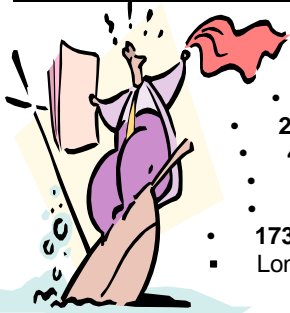


Update on Polk County Waiting List



- As of the end of April there are now -
 - **546** on the waiting list for disability services,
 - **354 of the 546** are receiving only non-wait list services
 - **264** have mental illness
 - **45** have intellectual disabilities (mental retardation)
 - **45** have developmental disabilities
 - **0** unknown
 - **173 of the 546** are at risk of hospitalization and/or homelessness
 - Longest on List: **756 days**
 - Average Time on List: **267 days**
 - Average Time for those admitted: **83 days**
- **111** kids on referral list (kids can be placed on the referral list at age 16).

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. This inability to raise additional funds results in a lengthy waiting list for services. Discretionary services are particularly vulnerable elimination. This includes mobile crisis, rent subsidy, para-transit, and a host of other supportive services for persons with mental illness and other disabilities.

Out of the stimulus funds Iowa received, \$10 million was allocated to the Risk Pool for the entire State. Polk County intends to request enough money to serve everyone on the waiting list and any new consumers that would come in through the end of FY10. Other counties will be submitting requests as well. There are lots of hoops to make it through.

- The Governor needs to approve the appropriation and sign the bill.
- The Risk Pool application has to be submitted (another piece of legislation moved the application date up to 7/1/09).
- The Risk Pool Board has to approve the application and the amount Polk County requests.
- There has to be enough money to fund all the requests.

More will be known by August 15, the deadline for the Risk Pool Board to make its decision. In the meantime, the waiting list remains and continues to grow.

On a positive note, it appears likely more people will be receiving mental health services due to the one time infusion of stimulus funds.

On a cautionary note - the problem of inadequate funding for mental health will continue to be a problem for Iowa until fundamental changes are implemented to re-design the system and adequate reliable sources of money are found.

Annie's Mailbox:

Student's mental problems a concern

by Kathy Mitchell and Marcy Sugar on www.creators.com



Dear Annie: Last fall, we sent our 18-year-old son off to college. He the dorms, meeting new people and starting new classes. He had dreams and goals. After one month, he had some sort of mental breakdown and was hospitalized for three weeks. He had to drop out of school.

There was no prior warning that something like this might happen. He was an easygoing kid who juggled a lot of activities and seemed to handle pressure well. He spent an entire year overseas on a foreign exchange program. There is no family history of mental illness. We have no idea why this happened or if it could happen again. Even his psychiatrist is unwilling to give his condition a real name, calling it "psychosis not otherwise classified."

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 4-09
Ill & Handicap,	3163	1700
AIDS/HIV	56	6
Elderly	12052	0
Mental Retardation (Child)	2851	0
Mental Retardation (Adult)	472	6
Brain Injury	1168	650
Physical Disability	1292	1195
Children's Mental Health	627	601

Total persons on all waiver waiting lists
4158

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."

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:

\$35 – Individual/Family

\$ 3 – Limited Income

\$50 - Professional

Send to: Jim Vandeberg

Treasurer

4114 Allison Ave

Des Moines, IA

50310

Please make the check payable to NAMI GDM

Dues cover local, state, and national membership.

Donations are also welcome!

Now, four months later, he is still under psychiatric care, taking medication and living at home. He is much improved, has a job, is socializing again and has started classes at a different school. However, he seems to have given up most of the goals he had last fall and won't talk about them.

Since his incident, I have heard an alarming number of stories from other parents and read many articles that mention similar breakdowns. When I was in college 30 years ago, it was unheard of.

How many of these students recover and lead happy, productive lives? How many are diagnosed with true mental illness versus a one-time incident brought on by stress or drug use? What are the nation's colleges doing about these problems? My son's school didn't seem to care and, in fact, only seemed interested in avoiding liability.

Concerned About My Son's Future




Dear Concerned: Mental health problems on campus have been studied since the 1930s. The perception that the problems are greater now is likely due to the increase in collecting data and the identification of mental health issues such as eating disorders, attention deficit, post-traumatic stress, social anxiety and depression. Also, many students living with a serious mental illness are able to attend college today with treatment that was not available 30 years ago.

We contacted Suzanne M. Andriukaitis, executive director of the National Alliance on Mental Illness of Greater Chicago, who said most serious mental illness begins before age 14, but the average delay between the onset of symptoms and achieving an appropriate diagnosis is eight to 10 years. It is often a gradual process, so others ignore or acclimate themselves to the early signs.

Late adolescence is when the human brain goes through its final stage of maturation, which includes a process called "pruning." For those who become ill, scientists believe something in the genetic makeup causes missteps in this pruning process. Going away to college is an additional stressor that can aggravate symptoms, and drug and alcohol usage can mask or unmask a psychiatric illness.

Serious mental illnesses such as bipolar disorder, schizophrenia, major depression and psychoses are chronic illnesses that need to be managed over the individual's lifetime. There are no cures, but there are effective treatments aimed at bringing the brain chemistry into better balance. Once this process is well underway, the person will benefit from talk therapy and the psychosocial therapies.

Please consider participating in NAMI's 12-week Family-to-Family Education Program.

 <p>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 to sign up.</p> <p>The Fall class will start Tuesday, Sept. 1 and will be held every Tuesday, until Nov. 17. Where: Mercy Franklin 1818 48th St. Des Moines</p> <p>6:30 – 9 PM in the West Conference Room just off the entrance from the west parking lot.</p> <p>We also hope to have a Family to Family class at the Des Moines VA. More information will be in the July newsletter.</p>	 <p>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 to sign up.</p>	 <p>Peer to Peer – a 9 week course for persons in recovery. Contact: Dawn Olson 515-254-0417 or 800-417-0417 or 641-842-3859 dawnao@iowatelecom.net</p>	<p>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. Call 254-0417 or 1-800-427-0417</p>
	<p>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</p>	<p>Parents and Teachers as Allies – a 2 ½ hour in-service for teachers and parents Contact: Susan Gill slsgill@aol.com 242-7556</p>	<p>Would you like to become a teacher for Family to Family, Visions for Tomorrow, or Peer to Peer?</p> <p>The next Peer to Peer Mentor training is July 17-19 in Des Moines. Contact: Dawn Olson 515-254-0417 or 800-417-0417 or 641-842-3859 dawnao@iowatelecom.net.</p> <p>The next Family to Family teacher training is August 14-16 in Waterloo. Contact: Carol Porch 515-254-0417 or 800-417-0417 or 319-330-0632 porch3498@yahoo.com</p> <p>The next Visions for Tomorrow teacher training is in the fall. Contact Jackie Elfmann 515-254-0417 or 800-417-0417 or namiowa@mchsi.com</p>

A **Disability Law Handbook** is now available on-line – go to <http://www.swdbtac.org/html/publications/dlh/index.html>
 This Disability Law Handbook is a 50-page guide to the basics of the Americans with Disabilities Act and other disability related laws. Written in an FAQ format, The Disability Law Handbook answers questions about the Americans with Disabilities Act, the ADA Amendments Act, the Rehabilitation Act, Social Security, the Air Carrier Access Act, the Individuals with Disabilities Education Act, the Civil Rights of Institutionalized Persons Act, and the Fair Housing Act Amendments

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 disorder. 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.

