



Greater Des Moines

Box 12174, Des Moines, Iowa 50312
(515) 277-0672 (voice mail)

AFFILIATE AND SUPPORT GROUP NEWSLETTER

January 2009

“Support, Education, and Advocacy”

Serving Polk, Dallas, Warren, and Madison counties

www.nami.org/JOIN - Join NAMI with a single click of your mouse, and become a member at the local, state, and national level.

<p>Our <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.</p>		<p><u>Business and Committee</u> Meetings are the 2nd Thursday of the month at 5 P.M. at the NAMI-Iowa Office.</p> <table border="0"> <tr> <td>1. Business</td> <td>4. Education</td> <td>6. Fundraising</td> </tr> <tr> <td>2. Marketing and membership</td> <td>5. Advocacy</td> <td>7. Special Events</td> </tr> </table>		1. Business	4. Education	6. Fundraising	2. Marketing and membership	5. Advocacy	7. Special Events
1. Business	4. Education	6. Fundraising							
2. Marketing and membership	5. Advocacy	7. Special Events							
<p>Sunday, Jan. 11 2 PM</p>	<p>The topic is “<u>The Many Methods of Stress Management</u>”. Kathy Reardon, RN, MS, CHTP will be our speaker. Kathy is a holistic nurse, a spiritual director, and a certified healing touch practitioner.</p>	<p>Thursday, Jan. 8 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>						
<p>Sunday, Feb. 1 2 PM</p>	<p>The topic is the “<u>Des Moines Mobile Crisis Unit</u>”. Our speakers will be Larry Hejtmanek and Officer Kelly Drane.</p>	<p>Thursday, Feb. 12 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>						
<p>Sunday March 1 2 PM</p>	<p>A panel discussion of “<u>Consumer Recovery Services</u>” offered by Behavioral Health Services”. Programs to be discussed will be IPR, PACT, and Illness Management and Recovery.</p>	<p>Thursday, March 12 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>						
<p>The rest of the 2009 Sunday Education Meeting Dates</p>	<p>April 5 May 3 June 7 July 12 August 2 September 13 October 3 – NAMI Walks November 1 December 6 – Legislative Forum</p>	<p>The rest of the 2009 Business Meeting Dates</p>	<p>April 9 May 14 June 11 July 9 August 13 September 10 October 8 November 12 December 10</p>						
<p><u>Support groups</u> – See inside the newsletter for a listing of support groups. There are:</p> <ul style="list-style-type: none"> 2 support groups for family members – 1 in Des Moines and 1 in Indianola 2 support groups for parents and caregivers of children and adolescents with severe emotional disturbance 9 listings for support groups for persons in recovery A support group for those coping with the aftermath of a suicide <p><i>Do you know of more support groups we could list?</i></p>									
<p><u>Educational classes</u> – Free – contact us for more information – classes will start in the spring.</p> <p><u>Family to Family</u> – a 12 week class for family members of adults with mental illness Contact: Teresa Bomhoff at 277-0672 tbomhoff@mchsi.com</p> <p><u>Visions for Tomorrow</u> – 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</p> <p><u>Peer to Peer</u> – a 9 week course for persons in recovery Contact: Dawn Olson dawnao@iowatelecom.net 254-0417</p> <p><u>Parents and Teachers as Allies</u> – a 2 ½ hour in-service for teachers and parents Contact: Susan Gill smsgill@aol.com 242-7556</p> <p>An alternative contact for the above classes is the NAMI Iowa office: 254-0417 or 1-800-417-0417</p> <p><u>Provider Education</u> – 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. Contact: 254-0417 or 1-800-427-0417</p>									



This story of mental illness – and recovery – is still being told

By [CAROL SMITH](http://seattlepi.nwsour.com/health/385547_stephanie30.html) http://seattlepi.nwsour.com/health/385547_stephanie30.html October 30, 2008

OLYMPIA -- Stephanie Lane saw the man arrive out of the corner of her eye, and despite the warmth in the room, she felt a fleeting shiver, the familiar bone chill of recognition.

The man had a sleeping bag tucked under one arm, a couple of hard days' worth of stubble on his street-ruddy face, a vaguely hunted look. He appeared in search of something -- a shower, a hot meal and something else -- something less tangible. Something that resembled a chance.

Lane, a program director with the state's mental health division, had arrived a few minutes earlier at the Capital Clubhouse -- a drop-in center and job-training program for people with mental illness. Chic in black, with a toss of strawberry blond hair and sea foam-green eyes, Lane is funny and smart, articulate and engaging. She was perched at a lunch table in the common area discussing grant proposals when the man walked in.

She interrupted her meeting to greet the stranger in the room.

"I'm Stephanie," she said, sticking out her hand. "I've been where you are."

They shook on that, a gesture that sealed a pact that is at once Lane's job responsibility and her personal mission -- to help people like herself navigate their way out of the morass of mental illness.

Diagnosed with bipolar disorder and alcoholism, Lane, 40, considers herself in recovery from both. But she remembers, every day, what it took to get her there, and what it takes, every day, to keep her going.

"My story isn't over," she said.

Whenever Lane starts to tell her story, a thin white scar wrapping her left wrist begins to prickle.

She tells it anyway, to combat the lingering stigma against people with mental illness today.

It's not a good climate to be mentally ill. Though more than a quarter of the population has some form of mental disorder, the public is still largely fearful of those who don't always track when they talk, or who talk to themselves, or whose behavior is otherwise hard to understand.

Stereotypes abound, fed by the psychotic killers of Hollywood imagination as well as the real suspects who turn up in news accounts of tragic crimes. The Puget Sound area has had an unusual number of high-profile killings this year involving suspects with severe, untreated mental illness.

Such images don't reflect the experience of the majority of people with mental illness, many of whom have crafted stable, productive lives, and the majority of whom are neither violent nor dangerous. But they keep people in the community from supporting recovery efforts, and they prevent many of those who need help from seeking it.

"Mental illness is so isolating," Lane said.

\$13,000 in parking tickets

This is what mania looks like: A pretty teen in a beauty contest taking the stage in Auburn. Lane, finishing the song "Delta Dawn," then starting, inexplicably, to twirl. A dervish in her mind urging her to spin harder, faster. Stage handlers fetching her from the stage when she wouldn't quit. Her mother, watching from the audience, mortified.

At the time, no one knew Lane was sick. But she herself had begun to suspect.

