273-TALK.

VA operates the largest mental health program in the country, with special efforts in each of the Department's 153 medical centers and more than 750 outpatient clinics to identify and treat at-risk patients. In addition to operating the suicide-prevention hotline, VA has given all medical workers training in suicide prevention, created suicide prevention coordinators at each medical center, and given primary care clinics responsibility for mental health screening.

"We are reaching out to our newest generation of heroes – the Veterans of Iraq and Afghanistan – to ensure they are aware of the services available to them," Shinseki added.

New requests or referrals for mental health appointments receive a preliminary evaluation within 24 hours and a comprehensive evaluation with 14 days. Emergency cases are dealt with immediately.

VA operates Readjustment Counseling Centers, commonly called Vet Centers, in 232 communities, where Veterans can receive care for a wide variety of issues related to leaving the military. Vet Center personnel are trained to identify at-risk Veterans and to counsel and connect them to appropriate VA medical services.

Source: Department of Veteran Affairs Press Release

Veterans Suicide Prevention Lifeline 1-800-273-TALK (8255)
Veterans Suicide Prevention websites

Marines

<http://www.usmc-mccs.org/suicideprevent/>

Navy

<http://www.npc.navy.mil/CommandSupport/SuicidePrevention>

Army

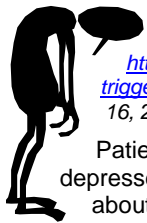
<http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>

Air Force

http://afspp.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.hcst?functionalarea=AFSuicidePreventionPrgm&doctype=subpage&docname=CTB_018094&incbanner=0

Coast Guard

http://www.uscg.mil/worklife/suicide_prevention.asp



Depression Triggers You May Not Know About

<http://health.yahoo.com/experts/yourhealth/3055/depression-triggers-you-may-not-know-about/> By Howard Levy, M.D. - Dec 16, 2008

Patients with depression often tell me that they can't be depressed, because they have nothing to be sad or feel down about. Of course, one of the most troubling aspects of depression is exactly that—it can make people feel blue or otherwise alter their happier disposition for no apparent reason.

The changes in brain chemistry responsible for what we call depression, anxiety, and related syndromes are still not completely understood. But several recognizable triggers for depression, sadness, and low mood have been identified.

Let's start with factors that generally are not easily controlled, although they can often be managed or treated:

Short days with reduced sun exposure. Most people have heard of seasonal affective disorder, or SAD. "Affect" refers to mood, and SAD refers to the low mood that afflicts many people during the winter months. SAD appears to be directly due to reduced exposure to sunlight during the shorter days of winter.

Technically, a diagnosis of SAD applies to patients who experience symptoms of depression only during the winter months. In reality, though, many patients with year-round chronic depression feel worse in the winter, too, and even people without depression or SAD tend to have lower mood over the cold, dark, wintry days.

Stress. This is an obvious one, but needs to be mentioned to make the list more complete. There are many possible sources of stress, all of which can cause or worsen depression, anxiety, and even panic. A partial list includes issues related to work, school, family, friends, other relationships, money, sex, moving, and holidays. A longstanding myth suggested that the December holidays were a common time for suicide. That turns out to be untrue, but the stresses of the season can certainly pile up for many people.

Trauma. Intense physical or emotional trauma or abuse can lead to years and years of depression and other psychological problems, a condition called post-traumatic stress disorder, or PTSD. This was first described in "shell-shocked" or "battle-fatigued" veterans, but has since been recognized in victims of rape and abuse, as well as in survivors of natural or man-made disasters.

Bad news. Sometimes we get depressed for a very specific reason, such as the death of a loved one or the loss of something that's important or valuable to us. Anniversaries and other reminders of sad events can also trigger depression.

Genetics. Multiple studies have shown that genetic factors play a role in depression, and in fact mood disorders tend to run more strongly in families than many other medical conditions. So, if one or more of your relatives has ever suffered from depression or a mood disorder, you may be more susceptible to the problem yourself. Importantly, this of course doesn't guarantee that you'll become depressed, but it is something for you to watch out for. And, conversely, you can still develop depression even without a family history of mood disorder.

There are also several causes of depression that, once recognized, are often fairly simple to correct:

Hypothyroidism. Deficiency of thyroid hormone is among the most common of all health problems. The diagnosis is frequently missed unless someone (the doctor, the patient, a family member) specifically thinks about it. Many symptoms can help identify hypothyroidism, such as fatigue, weight gain, and hair loss. But sometimes depression is the only clue to an underactive thyroid gland. Once this diagnosis is established, a prescription for thyroid hormone may be all that's necessary to disperse the dark clouds and brighten a patient's mood.