<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>Our <u>Business</u> meetings are on the 2nd Thursday of each month at the NAMI-Iowa Office. We discuss</p> <ol style="list-style-type: none"> 1. Business 2. Marketing and membership 3. Support 4. Education 5. Advocacy 6. Fundraising 7. Special Events
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Sunday, June 7, 2 PM	The topic is " WRAP – Wellness Recovery Action Planning ". Our speakers are Deb Guthrie, Diane Johnson, and James Bremhorst, Peer Specialists.	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.siuoxlandmentalhealth.com/Conference%202009.htm	
	Sunday – Thursday July 5-9	<p>NAMI's 2009 National Convention, we will be celebrating our 30th anniversary in San Francisco. The dates are July 5-9. All activities will be held in the <i>San Francisco Hilton and Towers</i> 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.</p> <p>NAMI's 30th anniversary convention in San Francisco begins on Sunday, July 5 and will have a screening of the PBS documentary, "When Medicine Got It Wrong," about NAMI's dramatic grassroots origins and founding as a national organization. The film premieres publicly in the fall. In the 1970s, families rebelled against medical theories that blamed schizophrenia on bad parenting and changed forever how mental illness is viewed. Their activism continues today.</p>	
Sunday, July 12, 2 PM	The topic will be Transition issues for adolescents aging to adulthood and Disability issues in college. Andrea Gotta, Tiffany Wilson, and Susan Gill will be our presenters.	Thursday, July 9, 5 PM	We will be discussing and planning around 7 topic areas
	Fri-Sunday July 17-19	NAMI Peer to Peer Mentor Training Class in Des Moines. New Mentors are trained over a weekend, supplied with teaching manuals, and paid a stipend for each course taught. Mentors teach Peer-to-Peer in teams of three. Qualifications to become a Mentor include: compassionate, a team player, comfortable with reading aloud, and following an active treatment plan. Contact: Dawn Olson 515-254-0417 or 800-417-0417 or 641-842-3859 dawnao@iowatelecom.net	
	Saturday, July 25	Another Kind of Valor – Iowa premiere will be held at the Iowa National Guard Joint Forces Headquarters in the Enhanced Classroom. Registration begins at 8:30 AM – the program is from 9 AM to 4:30 PM. This event is focused on training family members and professionals to address the mental health needs of veterans. For more information, contact Jill at Iowa Dept. of Veterans Affairs 515-242-0033. CEU's will be available. See the article on <i>Another Kind of Valor</i> in this newsletter.	
The rest of 2009 Sunday Educ Mtg Dates	August 2 September 13 October 3 – NAMI Walks November 1 December 6 – Legislative Forum	The rest of the 2009 Business Meeting Dates	August 13 September 10 October 8 November 12 December 10

 **On our website at** www.nami.org/sites/NAMIGreaterDesMoines
Please click on the bar in the upper left hand corner entitled "educational opportunities". We have a link to free online Consumer trainings for people working on their recovery.

Mental Illness Doesn't Predict Violent Behavior

A new study challenges the perception that mental illness alone is a cause of violence. People with serious mental illness, without other big risk factors, are no more violent than most people, according to the study of more than 34,000 U.S. adults published in the Archives

of General Psychiatry. Researchers say other factors, such as substance abuse and a history of violent acts, can drive up the danger when combined with mental illness. (Newsweek, 2/3/09)

Depression Increases Risk of Heart Disease



Depression contributes to the risk of heart disease more than genetics, according to a long-term study of twins. Other research has found that depression makes people more susceptible to heart trouble. But recent studies have found some genes that increase the risk of heart disease may also make people more prone to depression. This study indicates that depression takes a huge toll on the heart that can't be due to genetics. (USA Today, 3/3/09)

Call to End Disparities in Mental Health Care

Mental Health America – 4-15-09 article excerpts
Overall, only one-third of Americans with mental illness or a mental health problem get care.



Yet, the percentage of African Americans receiving needed care is only half that of non-Hispanic whites. Nearly one out of two Asian Americans/Pacific Islanders have difficulty accessing mental health treatment because they do not speak English or cannot find services that meet their language needs.

One national study found that only 24% of Hispanics with depression and anxiety received appropriate care, compared to 34% of whites. Twenty-four percent of Native Americans lack health insurance, compared with 16 percent of the U.S. population. In addition, minorities are underrepresented in research.

Poverty, lack of service and supports, fragmentation of services, pervasive stigma and prejudice, language barriers and lack of cultural competence in service delivery all impact the mental health of diverse racial and ethnic groups.

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 newsletter online – The May 1 issue has information on bills passed and those that were unsuccessful.

NAMI GDM 2009 Legislative Priorities	Results of 2009 State Legislature Session
<p>Priority 1 – Adequately fund the mental health system in Iowa.</p>	<p>It is not known if enough funds have been appropriated or are available through the stimulus funds to help counties eliminate waiting lists or to reduce the number of people waiting for services through the Home and Community Based Services (HCBS) Waivers.</p> <p>See the first page of the newsletter for current numbers of persons waiting for services. Waiting lists will continue to grow.</p> <p>No change in the way the mental health system is funded to alleviate shortfalls. Bills were introduced but failed to find adequate support.</p> <p>Funding goal was to keep the system afloat amidst the current financial crisis.</p>