"I didn't think right. It's like my mind had fractured," she said. "Looking out -- everybody in the audience had two faces, like what would happen to your brain if it had jagged edges."

Her teens and early adulthood were marked by extreme mood swings -- sheer highs from which she would cliff-dive into depression. When she was manic, she made bad relationship choices -- "Let's just say I had poor taste in rich men" -- and traveled the world, living on a "G-string and a smile."

In Seattle, she would move from one downtown high-rise to another, sometimes not bothering to pay rent. "I wouldn't even move anything -- I'd just go get another apartment," she said. "It was crazy -- a wild life." She racked up \$13,000 in parking tickets, which she is still paying off.

"And God help me if I were near a casino," she said. Casinos were where her interior world perfectly matched her environment -- "all dinging, shiny and sparkly."

But if her life story had a title, it would be "What goes up, must come down," she said. When she came down, the high-rises turned to a series of roach hotels, and later the street. She drank as a form of self-medication. She slept under bushes near Seattle University. She has a scar trailing down her neck where a mugger sliced her throat.

"I did everything you do on the street to survive," she said. Then she would wake up in the morning angry she wasn't dead.

"It's like I had to get up and remind myself to breathe."

This is what depression looks like -- a glass of wine on the ledge of the bathtub. An X-Acto knife -- large, and purchased especially for the occasion. A prayer for forgiveness and a death wish.

A gash so deep it required 53 stitches.

'He gets me'

Lane's story might have ended there at age 24, except for a series of small, compassionate gestures from strangers.

After she slashed her wrist, her head snapped back and hit the wall above her head hard enough it alerted the building security guard.

He thought she had fallen in the shower and let himself into the apartment.

Had he arrived seconds later, she would have been dead. He wrapped her up and called 911. Medics took her to Harborview Medical Center.

"I'm crazy and I don't know what's happening," she said. "I had been for months." But smelling of alcohol, she was treated as a "chronic inebriant." They stitched her up and discharged her to the street with a "bus ticket and paper slippers."

Dazed and still wearing bloody clothing, she alarmed the bus passengers, who urged her to go back to the hospital. When she wouldn't, the Metro driver drove out of his way to drop her back at her one-room hotel apartment.

She lay in bed the next four days, so ashamed of what she'd done, she took her own stitches out with fingernail scissors. Then she sought out a priest and poured out her story.

As she spoke, he kept nodding.

"I thought, he gets me," she said. She felt an enormous sense of relief.

Turns out the priest, the Rev. Peter Chirico of St. James Cathedral, had Parkinson's. But he, in fact, did get her. He gave her the name of a psychiatrist, who diagnosed her for the first time.

The doctor started her on Lithium, a mood-stabilizer, and within three weeks she started thinking clearly. "It's like someone tuned the radio to the right station. Before, it was like I was always between two stations -- like there was static all the time."

'Some kind of evil'

Lane believes she might have been diagnosed with mental illness earlier, but for a persistent unwillingness on the part of family, and the larger culture, to see the symptoms for what they were. "When you do well, people expect that that's normal," she said. "When you're not doing well -- they ask, what wrong choice did you make that you're homeless and suicidal?"

In her own case, a childhood trauma at the hands of a friend's grandfather triggered a pattern of irrational conduct.

"Something changed drastically," said her mother, Joyce Lane. "It was like a curtain coming down on a theater performance, like Elvis left the building."

Though her family had a history of mental illness on both sides, no one associated her childhood "acting out" with anything other than bad behavior.

Her father, a Catholic and a cop, thought there was "some kind of evil in her." Her mother didn't know what to make of the "sweetest little pumpkin-pie baby" who threw firecrackers in lockers and lopped off another girl's ponytail.

Lane jokes, now, about her own mental illness, as part of her effort to ease taboos and help others view such disorders as medical conditions, not moral failings. She is careful, for the most part, to use the favored language of current trends -- people are in recovery, not sick. They are consumers, not patients. They have mental health issues, not diseases.

But in her less guarded moments, she is candid about the damage mental illness wreaks on the lives of those who have it and those who love them -- the tornado effect, she calls it. "I have to be honest," she said. That's part of what keeps her from sliding back to a place where language can't save her.

Falling down, getting up

What does save her is community. On a recent Wednesday morning, Lane stood before a group of others with mental illness diagnoses in a Tacoma hotel conference room and spoke about building relationships that provide strength, encouragement and feedback.

Part of her job as head of the state's office of consumer partnerships is to train peer advocates to help provide such support to others. The training is part of a larger mandate to move the state's mental health system toward the philosophy that people can get better.

Recovery is a holistic approach that incorporates medical as well as psychosocial support systems, she said. It gets people involved and engaged in their own care.

But recovery is also a buzzword right now in the mental health bureaucracy -- it's a ticket for funding certain kinds of programs, and it angers some critics who think it's a euphemism for not funding new hospital beds, or other services for the severely mentally ill who may never be able to make it outside an institutional setting.

Lane agreed that recovery looks different for different people, and that it doesn't make a diagnosis disappear, or eliminate the need to fund assistance programs.

But in an era when needs are growing and resources are scarce, the question comes up again and again: Why do some people respond to help, and others don't?

"I know the answer to that," she said. "It's hope."

Lane's own recovery trajectory hasn't been linear.

After her diagnosis, she spent six years living on \$450-a-month Social Security income. "I could barely tie my own shoe. I had to learn to do everything over -- shop, budget, be a daughter, go to 12-step meetings." She returned to school and began a series of "supported employment" positions where she was coached to learn new job skills. She eventually earned a master's in social work from the University of Washington. But there were slips along the way -- relapses with drinking, stints off her medications.

"I got there by falling down, landing on my face, getting back up again and again," she said.

Today, she lives part time with her boyfriend, a doctor, on Capitol Hill and part time in Olympia where she works. She has "recovery communities" in both places -- plays on two softball teams.

"She is one who pretty well pulled herself up by the bootstraps," said her father, Joe Lane, who works security at the King County Courthouse where he sees others, less fortunate than his daughter, come and go every day.

Her resume includes an impressive list of titles and awards. She started a youth advocacy program that has been copied nationwide, and she has received awards from two governors.

"Stephanie's gotten a lot of professional programs going for consumers," said Richard Kellogg, director of the state's mental health division. "We're proud of her."

Lane doesn't take her recovery for granted. She keeps a couple of blurry self-portraits snapped 10 years ago when she was not doing well to remind her what it's like. In one, her eyes stare back at the camera like a stranger's. In another, her eyes look like caves. She fingers the second photo. "This is what my mind gets like -- everything is dark, like in silhouette, and out of focus."