Changes in estrogen and testosterone. Menopause, when a woman's estrogen levels fall and she stops having her menstrual cycle, is often accompanied by mood swings and depression. Men with low testosterone levels also tend to become depressed. There are some risks to taking supplemental estrogen or testosterone, but correcting that deficiency can work wonders for some depressed patients.

At the other end of the lifespan, adolescents entering puberty—when the sex hormone levels are rising—are very prone to emotional outbursts, depression, and personality changes. There isn't any treatment or cure for puberty, but fortunately it only lasts for a few years, and there are ways of dealing with the mood swings if necessary.

Other hormone deficiencies. Low levels of growth hormone or cortisol can also cause depression. These deficiencies are quite rare, but are worth discussing with your doctor if you have depression, especially if it is proving difficult to treat.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

Vitamin D deficiency. We used to think that this critical vitamin was necessary only for healthy bones. But vitamin D deficiency is turning out to be a factor in many other diseases, including depression. A simple blood test is all it takes to check your level of 25-hydroxy-vitamin D. Anything under 35-40 is probably worth treating with extra vitamin D, particularly if you have depression or low mood.

Alcohol. People tend to feel loose and uninhibited when they drink alcohol. And many people drink alcohol to help them forget their problems or to escape temporarily from their depression. But alcohol slows brain function and directly worsens depression, so it is best to avoid alcohol, or at least minimize, your consumption of it if you have a mood problem.

Medications. Every medication comes with a list of potential side effects, and depression frequently appears on those lists. One group worth particular mention is the beta-blockers, which are commonly used to treat high blood pressure, a variety of heart problems, and a few other medical conditions. Examples include propranolol (Inderal®), atenolol (Tenormin®), and metoprolol (Lopressor®; Toprol®). Beta-blockers directly reduce the action of adrenaline, so it should not be a surprise to learn that they can cause or worsen depression. It is important to realize that most patients on beta-blockers do not suffer depression, so it is not necessary to avoid these medications if you haven't actually experienced a side effect.

Also, it can be extremely dangerous to stop a prescribed medication on your own without medical supervision. If you think your depression is being caused by a beta-blocker or any other of your medications, I urge you to discuss your concern with your doctor before making any changes.

This is certainly not a complete list of all possible causes of depression, but it introduces some of the more common ones. What additional factors have been important for you and your friends and relatives?

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](http://TogetherRxAccess.com) for the **Together Rx Access™ Card**.

HelpingPatients.org Interactive Web site by PhRMA and 48 of its member companies designed to help you find patient assistance programs. To contact other companies, consult a Physician's Desk Reference (PDR), available at physician's offices and public libraries.

Iowa Healing Voices



The "Iowa Healing Voices" campaign – is a speaker's bureau for persons with mental illness and their families. If you are interested in becoming a speaker for the "Iowa Healing Voices" speaker's bureau – more information can be found at their website: www.hopetalks.com – contact Mike Wood, 2003 Geneva Street, Sioux City 50113 e-mail: mhasiouxland@aol.com



Are You Interested in Becoming a Peer Support Specialist?

Amelia Colwell, Program Manager, State Public Policy Group

The Iowa Peer Support Training Academy works to create a system for providing peer support in Iowa by working with mental health providers and consumers to embrace a philosophy of consumer involvement in wellness and recovery. Peer support, which is a service delivered by individuals with life experience of mental illness, to others with lived experience, includes the use of the recovery experience of the peer support specialist as a tool to help the recipient of peer support. The service includes the sharing of experiential knowledge, skills, and social learning, and is increasingly viewed around the country as a valuable service for states to include in their array of community based mental health services.

The Iowa Peer Support Training Academy holds an annual training, where people are trained to become peer support specialists. The 2009 training will be held at Grinnell College in Grinnell, Iowa, June 6-12, with follow-up training and testing to be held July 9 and 10.

Applications for the 2009 Iowa Peer Support Training Academy are now available and will be due March 31, 2009.

To contact the Training Academy for an application or more information, please call 515-243-2000 or email Mary Ann Lee at mlee@sppg.com



Parents as Presenters Workshop

The audience we are targeting to attend are parents of children with disabilities, ages birth-21. Applications must be received by May 26, 2009.

There is a limit of 40 participants.

The 'work' of the training is to support parents in developing their story of living and learning about their child, especially for college classrooms (social workers, teachers, doctors, dentist, school psychologists, OT's, PT's, nurses and so on!) to help classroom instructors make theories, practices, interactions and communication come alive for the students through the use of their stories. While the college classroom is where we are specifically targeting, the need to present to community organizations, legislators, high school classrooms, their own child's IEP meeting are also in our thoughts.