NAMI GDM 2009 Legislative Priorities	Results of 2009 State Legislature Session
<p>Priority 2 – TAKE ACTION to Address an Inadequate - Workforce – Beds – Services</p> <p><i>These are basic needs not being met.</i></p>	<p>SF389 established a fund and 4 programs to address Iowa's health care workforce shortage problem, but no funds were appropriated.</p> <p>The Mental Health Workforce Initiative at the U. of Iowa and Cherokee Mental Health Institute continues – with less money – for 2 training slots.</p> <p>*Emergency mental health and children's mental health grants cut - \$1.5 million left – also has to last for 2 years instead of 1.</p>
<p>Priority 3 - Institute Mental Health/Illness Education Mandates</p>	<p>Nothing done</p>
<p>We support an improved mental health parity law.</p> <p><i>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.</i></p>	<p>An improved mental health parity bill was not passed.</p> <p><i>There was a bill voted out of committee to cover all illnesses in DSM IV including substance abuse and coverage for veterans, but it never made it to the floor for debate. Stiff resistance from the business and insurance community. Support was split along party lines. Primary reason was resistance to insurance mandates.</i></p> <p><i>Insurance mandates were approved, however, for payment of prosthetic devices prescribed by a doctor, payment of the first 30 days of admission to a PMIC (Psychiatric Medical Institution for Children), payment for up to 10 hours of outpatient diabetes self-management training for people diagnosed with any type of diabetes, and cancer treatment whether medications are orally or intravenously administered.</i></p>
<p>We support jail diversion efforts.</p>	<p>Could not find any steps taken at the state level.</p> <p>There is a Polk County Criminal Justice Coordinating Council – go to: www.polkcountyjowa.gov/Supervisors/pages/cjcc.aspx for more information.</p>
<p>Funding for Des Moines Mobile Crisis Unit</p>	<p>Polk County is to receive money from the Emergency Mental Health grant funds and is to have priority funding from the MH/MR/DD Risk Pool.</p> <p>No agreements or contracts have been signed yet.</p>

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

Did You Know?

Legislators introduced 2043 bills in the 2009 legislative session. 171 of the bills made it to the Governor.



Stepping back from deinstitutionalization?

The jury is still out, but new data show some disturbing trends
by Ronald W. Manderscheid, PhD, Editorial Board
Behavioral Healthcare 2009 April;29 (4):34-35

Important new data I published recently with Joanne Atay and Raquel Crider (both with SAMHSA's Center for Mental Health Services) in Psychiatric Services show that for the first time in 50 years, the resident patient population of state mental hospitals has grown rather than declined.¹

From 1955 to 2003, the number of resident patients decreased dramatically from 559,000 to about 47,000. However, between 2003 and 2005, this number climbed to almost 50,000.

Even more disconcerting, the number of admissions increased dramatically during the same period. Admissions peaked in 1971 at 475,000 and had declined every subsequent year through 2003, when they numbered fewer than 160,000. Yet between 2003 and 2005, they grew to almost 189,000-more than 21% in two years!

Has deinstitutionalization ended? Below I provide some information about why these trends are occurring so we can seek to answer this question.

Demographic changes

Our country is aging and becoming much more diverse. As early as 1990, we were able to show that with fixed prevalence rates of mental illness and expected changes in the composition of the U.S. population, state mental hospitals would experience growth by 2010. There are indications that demographic factors are clearly in play, as part of the increase in residents and admissions between 2003 and 2005 was due to growth in the number of consumers age 45 and older. Also, virtually all of the growth in residents was among minorities.

Growth of the forensic population

We asked states that experienced increases in their state hospital residents to tell us why this was occurring. The primary factor they identified was growth in the forensic population. (*A forensic consumer is a person committed to a state psychiatric hospital by the criminal division of a local or federal court*). Some states are constructing or considering new forensic facilities, and in some states more than half of all state mental hospital beds are occupied by forensic consumers. What is considerably less clear is the dynamic through which a person moves from community resident to forensic inpatient. Unless we develop an understanding of this dynamic, we simply won't know how to intervene.

Decline of community services

States also identified declines in community services as an important factor in the growth of their state hospital populations. Symptoms of this are lack of insurance coverage (1/3 of persons with mental or substance use conditions have no insurance, twice the national average); dramatic growth in use of hospital emergency rooms by people with mental illness; few community alternatives to inpatient care, such as community respite beds that can serve as an alternative to hospitalization; and courts that are more aggressively placing persons with mental illness into inpatient facilities because alternatives simply are not available. The data show that a growing proportion of state hospital admissions have schizophrenia or major depression, a strong indication that persons with these severe conditions are not receiving appropriate, high-quality care in their communities.

Decline of the social safety net

It also seems evident that the social safety net has developed new holes. Efforts to narrow the definition of case management or to restrict Medicaid coverage, and the failure of social safety net

programs to keep pace with the growth of poor immigrant populations or the new poor who have been displaced by globalization, reflect this. We have known for a very long time that a strong network of social programs-housing, vocational training, social services-is essential to foster an enduring community life for mental healthcare consumers.

The jury is still out

I believe that the jury is still out on whether deinstitutionalization is ending. The ultimate answer will depend on how we respond to these disturbing data on our state mental hospitals. We should examine the findings of the President's New Freedom Commission on Mental Health for guidance, particularly its work on acute care. We also should take a broader view than just that of our specialty field to examine the role that various social and physical health determinants play in generating new cases of mental or substance use conditions.

Of course, we've made a lot of progress during the past 50 years. Some recent positive steps toward promoting community-based care include the fact that parity coverage for mental health and substance use care is now the law; Medicare co-pay reform has been enacted; health insurance reform is under way in some key states; and national healthcare reform is on the short-term horizon.

But recent dramatic declines in budgets for community mental health services and our increasing national rate of criminal incarceration (approaching 4% of our population), including forensic mental health consumers in our state mental hospitals, portend difficult decisions in the very near future. In fact, we may be forced to choose between paying for forensic incarcerations in state mental hospitals and maintaining community mental health services in at least some states.



A Book Review by June Judge

Strength for his People

"A Ministry for Families of the Mentally III"

By Dr. Steven Waterhouse, Th.M.D. Min.

Westcliff Press, Second Edition 2002

"Strength for his People" addresses needs that arise among Christian families of those with severe mental illnesses. This study guide also offers a Biblical perspective on schizophrenia which will be of interest to ministers, counselors and chaplains. Many of the Bible studies in "Strength for His People" have a secondary application to other types of ongoing family pressures, such as: physical disabilities, Alzheimer's disease, or mental retardation.

Topics include:

- The failure of churches in responding to mental illness.
- Evidence that schizophrenia is primarily a medical not a moral problem.
- Bible studies on how to handle family emotions (guilt, anger at God, fears, isolation, denial, family conflict)
- A theological treatment as to why God permits suffering.
- The argument for intrinsic human worth not being based on "achievement".
- An explanation of the difference between schizophrenia and demons.

Dr. Steven Waterhouse has served as pastor of Westcliff Bible Church in Amarillo, Texas, since 1985. His younger brother Mark, lives in a supported housing facility in Battle Creek, Michigan. Mark's schizophrenia caused many years of hospitalization and suffering. His hardships have provided the understanding and motivation for this book.