Should she get like that again, she's written an advance directive, a legal document that indicates her preferences for care. She urges anyone with a mental illness to do the same.

"Mental illness is the disease that tells you - you don't have a disease. It gets a little harder to deny it when it's in your own words."

Help from her friends

It's 5 p.m. on Wednesday, and Lane has just finished her last appointment -- an intervention meeting about a troubled teenager. All day, she's been focused on how to help others gain back their mental health.

**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, Treasurer

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

4114 Allison Avenue
Des Moines, IA 50310

*Please make the check payable to
NAMI GDM*

Dues cover local, state, and national membership.

Donations are welcome!

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.

Did You Know?

A study last year on Medicaid and the broader public system of health care for people with mental illness by the National Association of State Mental Health Program Directors reached a shocking conclusion: Mentally ill adults who receive treatment in the public health system die 25 years sooner, on average, than Americans overall.



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**.

Pharmaceutical Company Patient Assistance Programs

By the Depression Bipolar Support Alliance (DBSA)

Many pharmaceutical companies offer patient assistance programs to provide prescription medicines free of charge to physicians whose patients might not otherwise have access to necessary medicines. Each company determines the eligibility criteria for its program. Eligibility criteria and application processes vary.

For information on available medications or the criteria or application process, your physician should contact the pharmaceutical company(ies).

Following is a partial list of companies who are members of the Pharmaceutical Research and Manufacturers of America (PhRMA) who offer patient assistance programs, along with the telephone numbers for these programs.

If you are unsure which pharmaceutical company makes the drug you are looking for, please contact your local pharmacy.

Bristol-Meyers Squibb Company (800) 332-2056

Janssen Pharmaceutica (800) 544-2987

Eli Lilly and Company (800) 545-6962

Parke-Davis (908) 725-1247

Pfizer Inc. (800) 646-4455

Pharmacia & Upjohn, Inc (800) 242-7014

GlaxoSmithKline (800) 546-0420

Solvay Pharmaceuticals, Inc (800) 788-9277

Zeneca Pharmaceuticals (800) 424-3727

(Source of data: PhRMA 1998 Directory of Prescription Drug Patient Assistance Programs)

Other Assistance Programs

Lilly Answers (877) 795-4559 Provides flat-fee prescriptions to people with Medicare.

The Medicine Program (573) 996-7300 Assists people in applying to multiple patient assistance programs.

Pfizer for Living Sharecard (800) 717-6005 Provides flat-fee prescriptions to people with Medicare.

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 your physician's office and at many 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

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

Community Mental Health Centers

Polk County 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

Another tidbit from Rhonda Shouse

Youth Depression Prevention Research Study

The Oregon Center for Applied Science (ORCAS), which is a public health research organization that develops interactive multimedia programs to help people live healthier lives is conducting a study and looking for TEEN participants.

With funding from the National Institute on Mental Health, Oregon Center for Applied Science (ORCAS) has developed a fun and educational program, Blues Blaster, to help prevent depression in youth ages 11 to 15, and are recruiting youth to participate in a research study to help evaluate the efficacy of the program.

Three hundred youth will be invited to participate in the paid evaluation of this new program. Qualified youth must be 11 to 15 years old, be able to understand written and spoken English, have access to a computer with internet, and have some symptoms of mild depression. The youth will be asked to view the program online and complete several assessments online and over the phone. Qualified youth will receive up to \$120 for their participation.

If you are interested in getting additional information about this project, please call 1-866-822-0226 or email nholt@orcasin.com. For more information about ORCAS, please visit our website: www.orcasinc.com.



At 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* located at 333 O'Farrell Street, San Francisco, CA 94102
1-800-HILTONS (415) 777-1400

The San Francisco Hilton Hotel is located in the heart of the city in the Union Square neighborhood. This wonderful area boasts a number of reasonably priced restaurants and is located just 3 blocks from San Francisco's metro system – the Bart. And it's only a 15 minute walk to Chinatown. Take a look at all the stores, restaurants and wonderful sites at www.unionsquaresf.net.

To view more information about the 2009 convention, go to: <http://www.nami.org/template.cfm?section=convention>

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)

SUPPORT GROUPS for Family Members

Third Sunday of the month -12/21/08 Family members, if you are interested in participating in a NAMI family support group, please contact Glenn Hobin lowaGH@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 – 12/8/08 - 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.

NEW! 1st Thursday of each month – 1/8/09 - 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.

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

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 Tuesday of the month – New Light Support Group – 6:30 to 7:30 -for persons experiencing depression or other mental health issues – 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.

1st and 3rd Thursdays – 5:30 – 6:30 P.M. in Room 213 - 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 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.

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

Success is not final

Failure is not fatal

It is the courage to continue that counts. – *Winston Churchill*



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.



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.

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

See yourself as a person, not an illness.

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. 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.

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.



Wellness Tool - Developing and Keeping a Circle of Support

by Mary Ellen Copeland

<http://mhrecovery.com/articles.htm>

<http://www.helphorizons.com>

In the first column, I described how to develop your own Wellness Recovery Action Plan. When you begin developing your Wellness Recovery Action Plan, you develop a list of wellness tools to be used in planning how you will keep yourself feeling well every day and how you will help yourself to feel better when you begin to feel badly.

One of the most important wellness tools for many people is spending time with people you enjoy. They have found that regular contact with family members and friends who are supportive keeps them well. They have even found that telling another person how they feel when they don't feel well can help them to feel better. This column will discuss the issue of support and describe things you can do to build yourself a strong circle of friends and supporters.

You may feel that you don't have any supportive people in your life, or that you have so few of these people that you feel lonely much of the time. You may feel that your lack of support and loneliness makes you feel sad or depressed some or most of the time. This problem may be worse if you live by yourself. Most people agree that they would benefit from having at least five close friends and supporters in their life that they really enjoy.

Everyone needs and wants to have friends. They enrich your life. They make you feel good about yourself and about being alive. Friends are especially helpful when you need special attention and care. A good friend is someone who:

- you like, respect and trust, and who likes, respect and trust you
- accepts and likes you as you are, even as you grow and change
- listens to you and shares with you, both the good and the bad
- you can tell anything to and know they will not betray your confidence
- lets you express your feelings and emotions, and does not judge, tease or criticize
- gives you good advice when you ask for it, assists you in taking action that will help you feel better, and works with you to figure out what to do next when you are having a hard time.
- lets you help them when they need it
- you want to be with, (but you aren't obsessed about being with them)
- doesn't ever take advantage of you

You can probably think of some other attributes you would like from your friends.