There is stipend for attending for the weekend that should covers most expenses such as hotel, travel and meals - and hopefully some \$\$ to cover being gone over a Friday and Saturday, on September 25-26, 2009 at Country Inns and Suites, 1350 NW 118th Street, Clive, Iowa

Contact Beth Buehler at the Dept. of Education for an application and more information 515-281-7143 or beth.buehler@iowa.gov or Deb Samson at 515-242-5295 or deb.samson@iowa.gov or Paula Connolly at 515-223-6714 or info@askresource.org



NAMI's 2009 National Convention, we will be celebrating our 30th anniversary in San Francisco. The dates are July 6-9.

All activities will be held in the [San Francisco Hilton and Towers](http://SanFranciscoHiltonandTowers.com) located at 333 O'Farrell Street, San Francisco, CA 94102
1-800-HILTONS (415) 777-1400

Go to www.nami.org/convention for more information.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

SUPPORT GROUPS for Family Members

Third Sunday of the month - Family members, if you are interested in participating in a NAMI family support group, please contact Glenn Hobin lwaGH@aol.com or call 965-9799 - or contact Grace Sivadge 961-6671. Meetings are at Eyerly-Ball Community Mental Health Center, 1301 Center St., Des Moines – 2:30 – 4:00 P.M.


First Monday of each month -6:30 – 8 PM - a support group for **parents and caregivers** of children and adolescents 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.

4th Monday of each month – 5:30 – 7 PM – a support group for Polk County **parents and caregivers** of children and adolescents with severe emotional disturbance (SED) or mental illness – a **sibling** support group meets separately - at Capitol Hill Lutheran Church, 511 Des Moines St., in the basement – child care provided, can also provide free transportation and interpretation services – please pre-register, if possible – call Dawn at 558-6247. The outreach target is the Sudanese and minority population, but anyone can participate.

1st Thursday of each month - 6:30 P.M. – a support group for **Family members** – First United Methodist Church – 307 W. Ashland, Indianola. We'll be in the first room on the right when you go in the Northwest door on Ashland Ave. The room is called Gabel Chapel. The facilitators will be Erika Bachof 961-4001 and Rose Weeks 480-8286.

2nd Tuesday of each month – 7-8:30 P.M. - a support group for **parents and caregivers** of children and adolescents with severe emotional disturbance (SED) or mental illness - at Adventure Life Reformed Church, 1700 8th St. SW, Altoona – Call Dawn at 558-6247 for more information.

1st and 3rd Tuesdays of each month –Des Moines CURE/Voices to be Heard Support group – Union Park United Methodist Church –East 12th & Guthrie - Light meal at 5:30 P.M. Support group for adults and program for children from 6 PM to 7PM. –If you have a loved one in prison or parole system you are concerned about or if you are concerned about those in prison, please feel free to join us. If you have questions, please call Jean Basinger at 277-6296 or Melissa Nelson at 280-9027.

 **First Saturday of each month –Family Support Group** – 10 AM at St. Paul Lutheran Church, 1120 North 8th Avenue, **Winterset**. Call Grace at 961-6671 or Pat at 515-462-3479 for more information.

SUPPORT GROUPS for Persons in Recovery

Every Monday evening 7-8:30 P.M. – NAMI Connections – a support group **for persons with mental illness** – facilitated by persons with mental illness – at the NAMI Iowa office – 254-0417 – or 1-800-417-0417 - 5911 Meredith Drive, Suite E, Des Moines. Contact Dawn Olson at dawnao@iowatelecom.net or 641-842-3859 if you have questions. Dawn Olson and Kyle Damman are facilitators.

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

2nd & 4th Mondays of each month – 7 P.M. – **depression and bipolar support group.**, St. Boniface Catholic Church, 1200 Warrior Lane, Waukee. Candlessupportgroup@mchsi.com 313-6184

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.

2nd & 4th Tuesdays of the month – New Light Support Group – 6:30 to 7:30 P.M. -for persons experiencing depression or anxiety disorders– at Westkirk Presbyterian Church, 2700 Colby Woods Drive, Urbandale, Iowa – 515-253-0330 – Pastor Michael Mudlaff

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.

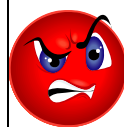
Every Saturday morning – 10 to 11:15 A.M. – Room 214 - The H.E.L.P. Depression Support Group meets at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175 or Lisa.davidson@hopewdm.org

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.