“Journey” Books

The Soloist: Lost Dream, An UnLikely Friendship, and the Redemptive Power of Music by Steve Lopez

Crazy: A Father's Search Through America's Mental Health Madness by Pete Earley

No Momma's Boy: How I Let Go of My Past and Embraced the Future by Dominic Carter

Divided Minds: Twin Sisters and their Journey Through Schizophrenia by Pamela Spiro Wagner and Carolyn Spiro

The Center Cannot Hold: My Journey Through Madness by Elyn Saks

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, Box 12174, Des Moines, Iowa 50312 or E-mail: tbomhoff@mchsi.com or namigdm@gmail.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 Help Line 1-800-950-6264–Mon-Fri 10 AM-6 PM EST

Getting it Together Project

Visiting Nurse Services



The Getting It Together Project provides wraparound services to families with youth who have been diagnosed with a Serious Emotional Disturbance (SED) classified in the DSM-IV.

The project is an effort designed to prevent hospitalization, group care, entering the child welfare/juvenile justice system or to further divert involvement with the child welfare/juvenile justice system.

The Getting It Together Project serves all populations and income levels with a special emphasis on outreach to minority and low income families.

What is an SED?

SED is the acronym for “serious emotional disturbance” as classified by the DSM-IV. Examples of SED’s include autism, bipolar disorder, ADHD, schizophrenia and anxiety disorders.

How We Help

The Getting it Together Project offers the following:

- Individualized care plan developed by the child and family team to identify and develop key formal and informal supports.
- Parent Support Group for families with a child who has an SED. (See our list of support groups for days and times)
- Sibling support Group for children with a brother or sister who has an SED.
- Transportation for families participating in support groups.
- Child care for families participating in support groups.
- Interpretation services for families whose primary language is other than English.

Who is Eligible?

- Families who live in Polk County
- Families with a child diagnosed with an SED
- Families whose children are under the age of 18.

For more information, contact:

Visiting Nurse Services, East Village Office
521 East Locust Street, Suite 202, Des Moines, IA 50309
Ph: 515-558-6247 www.vnsdm.org

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

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 IowaGH@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.



Hope and Optimism

Many of us confuse hope with optimism, a prevailing attitude that “things turn out for the best.” But hope differs from optimism. Hope does not arise from being told to “think positively,” or from hearing

an overly rosy forecast. Hope, unlike optimism, is rooted in unalloyed reality...

Hope is the elevating feeling we experience when we see—in the mind's eye—a path to a better future. Hope acknowledges the significant obstacles and deep pitfalls along that path...

Clear-eyed, hope gives us the courage to confront our circumstances and the capacity to surmount them.

(*The Anatomy of Hope*, 2004)

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.

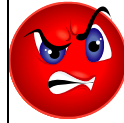
Every Saturday morning – 10 to 11:15 A.M. – Room 214 - The H.E.L.P. Depression Support Group meets at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175 or Lisa.davidson@hopewdm.org

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; 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 MH Center 1301 Center St. – 243-5181

Broadlawns Medical Center- 1801 Hickman Road – 282-6770

Behavioral Health Resources – 945 19th St – 241-0982

Dallas County Mental Health Center

West Central Community Mental Health Center
2111 Green, Adel – 515-993-4535

Madison County Mental Health Center

Bridge Counseling Center

300 West Hutchings St. – 515-462-3105

Integrated Primary Care & Behavioral Health

Engbretsen Clinic, 2353 SE 14th St. – 248-1400

The Outreach Project, 979 Oakridge Drive – 248-1500

East Side Center, 3509 East 29th St. – 248-1600

Grandview Health Center, 1500 Morton Avenue – 263-6035

Community Access Pharmacy, 600 E. 14th St. – 262-0854

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.

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

See yourself as a person, not an illness.

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.

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)

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



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://www.togetherrxaccess.com) for the **Together Rx Access™ Card**.

[HelpingPatients.org](http://www.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.

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



A Cry for Help

Aired Wednesday, April 29, 2009 on Iowa PBS

Behind the acts of violence and rage of both the Virginia Tech and Columbine shootings is a larger issue of mental illness in teens that is rarely addressed. For ex:

- The rate of teenage suicide has tripled over the last 60 years – 28 teenagers a week now die by suicide.¹
- Depression and anxiety in adolescents often go unrecognized or untreated for years, and the results can be fatal – over 90 percent of adolescents who die by suicide have a diagnosable mental illness at the time of their death. ²

While school shootings are rare, signs of mental illness in the perpetrators of these crimes are not. School shooters often have a history of suicide attempts, suicidal thoughts or depression³ – which makes identifying those conditions through mental health screening critically important.

Cry for Help takes an intimate look at the efforts of two high schools to identify adolescents at risk. Hamilton High School in Ohio and Clarkstown North High School in New York have both been affected by teen suicide and have launched powerful new programs to prevent future tragedies.

Following the unrelated suicides of four students that shook the Hamilton community, school officials are taking a direct approach with “Character Day” – a raw, emotional, and honest program designed to motivate students to open up and ask for help. In Clarkstown, school officials are taking advantage of the time their students spend on the Internet by creating an online community – one where teens can anonymously air their problems and seek support from their peers and professionals.

Cry for Help also examines the often difficult transition from high school to college through a first-person account of a young woman who has battled mental illness. Stacy Hollingsworth, a straight-A student and gifted musician, was by all appearances a well-adjusted and accomplished young person. When Stacy phoned home from a campus psychiatric hospital during her freshman year at college, it was then that her parents realized things were not as perfect as they seemed. She had been hiding depression, suicidal thoughts, and feelings of paralyzing hopelessness for years. Stacy and her parents chronicle the painstaking journey to put her life back together, and how she founded her college's first on-campus chapter of the National Alliance for the Mentally Ill.

Additionally, *Cry for Help* looks at the efforts by some parents to tackle behavior and communication issues during their children's earliest years – before depression, violence, anger or suicidal impulses take over.

Interviewees include Dr. Chris Lucas, professor of Child & Adolescent Psychiatry at New York University; Dr. Frank Robertz, co-founder of Institute for Violence Prevention and Applied Criminology in Berlin, Germany; and Dr. Nolan Zane, Director of the Asian American Center on Disparities Research.

THIRTEEN's *Cry for Help* is funded by the Estate of Marya Sielska; Members of THIRTEEN; the Irene Ritter Foundation; Judy Collins; the Leon Lowenstein Foundation; Donna and Phil Satow; the Marion E. Kenworthy-Sarah H. Swift Foundation.

NAMI is one of only 248 national non-profit organizations that received the BBB Wise Giving Alliance Charity Seal this year from the charity monitoring organization affiliated with the Better Business Bureau. NAMI also received three out of four stars from Charity Navigator and is its number one rated mental health organization. www.nami.org

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

See yourself as a person, not an illness.



Using tax dollars to turn lives around is money well-spent

It isn't cheap, but numerous studies suggest mental health courts cost no more than traditional courts and might

prove to be cheaper over the long term, with much more to show for the investment.