You will find that some friends meet some needs and others meet other needs. Don't expect one friend to meet all of your needs for friendship and support. Appreciate your friends for the things you like about them and don't try to change them to better meet your needs.

Make a list of the people in your life that you feel closest to - those people who you would turn to in times of need. Is there something you could do to improve your relationships with these people? You could invite them to your home to visit, share a meal, play a game, watch a video, or share some other activity. You could do something nice for them or visit them when they are having a hard time.



Intensive Psychiatric Rehabilitation (IPR)

IPR is a "two year individualized plan for recovery program" created by Boston University. The program is offered in Des Moines by Behavioral

Health Resources. IPR is especially effective when persons with mental illness are stuck in patienthood and need assistance in moving on in their lives toward sustained recovery.

In a presentation made by IPR clients and staff the following information was presented.

Participation in the program is voluntary. Eligibility criteria are:

- ▶ The client has to have a diagnosed psychiatric condition.
- ▶ The client has to be eligible for Medicaid.

The program concentrates on 4 areas:

1. Readiness development for goal setting – They are helping to increase awareness in key areas, so they are more prepared to move on in the process and choose or achieve a goal. The client chooses the goal(s), not the IPR employees.
2. Goal choosing – Staff are helping them to research and evaluate choices. They are also working on preparing them for moving into achieving.
3. Goal Achieving – They are helping them learn what the environment demands and at what levels they need to be using skills. They are also helping them identify resources. They are starting to take more time in planning for discharge.
4. Goal Keeping – They are helping them plan for discharge and making sure skills and supports remain in place.

In the words of one of the clients – "the program helps to discover and stop the self sabotaging behavior (self stigma) that so often occurs in mental illness. There is a lot of collateral damage from having a mental illness."

In the September 2008 newsletter – Director Shannon Evers had this to say "Anyway, I read about the Polk County waiting list and I know that many case management agencies in Des Moines also have waiting lists. If you talk with anyone who is in need of some assistance, but has been placed on a waiting list, you might mention **IPR**. We have no waiting list and can help people work on long-term living, social, educational, or vocational goals. Often people who are feeling disconnected benefit immediately from the strong support structure of an intensive program.

If you would like to find out more about IPR – call Shannon at 515-235-8830

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

See yourself as a person, not an illness.

Developing New Friendships

How do you reach out to others to establish friendships? This is not an easy task. You may find that you would feel more comfortable staying at home than going to an activity where you can meet other people. Almost everyone feels this way. Try to ignore those feeling and get out to activities in the community where you can meet other people - people with whom you might develop closer connections.

Meet potential friends and supporters by:

- * Attending a support group. It could be a group for people who have similar health issues or life challenges, or a group for of people of the same age or sex.
- * Going to community events, taking a course, joining a church or civic group.
- * Volunteering. Strong connections are often formed when people are working together on projects of mutual interest and concern.

Some friendships develop casually. You may be hardly aware that your relationship with the other person is getting closer and more comfortable. More often it takes some special effort on someone's part to help the relationship grow. You could do this by:

1. asking the person whom you like to join you for coffee or lunch, to go for a walk or to do something together you both enjoy;
2. calling the person on the phone to share something you think they might be interested in;
3. sending a short, friendly e-mail and see if they respond;
4. talking with them when you see them about something of interest to both of you;
5. helping the person with a project you are both interested in.

You may be able to think of some other enjoyable activity that the two of you could share. Go slowly. This will give you a chance to decide if this is really a person you want for a friend. And others may be intimidated if you "come on too strong". As you both enjoy each other more the friendship deepens. Notice how you feel about yourself when you are with the other person. If you feel good about yourself, you may be on the road to a fulfilling friendship.

Keeping Friendships Strong

Keeping your friendships strong needs consistent attention from you. There are many things you can do to help keep your friendships strong.

In addition, if you feel ready, you could become further involved if you choose to by:

1. Like yourself. If you don't like yourself, don't feel that you have any value or don't think others will like you, you will have a hard time reaching out to people who may become friends.
2. Enjoy spending time alone. People who enjoy spending time alone and are not desperate to have people around all the time make better friends. Being desperate can drive others away from you. Fill time alone with activities you enjoy and that enrich your life. Perhaps a pet would help.
3. Have a variety of interests. Develop interests in lots of different things that make you an interesting person for others to be with.
4. Friendships must be mutual. Be there for your friends as much as they are there for you.
5. Listen and share equally. Listen closely to what the other person is saying. Avoid thinking about what your response is going to be while the person is talking. If a person is sharing something intense and personal, give them your full attention. Don't share an "I can top that" story. Be willing to listen to your friend share the details of a difficult time over and over again - until they have "gotten it out of their system".

6. Communicate as openly as you can. Tell your friends what you need and want and ask them what they want and need from you. Do not share so much information about details that the other person gets bored. Watch the response you are getting from the person or people you are talking to so you can know if this is the right time to be sharing this, or the right subject for this person.

7. Avoid giving advice unless it is requested.

8. Never make fun of what the other person thinks or feels. Avoid judging, criticizing, teasing or sarcasm.

9. Never betray the confidence of a friend. Have a mutual understanding that anything the two of you discuss that is personal is absolutely confidential, that you will not share personal information about each other with other people.

10. Have a good time. Spend most of your time with your friends doing fun, interesting activities together.

11. Stay in Touch. Keep regular contact with your friends and supporters, even when things are going well.

12. Don't overwhelm the person with phone calls or other kinds of contact. Use your intuition and common sense to determine when to call and how often. Don't ever call late at night or early in the morning until you both have agreed to be available to each other in case of emergency (such as if one of you is sick or has gotten some very bad news).

13. Know and honor each other's boundaries. People commonly set limits or boundaries around things like the amount of time and place of getting together, the kind and frequency of shared activities, phone call time limits - time of day, frequency and length, amount and kind of support given, connection with other family members, and the amount of physical touch. Say "no" to anything you don't want. You have the right to ask for what you need, want and deserve.