6 nights a week - DBSA (Depression and Bipolar Support Alliance) has on-line support groups. Go to their site; <http://www.DBSAAlliance.org> click on "find support", you get a drop down menu that lists the online groups. You must pre- register to participate.

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

Suicide Prevention Lifeline 1-800-273-TALK (8255)



Warning: Regular or heavy alcohol use can worsen most psychological states, such as anxiety, depression, bipolar, schizophrenia, or eating problems. Alcohol can change the way a person feels in the short run; however, the overall effect only worsens a disorder.

Marijuana and other drugs can have similar or more serious effects on the brain.

Looking for Community Resources?

Phone 211 www.211iowa.org

Contact Polk County Health Services
218 6th Ave – 243-4545

<http://polk.ia.networkofcare.org/mh/home/index.cfm>

Go to the visiting nurses website www.vnsdm.org

click on "links" – then click on Community Resource Directory

Polk County Community Mental Health Centers

Child Guidance Center – 808 5th Ave – 244-2267

Eyerly Ball Community Mental Health Center

1301 Center St. – 243-5181

Broadlawns Medical Center- 1801 Hickman Road – 282-6770
Behavioral Health Resources – 945 19th St – 241-0982
Dallas County – West Central Community Mental Health Center
2111 Green, Adel – 515-993-4535
Madison County – Bridge Counseling Center
300 West Hutchings St. – 515-462-3105

911

If you have a mental health crisis in your family and are in need of emergency 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.

If you live in a surrounding city (not Des Moines), call your dispatch center.

The non-emergency phone number for the mobile crisis team is 283-4811. A mobile crisis team member will call you back when they are not on a mobile crisis call.

The police liaison to the Mobile Crisis Unit is Officer Kelly Drane. Her hours are 8 to 4 Mon-Fri and her phone number is 205-2270.

In response to your phone call, the first people to arrive to the situation will be Des Moines police officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if the Mobile Crisis Unit is needed. Mobile Crisis only takes referrals from law enforcement.

When DM Mobile Mental Health Crisis Unit staff arrive, a mental health assessment will be done, on-site counseling and problem solving, crisis plan development, coordination with hospitals if transport to a medical facility is necessary, and medication can be administered if necessary. A psychiatrist is always on call to help make those determinations and authorizations.

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

The Mobile Crisis Unit is available 6:30 AM to 2:30 AM – 7 days a week. It is staffed by licensed mental health professionals and registered nurses.

The purpose of the Mobile Crisis Team is to assist law enforcement with mental health calls, save police time, save the county money by avoiding unnecessary hospitalizations, and getting people the help they need.

Typical referrals to Mobile Crisis:

- suicidal thoughts with or without attempt
- strange or bizarre behavior
- persons with known mental illness, disconnected from services and causing concern in the community
- group homes

Mobile crisis does not respond to:

- persons in need of detox
- persons who are under the control of an illegal substance or Intoxicated
- person whose sole issue is financial need or homelessness
- persons who have a weapon or is immediately involved in a violent or assaultive act.

The Officer will have the final say at the scene. If a crime has been committed the officer may decide to take the person to jail anyway or not.

If the person needs to be transported, the MCRT worker may transport if there are no safety concerns.

The team sees people of all ages.

Total calls responded to for the Des Moines Area only - in 2008 - was 1061.



Many thanks to Officer Kelly Drane, Larry Hejtmanek, Tim Larson, Kurt Grevig, and Glenn Hobin for speaking at our **February** Sunday educational meeting on the topics of Jail Diversion and the Mobile Crisis Unit.

Mobile Crisis Unit (see the 911 box for more information)

The Mobile Crisis Unit was created to assist all law enforcement within Polk County with mental health calls for assistance, to save police time, save the county money by avoiding unnecessary hospitalizations, and to get people the help they need. The team answers calls in every type of setting which includes private residences, schools, group homes, and businesses.

When a police officer is sent to a call and there is a mental health concern, the officer has the option to call for a crisis worker for assistance. The Mobile Crisis team does not respond without police. Mobile Crisis only takes referrals from law enforcement. The situation must be what is considered a police matter or an emergency.

Since its inception, the team has answered over 9,000 mental health calls which has helped to decrease the amount of time an officer spends on this type of service call from 3.5 hours to 22 minutes and has shown an average savings of \$132,000 annually for the City.

In 2008, more than 1277 calls for service were answered (1061 were in Polk County).

The Mobile Crisis Unit has been honored with many well-deserved awards.

■ Continued existence of the Mobile Crisis Unit is in danger given the budget shortfalls that the county is facing and the county being constrained by state law unable to raise additional funds for mental health. This inability to raise additional funds results in a lengthy waiting list for services. All discretionary services may have to be eliminated which includes mobile crisis, rent subsidy, paratransit, and a host of other supportive services for persons with mental illness.