By Steve Lopez, LA Times, March 15, 2009

Judge Michael Tynan stepped down from the bench and congratulated five criminal defendants who had turned their lives around. His voice cracked as he told them how proud he was, and then he threw a party and passed out pieces of chocolate cake, with hugs all around.

In Orange County Superior Court, a beaming Judge Wendy Lindley congratulated felons on their successful reforms and then led the cheers, with spectators and court personnel joining in.

In Santa Clara County Superior Court, Judge Stephen Manley peered from his bench at 10 shackled inmates and said:

"The purpose of our program is very simple. We want to get you out of jail, and we want you to stay out."

Readers sometimes ask me whether, in addition to writing about government at its worst, I could give more examples of tax dollars put to good use.

Today I offer you Exhibit A.

I've been in a lot of courtrooms over the years, but I've never seen anything like the scenes that played out before judges Tynan, Lindley and Manley.

In each case, the defendants who stood before them were battling chronic mental illness. And in each case, the judges had long ago recognized the madness of locking people up, at great public cost, for being sick.

"We can't expect better outcomes without changing what we do," Lindley said.

The idea of mental health courts is starting to catch on around the country, and California now has several. Manley was among the nation's pioneers when he began his operation more than a decade ago. Like Tynan and Lindley, he had presided over traditional criminal courtrooms for years and was frustrated at the daily churn of repeat offenders.

"The role of a judge is not just to be fair and just, but to get better outcomes," Manley said. "I was sentencing people repeatedly for the same offenses and getting no different results."

Manley first ran a drug court, ordering defendants into treatment rather than sending them to jail or prison. But he realized he was addressing only part of the problem. So he now also runs a dual-diagnosis court for defendants who are both mentally ill and addicted to drugs or alcohol, a condition staggeringly prevalent among the homeless population and military veterans.

Churning such people through the criminal justice system without addressing the problems that got them into trouble is inhumane, ridiculously expensive and staggeringly ineffective.

So probation officers, lawyers, mental health workers and other judges pull defendants from the traditional criminal justice system and hand them over to Manley, Tynan or Lindley in these alternative courts.

Instead of being incarcerated for their offenses, defendants are provided with housing, mental health care and close monitoring. It isn't cheap, but numerous studies suggest mental health courts

cost no more than traditional courts and might prove to be cheaper over the long term, with much more to show for the investment.

So it's a no-brainer, right? We can presume these operations will be fully funded, with more such courts on the horizon? Yeah, sure.

All three judges say they are fighting to hold on to the funding they've got, thanks to state and county budget cuts. Tynan said his program is already heavily dependent on foundation grants, and even at that, he's got room for only 54 clients in a county that has roughly 2,000 mentally ill people in jail.

I'll admit that, four years into a journey with a friend who has opened my eyes to this country's shameful record on mental illness, I'm passionate about the subject. So before voters approve a raid on Mental Health Services Act funding on the May 19 ballot (Proposition 1A), and before the governor, legislators and county officials reduce funding for mental health courts, I'd like to tell you a little more about how they work.

In Manley and Lindley's case, their courtrooms are housed in buildings that have space for mental health workers, probation officers, veterans groups, etc. It's one-stop shopping. Lindley's courtroom is in the old Buffums Department Store at 10th and Main in Santa Ana, and another tenant there is a cop named Randy Beckx, one of Lindley's biggest allies.

"The fog was lifted for me," Beckx said about a revelation he had after arresting the same two street people repeatedly over the years. Both were mentally ill, but they never got any help in jail, until checkups revealed one had a brain tumor and the other had breast cancer. Beckx said he believes the vast majority of Santa Ana's homeless people have a mental illness, and his mission is to help them rather than lock them up.

For all their compassion, Lindley, Manley and Tynan can be tough, no-nonsense judges.

"Don't give me excuses; I want the truth," Lindley demanded of a defendant who had failed to show up for a substance abuse program she had ordered him to attend.

That kind of tough love pays off. Tynan sends offenders to a housing and treatment program called SSG in downtown Los Angeles. SSG says that at the one-year point, Tynan's defendants have an 84% decline in jail days, a 95% drop in homelessness and a 43% increase in employment or education.

I happened to be in Tynan's courtroom on party day -- five defendants were graduating after 18 months in treatment, with their drug possession charges dropped because they had completed the program.

"I could have retired from this job eight years ago," Tynan announced to his smiling grads. "But coming to work with people like you is more desirable than taking a break. . . . I'm not sure that if I was forced to confront the challenges you have, I would have had the courage and character to do what you have done."

The five took turns thanking Tynan, SSG employees and Mark DeWitt, a passionate public defender who helped guide them into Tynan's court when he discovered they were failing in drug court because their mental illness was not being addressed.

"I just want to say I never would have made it this far without all of you, especially Mark," said a defendant named Latanya.

"I lost a lot of self-respect, and I'm starting to get some of that back," Linda said.

"This is a moment of success for me," Johnny said. "I don't think I've ever had a moment like this in my life."

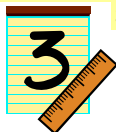
Federal Legislative Issues

www.nami.org/advocacy

Contact information for members of Congress
Capitol Switchboard 1-202-224-3121

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

<http://grassley.senate.gov/> <http://harkin.senate.gov/>
<http://www.house.gov/boswell/> <http://www.tomlatham.house.gov/>
<http://www.house.gov/steveking/> <http://www.braley.house.gov/>
<http://www.loebsack.house.gov/>



3 Parts to Mental Health Parity Progress on the Federal Level

Part 1

Last month, we provided information on the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (HR 6983) which becomes effective October 3, 2009.

The new federal parity law requires group health plans to cover treatment for mental illness and substance abuse on the same terms and conditions as all other illnesses. It specifically expands on a 1996 that required parity, but only for annual and lifetime dollar limits. The new law requires parity in two particular areas:

- Treatment Limits – Equity with respect to numerical limits on inpatient and outpatient services, barring arbitrary limits on inpatient and outpatient coverage that do not also apply to medical-surgical coverage, and
- Financial Limitations – Equity with respect to financial limitations, barring higher cost sharing, deductibles and out-of-pocket limits that do not also apply to medical-surgical coverage. This will result in most plans doing away with separate deductibles for mental illness and substance abuse.

It specifically allows states to continue to enforce any parity requirement deemed stronger than federal law. It applies to group health plans sponsored by employers with 51 or more employees and ERISA self-insured plans.

Part 2

In February 2009, President Obama signed a law that renewed the State Children's Health Insurance Program (SCHIP), which provides coverage for children in families whose incomes are too high to qualify for Medicaid coverage, but too low to afford other types of insurance. For the first time, SCHIP includes a mental health parity provision, which stipulates that coverage for mental health services is offered at the same level as other medical services. The provision is meant to end higher co-payments, restrictions on clinician visits, and other types of discriminatory restrictions.