Problems In Relationships

If a difficult situation comes up in your relationship with a friend, you will both have to use your resourcefulness to resolve the situation and keep the friendship strong. Some things you might try, depending on the situation, include:

- o talking with the other person by describing how you feel rather than making an assumption about how the other person feels;
- o working with your friend to develop a plan for resolving the situation that includes the steps each of you are going to take and when you are going to take them;
- o asking yourself what is really happening and deciding on solutions that will work for you;
- o being clear with yourself and with your friends about your boundaries, saying "no" when necessary.

Ending A Friendship

You may want to end a relationship with another person if circumstances arise that you cannot tolerate or there are issues that cannot be resolved. Some good reasons to end a friendship would be –

- if the other person shares personal information about you with others,
- does all the talking and no listening,
- violates your boundaries,
- puts others or you down, teases, ridicules,
- "badmouths" friends and family,
- lies or is dishonest,
- wants you to be their friend only, wants you to spend all your time with them,
- wants to always know where you are and who you are with,

- doesn't want to be seen with you in public,
- is clingy or very needy,
- talks inappropriately about sex or personal matters,
- asks questions that make you feel uncomfortable,
- asks for risky favors,
- engages in illegal behavior or is physically, emotionally or sexually abusive.

You may be tempted to pursue a relationship with someone even though they treat you or others badly. However, it is better not to have a certain friend than to have them treat you badly.

In Conclusion

The process of developing and keeping a circle of support goes on for as long as you live. I hope this column has been helpful to you in figuring out what you need to do next. Proceed slowly. Take small steps so you don't become overwhelmed. You may want to begin writing about your efforts in a journal. Later you can read about your progress and honor yourself for your efforts. You may want to refer to my new book, The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections (Copeland, M.E. New Harbinger Publications. Oakland, CA, 2000.)



Many thanks to Frank Varvaris – our speaker at the November 2 educational meeting on the topic of “Estate Planning”.

Frank is the proprietor of a firm in Cedar Rapids (with a satellite office in Ames) that provides planning assistance to people with disabilities and their families. He has worked in this field since 1990. He also has an office in Ames that also serves the Greater Des Moines area. Frank wrote the Iowa law about Special Needs Trusts for people with disabilities.

He has developed a program called “Comprehensive Personal Life Planning for Persons with Disabilities”. The objectives are:

1. Focus in on the needs of the child,
2. Develop a roadmap for their future,
3. Protect all government benefits for which they are eligible,
4. Identify advocates who will support parents’ dreams, and then
5. Surround these with an overall estate plan to make sure that your child will always enjoy a safe and meaningful lifestyle.

The program should be developed now with parents’ involvement and it should continue to meet your wishes for your child well into the future, when you die or even if you become incapacitated.

To learn more about his programs and services, to schedule an initial consultation, or to arrange a presentation for your organization or group, please contact Frank Varvaris at 319-862-0363.

From Frank – Effective for January 2009

- ✓ Supplemental Security Income (SSI) is \$674 single/\$1011 couple
- ✓ SSDI and SSI cost of living adjustment (COLA) is 5.8% - this is the largest increase since 1982.
- ✓ Break Even Point (point where SSI payment becomes \$0) \$1433
- ✓ Medicare for Part B monthly premium remains \$96.40
- ✓ Resource eligibility for Medicaid, Title 19 assistance, still remains at \$2,000 for a single person and \$3,000 for a family

Did You Know?

70% of people applying for Social Security are turned down the 1st time they apply – Frank can help you with this process.



In My Experience... Through the Eyes of a Mother

by Deborah Cavitt

www.promoteacceptance.samhsa.gov

In 1999, my thirteen-year-old son was going through body changes due to puberty. Looking back, I remember Mike's obsessive-compulsive tendencies when as a bright, focused toddler and preschooler he memorized the names of jets, rocks, clouds, storms, baseball players, birds, dinosaurs, and many other subjects of interest.

At age 11, he was a typical friendly preteen, filling out but not yet stretching up. Growth spurts take kids by surprise and suddenly he went from being five feet tall to 5'9" at the end of seventh grade. Most of us think of a 126 pound, 5'9" person as thin, but Mike thought he was fat. He began to loath his body.

He secretly decided not to eat. He was very deceptive about fooling people into thinking he was eating, stuffing food up his sleeves, asking friends to lie for him. He went from 126 pounds to 82 pounds in six months. He lost two inches in height and twice he broke bones in his feet, just from walking.

When I suspected that he had anorexia, I had difficulty finding him adequate care. Calls to Minnesota's two eating disorder programs proved futile, since long waiting lists kept patients waiting for many months before they could get help. Mike didn't have months; he was so thin and refusing to eat, so that he would have died if we had waited months.

The family medical clinic in Detroit Lakes was the best available care we could find. The psychologist was a fine man but admitted he had never treated a person with anorexia. The doctor and psychologist only weighed Mike with his heavy jeans, layers of sweatshirts, and coats.

Mike was always so cold, even when everyone around him was too hot. The psychologist felt medication was unnecessary. He believed in psychoanalysis. The scale showed that Mike was gaining weight under the new care, but Mike's appearance and behavior told a different story.

We discovered that Mike had fooled the doctors by taping rolls of quarters to his body, adding more with each appointment to give the illusion of weight gain. The trick is common among people who have anorexia. Untrained health providers often are not aware of the measures a person with anorexia will take to avoid weight gain.

Mike also was exercising whenever possible. He became frightened enough to admit it was out of control when he said he was up to 5,500 sit ups a day and something made his mind think he had to beat his record every day. His bony back was raw but he still thought he was fat.

For my son and me, the stigma of dealing with his mental health disorder meant that we didn't have the support from family and friends that we would have had if his illness had been cancer or heart disease. My son was in as much danger of dying as a child with leukemia, yet there were no fundraisers or hospital visits for our plight. As his illness progressed, it was obvious that he was not starving himself in order to control or manipulate those around him. He lost control as his neurological disorder made it impossible to function normally.

Fellow male classmates treated him cruelly. He was called alien, faggot, and other derogatory terms. As he compulsively walked, carloads of young men would drive by shouting obscenities. The rural school setting was unkind. In rural northern Minnesota, it

seemed as if one wasn't considered a "good" kid unless one was active in football and basketball.

As Mike's mother, advocacy and persistence for his treatment needs became my main concern for approximately three years. My parents were outstanding, but my network of support did not extend far beyond them.