Jail Diversion in Polk County – 5 possible points of intervention

1) **Mobile Crisis** is a form of jail diversion. The goal is for people in mental health crisis be diverted to treatment rather than jail. In some cases, avoidance of jail is not possible.

The jail diversion program at the Polk County Jail has been operational since October 1, 2008. Funding at the present time is through the Polk County Sheriff's office. The percentage of persons entering the county jail with mental illness and/or substance abuse issues is 2/3 to 75%.

The county focus is to get people into services, cut down on the number of days that mentally ill individuals are in jail and to have

the incidence of mental illness and incarceration no greater than the general community % of incarceration.

There are 2.5 employees in the Polk County jail diversion program for a jail of 900 inmates. With additional sources of funding, hopefully the number of employees can be increased. A comparison can be made to the Story County jail diversion system – they, too, have 2.5 employees but their jail size is 100.

2) Initial court appearance - Tim Larson is heading up the Polk County jail diversion program. He is housed at the Polk County Jail. When someone is admitted to the jail, they must appear before a judge within 24 hours. Each morning, Tim reviews the list of persons jailed and checks against a list of those identified with mental illness issues. Efforts are made, with the help of the judge on duty, and if it is appropriate, to move people into community treatment.

The jail diversion system closely resembles the purpose of a mental health court. In a mental health court, there is a designated judge(s) for the program. In the Polk County jail diversion system, judges are rotated with finite tours of duty.

3) Community support/case manager on the jail diversion staff is Kurt Grevig. He follows up with persons released to provide support in finding community services. The goal is for persons to find mental health services and to help reduce relapse occurrence and potential recidivism back to jail.

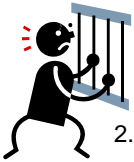
4) Illness Management and Recovery classes (an evidence based practice) **for those who remain in jail** is provided by Glenn Hobin. The goal of the classes is to help people learn how to manage their illness and move toward recovery. The goal is to help reduce relapse occurrence and prevent recidivism back to jail. The county pays for the booklets provided in the classes.

5) Probation programs also offer Illness Management and Recovery classes. Once again, efforts are to prevent relapse and recidivism back to jail and move people to recovery.

In the future after more training, they hope to also provide **STEPS** classes for those jailed with borderline personality disorder traits and anger issues.

Polk County Jail Contacts on Mental Health Concerns

Medications – Sharon Chambers 323-5479
Court appearance/Jail Diversion – Tim Larson 875-5779
Community support/case management – Kurt Grevig 729-6081
Illness & Management Recovery Groups – Glenn Hobin
glennh@bhrci.org or 243-5181



Why Jails do not make effective mental health treatment centers.

1. Inadequate screening for mental illness
2. Inadequate mental health staffing in jail – 1500 persons, 5 persons for mental health treatment
3. Formulary for Psych meds
 - Persons cannot bring their own meds to take while in jail.
 - This can lead to an undesired med change.
 - The med change could cause de-stabilization and not be maximally effective.
 - A new set of possibly unwanted side effects could appear,
 - There are medications the Jail will not allow to be prescribed which patients use to minimize chronic and acute distress

That's why the goal of jail diversion is to keep individuals with chronic and severe mental illness out of jail.

Did You Know? The Stimulus Bill contains \$4 billion for criminal justice programs. See the Dept. of Justice website for grant possibilities or <http://justicecenter.csg.org/>



Illness Management and Recovery Groups in the Polk County Jail and Probation programs

The Illness Management and Recovery Program is a series of weekly sessions in which a specially trained mental health practitioner helps persons develop their own personal strategies for coping with mental illness and moving forward with their life.

The goals of the program are:

- Learning about mental illness and strategies for treatment
- Decreasing and coping with symptoms
- Reducing relapses and re-hospitalizations
- Making progress toward goals and toward recovery

What is provided in the program?

- Educational hand-outs, planning sheets, and checklists
- A practitioner will help apply the contents of the handouts to develop strategies, setting, and achieving goals.
- Opportunities to practice personalized strategies in the sessions and in every day life.

The following subjects are covered in educational handouts:

1. Recovery strategies
2. Practical facts about mental illness
3. The stress-vulnerability model and treatment strategies
4. Building social support
5. Reducing relapses
6. Using medication effectively
7. Coping with stress
8. Coping with problems and symptoms
9. Getting your needs met in the mental health system

That's why the goal of jail diversion is to keep individuals with chronic and severe mental illness out of jail.