In Iowa – this children's health insurance program is known as Hawk-I (Health and Well Kids in Iowa) – for more information – go to: <http://www.state.ia.us/government/dhr/ds/HTML/hawk-i.htm>

Part 3

Medicare will begin phasing in parity for mental health coverage starting in 2010, with full parity offered by 2014. A recent study by researchers at Brown University suggests that lowering co-payments will help increase access to care.



New Report Documents Housing Crisis Faced By Consumers Living on SSI

NAMI E-News April 13, 2009

A report demonstrates the deepening crisis in affordable housing faced by non-elderly adults living with serious mental illnesses. The report, *Priced Out in 2008*, is a study of the

severe housing affordability problems of people with disabilities who must survive on incomes far below the federal poverty line.

The report compares the federal Supplemental Security Income (SSI) payments of people with serious and long-term disabilities to HUD Fair Market Rents for modestly priced rental units.

Priced Out is published every two years by the Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force (a coalition of national disability groups that includes NAMI) to shine a spotlight on our nation's most compelling - and least understood - housing affordability crisis.

In 2008, 219 housing market areas across 41 states had modest one-bedroom rents that exceeded 100 percent of monthly SSI, including 25 communities with rents over 150 percent. Between 2006 and 2008, the number of market areas with modest rents higher than SSI rose from 164 to 219 - a 34 percent increase. Perhaps the most shocking revelation in *Priced Out* in 2008 is the precipitous and relentless decline in housing affordability for SSI recipients since 1998 when the first edition of *Priced Out* was developed.

The amount of monthly SSI income needed to rent a modest one-bedroom unit has risen from 69 percent of SSI in 1998 to 112.1 percent of SSI in 2008 (an astonishing 62% increase). The root cause of the nation's most severe - and most hidden - housing crisis is clearly revealed in the painful statistics included in the 2008 edition of *Priced Out*.



SUPPORTIVE HOUSING: The Most Effective and Integrated Housing for People with Mental Disabilities

Bazelon Center for Mental Health Law Fact Sheet
http://www.bazelon.org/pdf/Supportive_Housing3-09.pdf

People with mental disabilities can successfully live in the community like everyone else, as envisioned by the Americans with Disabilities Act. Supportive housing makes this possible.

Supportive housing gives them their own apartment or home while making available a wide variety of services to support recovery, engagement in community life and successful tenancy.

A growing body of evidence confirms that supportive housing works for people with mental disabilities, including those with the most severe impairments. Indeed, these individuals may benefit the most from supportive housing.

Supportive housing gets much higher marks than less integrated alternatives; research confirms that people with disabilities vastly prefer living in their own apartment or home instead of in group homes or buildings housing primarily people with disabilities.

Moreover, supportive housing is less costly than other forms of government-financed housing for people with disabilities.

Studies have shown that it leads to:

- more housing stability,
 - improvement in mental health symptoms,
 - reduced hospitalization and
 - increased satisfaction with quality of life,
- including for participants with significant impairments, when compared to other types of housing for people with mental disabilities.

Supportive housing has been endorsed by the federal government, including HUD, the Surgeon General, the U.S. Department of Health and Human Services and the National Council on Disability.

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

See yourself as a person, not an illness.



The Basic Principles of Supportive Housing

Three basic principles guide supportive housing.

First, supportive housing gives participants immediate, permanent housing in their own apartments or homes. Unlike most other housing

for people with disabilities, there is no limit on how long the person can stay in the residence, and temporary absences do not lead to dis-enrollment.

Treatment compliance or sobriety is not a requirement for receiving or remaining in housing. Supportive housing participants have the same rights and responsibilities as any other tenant. They may lose their unit, for example, for disruptive behavior or drug use. Supportive housing staff, however, try to avoid this situation by providing supports and the accommodations necessary to help ensure successful tenancy.

Supportive housing provides housing first, allowing participants the opportunity to focus on recovery next. Adequate, stable housing is a prerequisite for improved functioning for people with mental disabilities and a powerful motivator for people to seek and sustain treatment. Studies find that providing immediate, permanent housing leads to more long-term housing stability when compared to housing conditioned on treatment.

Second, individuals in supportive housing have access to a comprehensive array of services and supports, from crisis mental health services to cooking tutors. Services are provided as needed to ensure successful tenancy and to support the person's recovery and engagement in community life. Services and supports are provided in the home and other natural settings, allowing individuals to learn and practice skills in the actual environment where they will be using them.

Services are available whenever people need them, including after working hours and on weekends when necessary. Service providers are highly flexible and supports are highly individualized. A creative "whatever it takes" approach is pursued. No "program" attendance is required and services are increased, tapered or discontinued as decided by the individual in consultation with the provider. As a result, individuals "buy in" to the treatment plan—the most important predictor of plan success.

Available services and supports include mental health and substance abuse treatment and independent living services, including help in learning how to maintain a home and manage money as well as training in the social skills necessary to get along with others in the community. Medication management, crisis intervention and case management are also available. Peer-support services are especially effective in securing good results. For individuals who are unable to do certain tasks, such as cooking and cleaning on their own, personal care and/or home-care services are provided until no longer needed.

Assertive Community Treatment (ACT) teams serve the clients with the greatest challenges, including individuals with serious mental illnesses who have coexisting problems such as homelessness, substance abuse or involvement with the judicial system. ACT teams are interdisciplinary and mobile, typically including a social worker, psychiatrist, substance abuse counselor, nurse, vocational counselor and housing specialist. They develop individualized treatment plans with their clients and provide services around-the-clock in consumers' homes and in the community.

Among the services ACT teams may provide are:

- case management,
- initial and ongoing assessment,

- psychiatric services,
 - rehabilitation services,
 - employment and housing assistance,
 - family support and education,
 - substance abuse services, and
- other supports critical to an individual's ability to live successfully in the community.

ACT teams have been widely recognized as one of the most effective ways to provide services to individuals with mental illnesses. They can be covered by Medicaid. (*Iowa has 5 ACT teams – of the 5, Des Moines has 1 team serving (e) 70 clients*)

Third, supportive housing facilitates full integration into the community. Individuals are encouraged to integrate into the community through employment, volunteer work and social activities. People are encouraged to participate in neighborhood activities or become members of community organizations of their choosing.

Vocational training, training in managing symptoms in the workplace and conflict-management skills are available to those ready to seek employment. Research has shown that employment can be critical to recovery; it helps individuals with mental disabilities live autonomously, build meaningful personal relationships, become integrated into society, improve self-esteem and learn to control symptoms. Moreover, unlike the case with traditional disability housing, supportive housing participants do not live and interact only with other mental health clients; nor are they in an identifiable mental health program.