After five months of going to clinic appointments, the psychologist made an emergency call to an outpatient adolescent psychiatric care for eating disorders. After several months, the doctor there became convinced that Mike need inpatient psychiatric care for anorexia. Still there wasn't any program we could get Mike into in Minnesota. Our insurance company had a practice of denying care. Only constant letter writing by the doctors and our family to the insurance company and to Senator Wellstone had an effect.

Finally, we were able to take Mike to the University of Iowa Hospital and Clinic for five months of inpatient and partial hospital care and several years of outpatient care. I resigned my job as a teacher in northern Minnesota to go to Iowa. I chose to stay there for five years because my son thrived under the excellent care. In Iowa City, people celebrated diversity as young people chose to be an artists, musicians, poets, or GLBT. My son was treated like a freak in the rural community, but thrived in the setting that allowed young people to succeed in a variety of intellectual and artistic talents.

Mike's anorexia wasn't simply a matter of choice; it was caused by a severe chemical imbalance in his developing brain. Seven years later, he still struggles with depression and obsessive-compulsive disorder. But, he graduated with highest honors from the University of Iowa and is now a graduate student at Rutgers, working on his PhD in metaphysics. He is completely recovered from anorexia.



School Policy Changes on Physical Force and Seclusion

Infonet 9-19-08

Iowa has now joined a nationwide push to reduce the use of physical force and seclusion in schools to discipline "out of control" children, or those perceived to be a threat to themselves or others.

On Sept. 11, 2008, the Iowa Board of Education approved new limits on the use of "timeout" rooms to punish disruptive children, many of whom have physical, cognitive, or behavioral disabilities. These changes to Iowa's "corporal punishment" law are the first since 1991.

The new rules, which go into effect Jan. 21, 2009, are the product of a 4 month study and review by state education regulators. The new rules are:

- ▶ Limits the use of "timeout" rooms
- ▶ Requires teachers to get permission from school administrators before confining children timeout rooms for more than one hour.
- ▶ Requires continuous supervision of children being held in timeout rooms.
- ▶ Permits timeout rooms to be locked only if they are held manually, or the lock releases automatically if power goes out or alarms go off.
- ▶ Requires timeout rooms be safe/suitable for children of varying sizes, ages, and conditions.
- ▶ No longer allows timeout rooms to be used for minor infractions

- ▶ Bans some forms of restraint entirely (holding a student facedown, chokeholds, or any use of force that restricts a child's ability to breathe).
- ▶ Requires school officials document each time restraints are used and the reasons for the use.

Advocates for students with disabilities and the parents of students with disabilities became increasingly concerned about the overuse of timeout rooms, and began to express this concern to state officials.

Teachers will now be trained on the use of "positive" alternatives to restraints and seclusion, such as talking through disputes with children when possible. Timeout rooms would then become a temporary last resort.

To review the changes, click on the following link (Administrative Law Bulletin) and go to page 1787 at

www.legis.state.ia.us/Rules/Current/Bulletin/IAB080618.pdf

If we are to achieve a wider culture, rich in contrasting values, we must recognize the whole gamut of human potentialities, and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place. – Margaret Mead

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

President and Editor of Newsletter

Teresa Bomhoff 274-6876
E-mail: tbomhoff@mchsi.com

Vice-President Glenn Hobin 965-9799
E-mail: lowaGH@aol.com

Treasurer – Jim Vandenberg 360-1529
E-mail: NAMI-DM@peoplepc.com

Secretary – Sharon Browne 988-5151
E-mail: msrliving@hotmail.com

Board members

Grace Sivadge 961-6671
E-mail: rsivadge1@juno.com

Cece Arnold 276-7871
E-mail: cece.arnold@mchsi.com

Kathy Hoegh 255-7907



A new website for veterans which lists all the resources available –

www.nationalresourcedirectory.org. The National Resource Directory is organized into six major categories:

- 1) Benefits and Compensation;
- 2) Education, Training and Employment;
- 3) Family and Caregiver Support;
- 4) Health;
- 5) Housing and Transportation; and
- 6) Services and Resources.

It also provides helpful checklists, Frequently Asked Questions, and connections to peer support groups. All information on the Web site can be found through a general or state and local search tool.

Please send a big **THANK YOU** to

Cindy Gross and Plaza Printers

For their assistance in printing our newsletter
6762 Douglas Avenue, Urbandale, Iowa 50322
278-4695 www.plazaprinters.net

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

See yourself as a person, not an illness.

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/>

Long Journey Home: One Female Veteran's Story

11 Nov 2008, 8:51 PM CST

About 23,000 Minnesota veterans are women. Despite their growing numbers, not a great deal is known about female soldiers returning home from combat, except for this -- they're having real problems.

An estimated 8,000 female veterans are homeless, and 40 percent of them say they were sexually assaulted in the military.

Carla DeMarrias was once a veteran lost. What she witnessed early in the Iraq war, as an army medic, would change anyone.

But Carla would also become a victim, not from warfare, but from her fellow soldiers.

"There was a sexual assault that happened to me by three other male soldiers."

And she's not alone. A recent study found 28 percent of female veterans had been victims of military sexual trauma while on active duty. Many of the cases were never reported -- but that may be changing.

A recent Defense department study found actual reports of sexual assault jumped 73 percent in a recent 2-year period.

In Carla's case, all three men were convicted in military court.

But Carla's obstacles were not over. Back home, there was a failed marriage to a fellow soldier, and battles with alcohol binges. Four months ago, Carla was homeless.

At the Minneapolis Veterans' Affairs hospital, she was diagnosed with Post-Traumatic Stress Disorder. But she says after a series of arguments with staff, she was turned away.

"The nurse said here are some bus tokens, they gave me a list of shelters and said we'll see you next week for another appointment. Go to a shelter get a Rule 25 and we'll see you next week," recalled Carla.

But the VA said, this would never happen, and pointed to specialized programs tailored just for female veterans.

Now, Carla is doing better. She's now working with counselors at the VA, and has built a support group of family and friends.

Above all, she's coming to terms with the demons she brought home -- the war and the assault.

"I'm not disrespectful of the army in any way. The assault happened, the army didn't do that to me, three idiots did it. They decided to do something they shouldn't have done."

After everything she's been through, she says she still feels honored by the uniform and her service. On Veterans' Day, she's thinking of the other soldiers still fighting battles, seen and unseen.



Crackdown begins on 'personality disorder' separations

By Tom Philpott

Special to Stars and Stripes

Under pressure from Congress and following the Army's lead, the

Department of Defense has imposed a more rigorous screening process on the services for separating troubled members due to "personality disorder."