An Illinois example of Jail Diversion

Criminal Justice/Mental Health Consensus Project E-newsletter 1-22-09

The Winnebago County (Ill.) Therapeutic Intervention Program is a pre- and post-booking program. The pre-booking component consists of Crisis Intervention Team (CIT) law enforcement officers diverting individuals with mental illnesses to the mental health system instead of the criminal justice system.

The post-booking program aims to identify persons in the criminal justice system whose criminogenic behavior can be attributed to an Axis I diagnosis of a serious mental illness.

The Therapeutic Intervention Program Court (TIP Court) is a voluntary program where all participants agree to adhere to the rules and expectations, including taking prescribed psychotropic medications. The team comprises a judge, a program coordinator, an assistant state attorney, a public defender, a clinical jail assessor, two case managers, a clinical supervisor, two adult probation officers, and a nurse.

The TIP Court received a grant that has allowed them to add a full-time dual-disorder specialist, a full-time trauma specialist, and a part-time family education liaison. Participants receive services in the areas of intensive case management, housing, medication monitoring, dual-disorder treatment, trauma therapy, and family education and support.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

The goal is to decrease recidivism, reduce the number of days in jail and the hospital, and provide linkage to mental health treatment.

How did your jurisdiction realize that there was a need to respond to the prevalence of individuals with mental illnesses in the criminal justice system? There was a federal lawsuit resulting from jail overcrowding, which forced our jurisdiction to look at the make-up of the jail population. By doing a point-in-time study, we determined that 16% of the jail population had a severe mental illness, which was comparable to the national average.

How did your initiative capitalize on preexisting relationships or partnerships in the jurisdiction, or build new ones? The mental health system had a long-standing presence in the jail with a mental health liaison who worked to identify those inmates with mental illnesses. This liaison, however, was not sufficient to make a difference in the revolving door of individuals with mental illnesses finding themselves in the criminal justice system.

The mental health system and the criminal justice system also had a long-standing relationship and further developed a strategy on how they could positively impact the numbers of people with mental illnesses in jail.

In June 2003, the chief judge sent out invitations to over 100 key community stakeholders with an interest in forming a task force to develop a mental health court. There was an 85% response rate. This group met for 18 months to develop the parameters of the court and protocols and to deal with current issues.

This task force also established the Community Mental Health Coordinating Council, the successor body to the task force, which meets quarterly to facilitate discussion and coordination among member organizations in the community who routinely have an interest in individuals with mental illnesses. The TIP Court opened in February 2005.

How did you identify your program's target population? One of the roles of the task force's court committee was to determine who would be eligible. The main factor was that the defendant had been diagnosed with a severe mental illness (Axis I) and that there was a causal connection between the mental illness and the criminogenic behavior.

What has been your biggest challenge, and how are you addressing it? Working with the dual-disorder population was our biggest challenge. There were financial and treatment barriers for participants to access services. There were no existing services that integrated this treatment. In May 2006, the chief judge called a summit of the mental health and substance abuse providers to discuss the issue and determine who could provide a service to resolve it. One substance abuse treatment provider and one mental health service provider were assigned by their respective agencies to a new program to provide integrated dual-diagnosis treatment. The separate funding of substance abuse and mental health services still provides a challenge for integrated services and treatment.

Provide an example of a particular success your program has had to date, either in moving from planning to implementation or in showing an impact on an individual, group, or community. We have seen a dramatic decrease in the number of days the participants have been in jail or in the hospital since entering our program and after they have left the program. In turn, this has saved the county a tremendous amount of money. Please [click here](#) for participant statistics collected by the court.

Contact:

Judge Janet Holmgren, Chief Judge, 17th Judicial Circuit
400 West State Street, Rockford, IL 61101-1221
(815) 319-4800 jholmgren@co.winnebago.il.us

Excerpts from Joining forces in Warren County to keep the mentally ill who commit nonviolent offenses out of jail

January 19, 2009 By TOM QUIGLEY
The Express-Times, LeHigh, New Jersey

A man dancing on an Oxford Township street and another running naked through the streets of Hackettstown both ended up in police custody then behind bars at the Warren County jail.

Mentally disabled residents creating minor public disturbances often attract a police response and then end up in the grind of the criminal justice system.

"It's a national problem," said Warren County Director of Corrections Byron Foster.

What's needed, he said, is a shift in focus from punitive measures to mental health treatment.

Excerpts from Law officers troubled by mental health-care trend

- By Jodie Jackson, Jr., Columbia Tribune, Missouri
Published [Monday, January 19, 2009](#)

A lack of local bed space for mental health patients is worrying law enforcement officials.