FRONTLINE Investigates What Really Happens To Mentally Ill Offenders When They Leave Prison

FRONTLINE Presents "THE RELEASED"

Tuesday, April 28 on PBS – To view the documentary – <http://www.pbs.org/wgbh/pages/frontline/released/view/>

This year, hundreds of thousands of prisoners with serious mental illnesses will be released into communities across America, the largest exodus in the nation's history. Typically, mentally ill offenders leave prison with a bus ticket, \$75 and two weeks worth of medication. Within 18 months, nearly two-thirds are re-arrested. In this follow up to the groundbreaking film *The New Asylums*, FRONTLINE examined what happens to the mentally ill when they leave prison and why they return at such alarming rates. The intimate stories of the released—along with interviews with parole officers, social workers and psychiatrists—provided a rare look at the lives of the mentally ill as they struggle to stay out of prison and reintegrate into society.

Five years ago, FRONTLINE's groundbreaking film, *The New Asylums*, went deep inside the Ohio prison system as it struggled to provide care to thousands of mentally ill inmates. This year, FRONTLINE filmmakers Karen O'Connor and Miri Navasky return to Ohio to tell the next chapter in this disturbing story: what happens to mentally ill offenders when they leave prison. *The Released* was an intimate look at the lives of the seriously mentally ill as they struggle to remain free.

As communities across the country face the largest exodus of prisoners in history, the issue has never been more pressing. This year alone, over 700,000 people will leave prison, more than half of them mentally ill. Typically, these offenders leave prison with a bus ticket, \$75 in cash, and two weeks' worth of medication. Studies show that within 18 months, nearly two-thirds of mentally ill offenders—often poor and cut off from friends and family—are re-arrested.

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

See yourself as a person, not an illness.

In 2007, Lynn Moore, armed with bottles and bricks, broke into a house looking for Osama bin Laden. A paranoid schizophrenic with a history of drug and alcohol abuse, he was arrested more than 20 times and sent to prison for the fourth time. After serving eight months, Moore was released without supervision. FRONTLINE follows him from his first day of freedom to a homeless shelter in Canton, Ohio. "I don't think people understand how hard it is to transition from prison life back to everyday life," says Scott Schnyders, program director at Refuge of Hope, the shelter that housed Moore.

For about a month, Moore stays on his medication and does well. But when he fails a breathalyzer test, he is asked to leave the shelter—and, like the majority of unsupervised ex-offenders, he is unable to remain on medication. After once again searching for bin Laden, Moore resurfaces at the county jail, where he has been charged with criminal damage for throwing rocks at a trailer. Asked about the incident, Moore tells FRONTLINE: "It is no delusion. ... It was the devil, Antichrist, bin Laden, Satan, Saddam." After 30 days, Moore is released from jail. But one week later, he is re-arrested.

"The realities of psychiatric treatment for those coming out of incarceration is that it is nonexistent or very poor," says Dr. Mike Unger, a psychiatrist with a community outreach team. "This isn't a population that's going to come with their planners and their organizers ... and be compliant with their medications and keep them in that perfect little medication box as they live behind a dumpster somewhere."

Finding housing is always difficult for ex-offenders, but the challenge is even more acute for the mentally ill who need treatment. "For the severely mentally ill, there is virtually no facility designed for long-term inpatient care," says Sherri Sullivan, director of Bridgeview Manor, the only residential treatment center in Ohio that accepts the indigent mentally ill. "If they exist, they exist in the form of a group home, and most group homes don't offer treatment."

FRONTLINE also tracked down Keith Williams, a paranoid schizophrenic who had been arrested more than 10 times since producers first met him in 2004. Now at Northcoast, a state psychiatric hospital in Toledo, Ohio, Williams has been stabilized on forced medications. "I'm doing a whole lot better," Williams says. "I want better things in life than this just, you know, going back and forth to jail, back and forth to jail."

But Northcoast, like all other state psychiatric hospitals, now provides only short-term crisis care. "The good news is that Keith is getting better," says Michelle Istler-Perry, a nurse at Northcoast. "And in a sense, the bad news as well is that because of this, he'll be sent back into the community in Toledo, and he'll be back within three months, ... probably very psychotic, and hopefully not having hurt somebody." Once released, Williams will be responsible for taking his own medication. Asked how he'll know when to take his pills, Williams tells FRONTLINE: "I would know when to take them because ... if I feel like kaboo-ka-kaboojaning, ... I mean groovy or foamy or something, ... that's when I know I already took them." Four days after being discharged from Northcoast, Williams assaults a police officer. He is facing 10 years in prison.

"We release people with two weeks' worth of medication. Yet it appears it's taking three months for people to actually get an appointment in the community to continue their services," warns Debbie Nixon-Hughes, former mental health bureau chief of the Ohio Department of Corrections. "And if they don't have the energy and/or the insight to do that, they're going to fall through the cracks and end up back in some kind of criminal activity."



Time Magazine – Vol. 173, No. 18, 2009

**1 of the 100 Most Influential People in the World
David Sheff**

by Dr. Nora Volkow,
Director of the National Institute on Drug Abuse

David Sheff wrote a beautiful book called, appropriately enough, *Beautiful Boy – A Father's Journey Through His Son's Meth Addiction*, one of the most compelling portrayals I've ever read of a parent's loss of a child to drugs. In this journey, Sheff, 53, faces the overdose of

his son Nic and his inability to protect him, the relapses that inevitably occur, and the family's struggle to cope with it all.

Many people still call addiction a moral failing. But 20 years of research tells us that it's a disease that results in part from the damage that abused drugs do to the brain circuits required for self-control. Unfortunately that damage is long-lasting, meaning that the person remains vulnerable to relapse even after years of successful rehabilitation.

Sheff's ordeal highlights how poorly our society addresses addiction. We treat the medical consequences (overdoses, car accidents, cancer, HIV, mental illnesses) but not the disease itself. Our investments in research and services for addiction treatment are a fraction of the costs associated with drug-related incarceration and lost productivity. Yet punishment and stigmatization do nothing to ameliorate the problem. How could they, when about 50% of addiction is rooted in our genes and much of the rest is due to social and cultural factors such as stressful childhood experiences?

Nic Sheff is alive today thanks in great measure to the devotion and resourcefulness of his family. But many others have not been so fortunate. David Sheff's voice resonates loudly and makes us ask why, despite knowing that addiction is a brain disease, we fail to treat it as we do other medical illnesses.

NAMI is celebrating its 30th Anniversary this Year!