The intent is to ensure that, in the future, no members who suffer from wartime stress get tagged with having a pre-existing personality disorder which leaves them ineligible for service disability compensation.

Since the attacks of 9/11, more than 22,600 service members have been discharged for personality disorder. Nearly 3400 of them, or 15 percent, had served in combat or imminent danger zones.

Advocates for these veterans contend that at least some of them were suffering from Post-Traumatic Stress Disorder (PTSD) or traumatic brain injury but it was easier and less costly to separate them for personality disorder.

By definition, personality disorders existed before a member entered service so they do not deem a service-related disability rating. A disability rating of 30 percent or higher, which most PTSD sufferers receive, can mean lifelong access to military health care and on-base shopping.

Over the last 18 months, lawmakers and advocates for veterans have criticized Defense and service officials for relying too often on personality disorder separations to release members who deployed to Iraq, Afghanistan or other another areas of tension in the Global War on Terrorism.

A revised DoD instruction (No. 1332.14), which took effect without public announcement August 28, responds to that criticism. It only allows separation for personality disorder for members currently or formerly deployed to an imminent danger area if:

- 1) the diagnosis by a psychiatrist or a PhD-level psychologist is corroborated by a peer or higher-level mental health professional,
- 2) if the diagnosis is endorsed by the surgeon general of the service, and
- 3) if the diagnosis does not indicate a possible tie or "co-morbidity" with symptoms of PTSD or war-related mental injury or illness.

Sam Retherford, director of officer and enlisted personnel management in the Office of the Secretary of Defense, said adding "rigor and discipline" to the process when separating deployed members for personality disorder is "very important," considering what is at stake for the member.

Last year several congressional hearings focused on overuse of personality disorder separation after *The Nation* magazine exposed apparent abuses in a March 2007 article. It described the experience of Army Specialist Jon Town. In October 2004, while Town stood in the doorway of his battalion's headquarters in Ramadi, Iraq, an enemy rocket exploded into the wall above his head, knocking him unconscious.

When he came to, Town was numb all over, bleeding from his ears, and had shrapnel wounds in his neck. For two years he struggled with deafness, loss of memory and depression before the Army, in September 2006, separated Town after seven years' service. He was separated for a pre-existing personality disorder and without disability benefits. Writer Joshua Kors suggested there might be thousands of veterans like Town, separated administratively to

save the services billions of dollars in benefits.

Last year, moved by this story and others, the Senate adopted an amendment to the fiscal 2008 defense authorization bill from now president-elect Barack Obama (D-Ill.), Kit Bond (R-Mo.) and Joseph Lieberman (ID-Conn.). It directed Defense officials to report on service use of personality disorder separations, and the Government Accountability Office to study how well the services follow DoD own rules for processing such separations.

The Army meanwhile reviewed its own use of personality disorder separations for more than 800 soldiers who had wartime deployments. That review quickly found some "appalling" lapses, said an official, including incomplete files and missing counseling statements. A few months ago the Army tightened its own rules for using personality disorder separations.

In June, the Defense Department reported to Congress that it would add "rigor" to its personality disorder separation policy, previewing the changes implemented in late August. The Navy strongly had opposed the changes because it frequently uses personality disorder separations to remove sailors found too immature or undisciplined to cope with life at sea.

Requiring their surgeon general to review every personality disorder separation from ships deployed in combat theaters would be too burdensome, the Navy argued. But Defense officials insisted on the changes.

The DoD report in June showed the Navy led all services in personality disorder separations. For fiscal years 2002 through 2007,

- ▶ the Navy total was 7554
- ▶ 5923 for the Air Force,
- ▶ 5652 for the Army and
- ▶ 3527 for the Marine Corps.

The Army led in personality disorder separations to members who had wartime deployments, with a total of 1480 over six years. The Navy total was 1155, the Marine Corps 455 and the Air Force 282.

DoD said it found "no indication" that personality disorder diagnoses of deployed members "were prone to systematic or widespread error." Nor did internal studies show "a strong correlation" between personality disorder separations and PTSD, brain injury or other mental disorders.

"Still, the Department shares Congress' concern regarding the possible use of personality disorder as the basis for administratively separating this class of service member," the report said.

In late October, GAO released its findings based on a review of service jackets for 312 members separated for personality disorder from four military installations. It said the services were not reliably compliant even with the pre-August regulation governing separations. For example, only 40 to 78 percent of enlisted members separated for personality disorder had documents in their files showing that a psychiatrist or qualified psychologist determined that their disorder affected their ability to function in service.

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.infonetiaowa.com/> - Has the latest on legislation.

Check out their great newsletters online.

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

www.nami.org/advocacy

Update on Polk County Waiting List



As of the end of November there are now -

- **430** on the waiting list for disability services,
- **326** have mental illness
- **74** have mental retardation

- **29** have developmental disabilities
- **1** unknown
- **129 of the 430** are at risk of hospitalization and/or homelessness
- It is taking an average of **400 days** to get into the Polk County health system to receive services.
- **55** kids age 17-18 are on the waiting list

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.

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

The interim director for the Dept. of Human Services is Gene Gessow. Former Director Kevin Concannon retired at the end of July. A national search is underway to find a replacement director for DHS.

How to contact the Iowa Dept. of Mental Health and Disability Services

(Established in 2006 via HF 2780 by the Iowa legislature)

Address: Hoover Office Building, 1305 E. Walnut St.
 Des Moines, IA 50322

Phone: 515-281-7277

Website: www.dhs.state.ia.us/mhdd/index.html

Interim Director until a replacement for Dr. Allen Parks has been chosen	Bill Gardum
Assistant to the Director	Barbara Jean Funke
Children & Youth Bureau Chief	Pam Alger
Child/Youth Specialist	Mary Mohrhauser
Child/Youth Specialist	Becky Flores
School Specialist	Laura Larkin
Adults Bureau Chief	Dr. Kelly Pennington
State Payment Program	Lin Nibelink
Community System Consultant	Julie Jetter
Community System Consultant	Robin Wilson
Emergency Mental Health Specialist	Karen Hyatt
Secretary	Kay Hiatt
Older Adults Program Specialist	Lila Starr



Don't forget. . . In 2006 Iowa was one of 8 states who received an "F" in NAMI's "Grading the States" report. The report and scoring tables can be found at www.nami.org/grades. A new grade will be issued in 2009.