In moves tied to the economy, Boone Hospital Center last summer closed its psychiatric ward, and Mid-Missouri Mental Health Center consolidated bed space in December. The moves resulted in 26 fewer local mental health beds.

"We didn't have enough bed space to begin with," Boone County sheriff's Deputy Mike Krohn said of the lack of local mental health services. "It's a nationwide epidemic. We're not alone in this."

Law enforcement officers are often responsible for taking patients to other mental health facilities when bed space is not available locally.



Harvard study: Under-treatment of mental illness contributes to crime

Kay Lazar, January 15, 2009, Boston Globe

Two thirds of prisoners nationwide with a mental illness were off treatment at the time of their arrest, according to a new study by Harvard researchers that suggests under-treatment of mental illness

contributes to crime and incarceration.

The study, published today online in the American Journal of Public Health, found that about a quarter of inmates nationwide had a history of chronic mental illnesses like schizophrenia, bipolar illness and depression. Researchers analyzed data collected in 2002 and 2004 from local, state and federal correctional facilities.

While only one in three were taking medications for their illness at the time of their arrest, that number jumped to nearly two-thirds during incarceration, the researchers found.

"For many of them, treatment of their mental illness before their arrest might have prevented criminality and the staggering human and financial costs of incarceration," said study author Dr. Steffie Woolhandler, an associate professor of medicine at Harvard and a primary care physician at the Cambridge Health Alliance's Cambridge Hospital campus.

Woolhandler said the findings portend significant problems for Massachusetts, where the Department of Mental Health last week laid off about 100 case managers -- nearly one quarter of the staffers who supervise people with severe mental illness and make sure they get the services they need.

State officials said about 3,000 clients would lose their current case managers. The layoffs were in response to the state's economic crisis.

"You are going to pay a much higher cost in the future prosecuting these people and putting them in jail, where they have a right to treatment," Woolhandler said. "I don't know how good a treatment it is, but the taxpayers end up paying."

Americans Favor Shifting Policies Away from Prisons and Jails - Treatment Advocacy Center 1-20-09

A recent survey found that Americans overwhelmingly support providing progressive rehabilitation and education services for inmates and ex-offenders recently released from prison, underscoring that the nation appears ready to shift criminal justice policies away from mass incarceration, often a consequence of failing to treat mental illness.

Seventy-two percent nationally and 86 percent of those in Georgia said they are concerned about crime in their community, according to the poll conducted in December 2008 by Zogby International for Community Voices at Morehouse School of Medicine. At the same time, the overwhelming majority of respondents said it is "very important" to improve access to job training, drug treatment, mental health care, mentoring and family assistance before and after inmates are released.

"The poll results strongly indicate that Americans have determined that mass incarceration of criminals, a policy that has been in existence since the 1960s, is not making their neighborhoods safer," said Dr. Henrie Treadwell, director of the Community Voices program. "The nation is crying out for a new policy that rehabilitates criminals and better prepares them to be productive when they are released."

Dr. Treadwell noted that largely because of tougher sentencing, particularly for drug convictions, the incarceration rate in the U.S. is the highest in the world at 715 inmates per 100,000 residents, far outdistancing the Russians, who are second at 584 per 100,000.

"Communities recognize that the mass incarceration policy needs to be replaced with a mass rehabilitation policy," Dr. Treadwell said. "Our neighborhoods need better health, education, job training and counseling services for inmates that are returning to their communities."



President Obama Stands with NAMI on Whistle Stop Tour

NAMI Advocate

Matt Kuntz did NAMI proud over Inauguration Weekend. The Executive Director of NAMI Montana stood by President Barack Obama's side on the caboose deck of the train that traveled from Philadelphia to Washington, D.C.

Kuntz was one of 16 "everyday Americans" who have made "extraordinary contributions" whom Obama invited to his inauguration—but he was the only one invited to stand with him on the deck.

"It was just the president-elect, his wife, and myself," said Kuntz. "It was amazing. The coolest thing about this was to see all the people so excited, just packing the rails and so excited to see what direction the country is moving in."

Of his guests, Obama told the crowd in Philadelphia that saw them off, "Theirs are the voices I will carry with me every day in the White House. Theirs are the stories I will be thinking of when we deliver the changes you elected me to make."

Kuntz is a former attorney and West Point Army officer who met with then-candidate Obama in August 2008, shortly before he became NAMI Montana's executive director. His stepbrother, Chris Dana, had returned home from Iraq, and while suffering from posttraumatic stress disorder (PTSD), died from suicide. Kuntz subsequently led the effort in Montana that resulted in a program to check members of the state National Guard for signs of PTSD every six months for the first two years after return from combat, and then once a year thereafter.