1979	2009
Individuals and families personally affected by serious mental illness had no unifying national presence. Mental illness was on no one's agenda.	NAMI is the largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness.
Many health care providers believed that serious mental illness was caused by family dysfunction and best treated by psychoanalysis alone.	NAMI successfully challenged centuries old theories creating new treatment paradigms.
Little, if any, individual and family support was available for people contending with mental illness.	NAMI's nine educational programs provide support and empowerment to thousands of individuals and families across the country
Individuals living with mental illness face incredible challenges – including social prejudices, poverty and lack of access to an effective treatment system.	Individuals living with mental illness still face significant challenges, but are no longer alone in their fight.



Iowa's Disaster Behavioral Health Response Team Basic Training Offered

Sponsored by: Iowa Department of Human Services, Division of Mental Health and Disability Services

6 regional teams of behavioral health providers are being developed to respond to the behavioral health needs of Iowa residents following a disaster event (bio-terrorism, man made or natural disasters). The teams will respond to disasters or critical incidents when local behavioral health resources have been depleted or are overwhelmed.

The Basic Training is a required training to participate on Iowa's Disaster Behavioral Health Response Team.

The goal of the disaster behavioral health teams is to provide an organized response to individual victims, family members, survivors and disaster workers affected by critical incidents or disasters.

Teams will include individuals with experience in human services psychology, mental health, substance abuse, social work, psychiatry, education or spirituality. Team members will receive ongoing training, an organized system to volunteer with and participate in state and community wide drills.

Basic Training will be offered at the following locations:

- June 3, 9 to 4:30 -Marriott Hotel, Cedar Rapids
- June 4, 9 to 4:30 -Holiday Inn, Mason City
- June 5, 9 to 4:30 -Renaissance Savery, Des Moines
- July 27, 9 to 4:30 -Council Bluffs, location to be announced
- July 28, 9 to 4:30 -Ames, location to be announced
- July 29, 9 to 4:30 -Spencer, location to be announced

There is no cost to the training and 6.5 CEU's will be awarded at no charge.

If you have questions contact Karen Hyatt, Emergency Mental Health Specialist.

To register – Email to khyatt@dhs.state.ia.us; fax: 515-242-6036; call: 515-281-3128.

Send your name, address, telephone, occupation, e-mail address, and training location you will attend.

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

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Another Kind of Valor

Simply stated. . . too many tragedies are occurring among veterans and their families. VA Medical Centers are frequently overwhelmed. County services are often ill equipped and staffed to meet returning veteran's unique needs.

As a result homelessness, family violence, suicides, and jail time. . . are all up. So is substance abuse and rape.

VALOR one day learning conferences attempt to bring together all the responders and stakeholders in a community. . . then trigger discussions by showing focused video catalysts that challenge community leaders to become better organized to meet the urgent needs of our 1.5 million returning veterans whose unmet crises – when ignored or deferred – too often bring on predictable and preventable tragedies.

The Iowa premiere presentation of *Another Kind of Valor* will be held on Saturday, July 25, at the National Guard Joint Forces Headquarters in the Enhanced classroom, at 7105 NW 70th Avenue, Johnston.

Created in collaboration with the California Institute for Mental Health, *Another Kind of Valor* is a powerful new DVD/CD Learning System designed to address the emotional needs of veterans returning to civilian life. Through nine docudramas, it explores the behavioral manifestations of veterans with deep emotional wounds as they battle "their invisible enemy within."

This event is sponsored by the Iowa Dept. of Veterans Affairs, Iowa Veterans Home, U. of Iowa Hospital, NAMI Veterans Council, and NAMI Greater Des Moines, and others.

The event will be limited to 200 participants. Registration cost includes lunch. Check-in is at 8:30 AM. The program will run from 9AM to 4:30 P.M. CEU's will be available.

To register for the event, contact Jill Joseph, Iowa Dept. of Veterans Affairs – jill.joseph@iowa.gov – or call 515-242-0033 or 1-800-838-4692.



Goldie Hawn Champions Children's Mental Health on Capitol Hill

In honor of National Children's Mental Health Awareness Day, Goldie Hawn, child advocate and founder of The Hawn Foundation, campaigned for effective children's mental health programs at a briefing May 7.

"Children represent a fraction of our population, but 100% of our future. One in ten suffer from serious mental health disorders, and most aren't getting the help they need. We need to address this crisis before it's too late," Hawn said.

Working with leading neuroscientists, educators, and researchers, The Hawn Foundation developed a program for grades K-7 that improves children's emotional and cognitive skills to help them understand and manage their own emotions, moods and behaviors; reduce stress and anxiety; sharpen concentration; increase empathy; and improve their performance in school.

The briefing focused on investment in the educational future of children with mental health needs, a population that has the highest drop-out and failure rates and the lowest academic achievement of any disability group. The briefing was jointly hosted by NAMI, Mental Health America, the Bazelon Center for Mental Health Law, and Nat'l Fed of Families for Children's Mental Health.

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Volunteers Needed for Hospital Exit Program

NAMI Greater Des Moines has formed a committee to research and develop working phases for a Hospital Exit Program. This program is in its infancy with one committee meeting recently held. The overarching goal of this program is to develop a comprehensive discharge plan using hospital and NAMI Greater Des Moines members, family members, consumers and other persons of support that may be unique for each individual.

The first step of the program has been accomplished by having a highly charged, focused committee which knows the outcomes desired but first must sit down to formulate action steps to reach these outcomes. The second step will be to present our proposal to one hospital that is hopefully interested in partnering with NAMI Greater Des Moines. We are beginning with one hospital due to the newness of the program but ultimately plan to have partnerships with all hospitals in the greater Des Moines area.

Once a hospital is found and the project fully explained, the committee will begin by providing education to hospital staff on mental illness; from the varying diseases to the stigma and isolation many mentally ill patients experience and feel. The committee has also discussed possible NAMI Greater Des Moines nights at the hospitals for education, awareness and familiarity with hospital staff, consumers, families and significant others.

The committee is currently organizing packets for families and persons with mental illness. The committee chairperson will write a

grant proposal defining the hospital exit program as a multifaceted and comprehensive intervention, wellness and prevention project. There will be ongoing searches for other funding opportunities. We are very excited and energized about this program. At the same time, we will need much help and are looking for volunteers from our Greater Des Moines NAMI family. We are confident there will be sufficient number of volunteers to join the team to make this project a reality.

Please contact Jim Goodrich if you are interested in volunteering for this project – jmrich523@gmail.com or 490-2758.

A Meditation for Those Living with Mental Illness

By Cece Arnold

When I think about the unfairness of my mental illness

May I also find

The courage to reach out to others,

the memory to recall I am not my illness,

the patience to realize that difficult times pass,

the wonder of the world of which I am a part,

the joy in the simplest of things,

the satisfaction in doing a random act of kindness,

the gratification in completing a goal, however small,

the energy that comes from laughter.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

---Maya Angelou

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

See yourself as a person, not an illness.