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



**January 9, 2009 –
2009 State Legislative Session Begins**

**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

** See three more ideas below to help with this.*

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.

Women for Change has endorsed 3 solutions to find additional income for under-funded programs such as mental health care. NAMI Greater Des Moines supports taking action in these 3 areas so additional funds can be realized for the Iowa mental health system. More information is at www.iowafiscal.org

***Unfair Subsidy to Grocers**

Grocers pay credit card companies so that customers can pay for goods more expeditiously. However, since those who qualify for Food Assistance, formerly known as Food Stamps, started using a card for purchases, Iowa grocers have charged the State of Iowa 7 cents each time a Food Assistance card is swiped.

The electronic banking system (EBT) used by those with bank credit cards and debit cards as well as those who receive Food Assistance benefit by reducing the time it takes to check-out. Grocers benefit by using less staff time at check-out. Payment errors dropped to 5.3 percent in Iowa in 2004 compared to a national all-time low of 6 percent. A low incidence of errors saves time, money, and inconvenience for all parties involved. EBT cards have proved to be more efficient and avoid stigma that often results from using food stamps.

The grocers' charge of 7 cents per swipe is a glaring misuse of State funds. It is estimated, the grocery industry in Iowa is paid \$500,000 in State money and another \$500,000 of Federal money annually. In sharp contrast, grocers not only do not expect a subsidy from bank card companies but actually pay those companies for the ability to use credit and debit cards.

Recommendation: Iowa should discontinue the EBT cash subsidy to Iowa grocers.

***Closing Tax Loopholes – Combined Reporting**

One way to simplify Iowa taxes and make them fair and accountable is to close tax loopholes. Iowa law gives many tax advantages to multi-state corporations that do business in Iowa – even though Iowa-focused businesses don't receive the same benefits. This puts Iowa firms at a competitive disadvantage, at the same time draining the state treasury of up to \$100 million behind a veil of secrecy. These tax loopholes allow companies to pay Iowa taxes only on sales in this state. Multi-state corporations can shift their profits to other states, resorting to Passive Investment Companies (PICs) that serve as a tax-free haven for corporate profits. The PICs collect royalties, which are not taxed in those havens; the companies can deduct the royalties from its profits, and thus pay less tax in the state where those profits are generated. The resulting loss of revenue means less money for Iowa's needs.

A legislative device called "combined reporting" would require multi-state corporations to report all profits and pay taxes on them, closing existing loopholes. Adopting combined reporting is expected to gain about \$60 million per year in Iowa. Sixteen states (including Illinois, Nebraska, and Minnesota) have been doing this for many years, and another five have joined them since 2004. Under combined reporting, all profits from the in-state business (such as Toys "R" Us stores), and of any out-of-state subsidiaries, must be combined and reported on the Iowa return, including any royalties earned by the subsidiaries.

To illustrate how combined reporting would work, we need to understand that Iowa has a single-factor tax. A large manufacturer with profits in Iowa and Illinois would only pay taxes in Iowa based on sales in this state, not on the profits the company made. Regardless of how much of this company's goods are produced in Iowa, the state taxes only the sales in this state, not the overall profits. Combined reporting does not change the single factor formula. Combined reporting assures that total company profits cannot be artificially lowered through the establishment of subsidiaries in other states.

Recommendation: Legislation should be passed to support combined reporting for corporations who do business in the state of Iowa.

*** Public Scrutiny on Tax Breaks**

A report from the Iowa Department of Revenue found that, of all the money claimed by corporations for the Research Activities Credit (REC) from 2000 to 2005, 92% consisted of "secret checks", or "refunds" to undisclosed companies. For fiscal year 2006, research activities credits reduced corporate income tax receipts by \$29.5 million compared to \$17.5 million in Minnesota, \$18.5 million in Wisconsin, and just \$.6 million in Illinois, despite all these states having much larger economies than Iowa.

From 2000 to 2005, total corporate RAC claims averaged \$29.7 million per year and 82% of all credits went to just the top 10 firms making the claims each year. During the same period of time 86% of the dollars paid went to firms with over 500 employees. The credit checks to these firms averaged \$3 million each and these were multistage companies doing only a small share of their business in Iowa – the average top ten firms getting one of these checks, did over 97% of its business outside the state.

Recommendation: Iowa should adopt "tax transparency" legislation that requires public disclosure of which corporations are getting these breaks and how much they cost other taxpayers.

*We must become the change we want to see in the world.
--Mahatma Gandhi*

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

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



**Reaching Out to Someone
Who Has a Mental Illness**

Cece Arnold, NAMI GDM Board member

When a person with a mental illness: You need to:

Is withdrawn	initiate relevant conversation
Is over-stimulated	limit input; do not force discussion
Becomes insecure	be accepting
Is insecure	stay calm
Is not grounded in reality	listen for kernels of truth or wait for a better time
believes delusions	avoid arguing
displays little empathy	recognize this as a symptom; try not to respond in kind
has difficulty making contact	make direct contact and keep the initiative
seems lacking in self-esteem and motivation	affirm the person's value; treat accomplishments positively

When a person with mental illness: You can:

Shows a talent such as music, writing, art	be open to the person sharing with you
retains an inborn generosity	acknowledge gifts
expresses an interest in his or her illness	learn together
wants to have a serious discussion	remember, even unmedicated seriously ill persons are rational as much of the time as they are psychotic
wants to help	give them a task and let them do it

When symptoms or medications cause behavior such as:

Disorientation or preoccupation	– you need to keep to a known, structured routine
difficulty with concentration	- you need to slow down and repeat; use short sentences
stress in ordinary situations	– you need to create an uncomplicated, predictable routine
trouble remembering	– you need to help the person record information
unsound judgment	- remain rational; reinforce common sense

Some symptoms of mental illness are unlike anything you will encounter elsewhere. You can't change that, but you can refrain from further destroying the person's integrity.

Do not do "for" persons with mental illness, do "with" them as with other persons with disabilities.



**CONTACT YOUR LEGISLATORS TO
PREVENT THIS TRAGEDY**

In the public health system, there is a state law which requires open access to cancer, HIV, and mental health drugs. Every year for the last 5 years or so – there have been attempts to close the open access for mental health medications and create a preferred drug list (PDL). This year is no different. PLEASE let your legislators know how important it is for the person in recovery to have access to the medication that works best for them. It is heart breaking to think our leaders would consider the attitude that certain medications "are good enough", and don't consider the adverse impact to the person in recovery and their family as well as others.