Obama has pledged to expand the program nationwide.

"Matt is a highly-regarded advocate," said NAMI national executive director, Michael J. Fitzpatrick. "The President's invitation was a great honor for him and his family, NAMI Montana, and all of NAMI's extended family."

"It also is a clear signal that the President-elect is aware and interested in helping individuals and families who live with mental illnesses."

During the presidential campaign, Obama answered in detail 24 questions that NAMI submitted to all candidates.

As the train moved toward Washington, Kuntz said that Obama told him to blow its horn. "He said everyone's got to try it at least once," Kuntz said. "I did it three times."

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.braleigh.house.gov/>

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

An excellent summary of the effect of the Stimulus funding and the Appropriations Omnibus bill on programs affecting persons with disabilities can be found in the *Bazelon Center Mental Health Policy Reporter* at: <http://www.bazelon.org/newsroom/reporter/2009/2-26-09reporter.htm>



Women Who Served in Our Military

There is a 41 minute video at the website of the National Center for PTSD (Post Traumatic Stress Disorder) at http://www.ncptsd.va.gov/ncmain/ncdocs/videos/emv_womenvet_vetfam.html?opm=1&rr=rr1671&srt=d&echorr=true

The role of women in the military has changed. This videotape presents the many trauma treatment options available to women veterans today by VA medical facilities.

Special emphasis is placed on the fact that nationwide VA medical and mental health centers have changed to offer more services oriented towards women and their special needs, and that women veteran need not be apprehensive about seeking care thru the VA.

Hosted by Jane Pauley, distinguished television news anchorwoman and journalist, the video examines how women may be adversely affected by their deployment to war zones, often leading to considerable stress responses and disruption of normal family life.

Testimonials by veterans who sought treatment offer tangible proof that treatment does make a difference in bringing a person back to normalcy. The videotape also offers a historical perspective of women's considerable contributions in service to their country.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

National Alliance on Mental
Illness of Greater Des Moines
Box 12174
Des Moines, Iowa 50312

ADDRESS SERVICE REQUESTED

Homelessness and Mental Illness

Treatment Advocacy Center 3-6-09

Too many people with mental illness end up homeless. People with untreated psychiatric illnesses constitute one-third, or between 150,000 and 200,000 people, of the estimated 744,000 homeless population. The quality of life for these individuals is abysmal. Many are regularly victimized.

One study found that 28 percent of homeless people with previous psychiatric hospitalizations obtained some food from garbage cans and eight percent used garbage cans as a primary food source.

In many cities, homeless people with severe mental illnesses are now an accepted part of the urban landscape and make up a significant percentage of the homeless who ride subways all night, sleep on sidewalks, or hang out in the parks. These mentally ill individuals drift into the train and bus stations, and even the airports.

Many other homeless people hide from the eyes of most citizens.

They shuffle quietly through the streets by day, talking to their voices only when they think nobody is looking, and they live in shelters or abandoned buildings at night. Some shelters become known as havens for these mentally ill wanderers and take on the appearance of a hospital psychiatric ward. Others who are psychiatrically ill live in the woods on the outskirts of cities, under bridges, and even in the tunnels that carry subway trains beneath cities.

For some of those homeless, it is often part of a cycle between life on the streets and jail. A choice no one, especially someone with a serious illness, should face.

When someone with a mental illness lives on the streets, they face a number of threats from the environment and weather, the lack of sanitation, theft, and violence. ~~At any given time, there are~~

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approximately twice as many people with untreated severe psychiatric illnesses living on America's streets than are receiving care in hospital.

Given the current state of the economy, many fear the problem will grow worse.

"With the nation and state in recession, the problem is likely to grow before it improves, but how a society treats those citizens who most need the help of other people or institutions says a great deal about it," wrote a recent editorial in the Tennessee Knoxville News Sentinel. Like in other states, the jail there has become the state's largest mental hospital.

Knoxville and Knox County can do better, and they are trying to make big improvements. The most significant one is the joint city-county 10-Year Plan to End Chronic Homeless. The plan would provide housing that ensures the clients receive consistent health care and would save the county money in the long run.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

Living on the streets-and all that it entails-is a difficult circumstance for someone without a severe mental illness to adapt. For someone with schizophrenia or bipolar disorder it can be a living hell.

There need to be better alternatives. The choice between life on the streets and jail is not choice at all. As the Tennessee paper wrote, "Jail is not the proper place for any society to house homeless people with mental health issues."

Failure is the opportunity to begin again more intelligently. --Henry Ford