

Greater Des Moines

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AFFILIATE AND SUPPORT GROUP NEWSLETTER

"Support, Education, and Advocacy"

Serving Polk, Dallas, Warren, and Madison counties

March 2009

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

State Legislation

Here are 3 places on the web to access E-mail to figure out who your legislators are, to contact your legislators, get mailing addresses, and phone numbers. <http://www.legis.state.ia.us/>

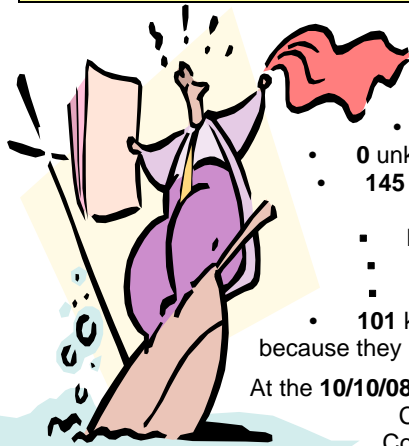
<http://www.infonetiowa.com/> - Has the latest on legislation. *Check out their great newsletters online.*

www.nami.org/advocacy

In order for proposed legislation to make it through to law, it must pass through the funnel deadline (the date bills must be voted out of committee). The funnel deadline will be March 13.

This year's legislative session ends April 21.

Update on Polk County Waiting List



As of the end of January there are now -

- 478 on the waiting list for disability services,
- 362 have mental illness
- 82 have intellectual disabilities (mental retardation)
- 34 have developmental disabilities
- 0 unknown
- 145 of the 478 are at risk of hospitalization and/or homelessness
 - Longest on List: **537 days**
 - Average Time on List: **221 days**
 - Average Wait Time for those admitted: **417 days**
- 101 kids on referral list (this has increased dramatically because they now allow kids to be placed on the referral list at age 16.

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

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

Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek. – Barack Obama

A Bad Situation is Getting Worse and Worse – Lynn Ferrell, Polk County CPC

On January 31, Polk County had 478 people on a waiting list for mental health, mental retardation, or developmental disability services. A new consumer applying for services can expect to reach the top of the list about the time of the next Presidential election—Nov 2012. 80 of the 99 Iowa counties in Iowa serve fewer consumers than Polk County has on its waiting list.

We do our best to help folks while on the waiting list. We don't waitlist inpatient or outpatient services, or psychiatric medications. We assign folks on the waiting list a service coordinator to help with natural supports. But that isn't a substitute for the more formal supports people need. We know that our waitlisted consumers are homeless 300% more than those in services, that they're in jail 36% more, and that they use 20% more hospital days per consumer.

Unfortunately, the waiting list is necessary because of the change the State of Iowa made with the MH/MR/DD system in 1995. County property taxes for disability services were frozen at the 1996 level for property tax relief in return for the state covering the cost of all future growth in the system. This change remains under-funded.

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 is \$ for	# on Waiting List 1-09
Ill & Handicap,	3163	1531
AIDS/HIV	56	0
Elderly	9524	0
Mental Retardation	2851	0
Brain Injury	1168	570
Physical Disability	1292	1069
Children's Mental Health	669	388

Total persons approved for services 24,949

Total persons on all waiver waiting lists 3644

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

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

The “allowed growth” appropriated by the state has been running about 2% to 3% per year—far short of the amount recommended annually by the MH/MR/DD/BI Commission to meet the requirements of the law to fund “growth in number of consumers, service cost inflation, and investments for economy and efficiency.” Occasional jumps in the percentage increase can’t make up for the double-digit reductions when the state faces economic difficulties.

Under the 1995 law, MH/MR/DD services became a “stand alone” part of the county budget—the Supervisors cannot move tax money into the fund from other parts of the county budget, nor can they move excess funds out of the MH/MR/DD services fund to cover the cost of other county functions. That, combined with the property tax freeze at the 1996 dollar level (what are you paying for today that costs the same as it did in 1996?) and the state’s unwillingness to change the system to keep up with today’s costs is creating a crisis for persons with disabilities.

To retain services and eliminate the waiting list in FY10, Polk County needs \$7 to \$8 million dollars more than we have to spend in FY09. The 2008 session of the legislature made an advance allowed growth appropriation for all 99 counties of about \$5 million. In order to balance our expense with our anticipated revenues, the budget which Polk County Health Services submitted to the Supervisors last fall proposes elimination of virtually all non-mandated services in order to serve the folks on the waiting list who we’re mandated to serve. That will mean loss of all or some services by around 800 people, elimination of funding for the mobile crisis team (for which we’ve won many awards), mental health services in the jail, payee, transportation, homemaker, rent assistance. Even these changes won’t be enough to completely eliminate our waiting list.

The Supervisors are now in the midst of budget deliberations, and the financial picture is getting even worse. Despite newspaper reports that the Governor was not applying his across-the-board cuts to human services, he has cut the amount we’ll get in FY09, and has proposed an even deeper cut for FY10. Bottom line is we are receiving only \$500,000 more for FY09 than we received in FY08 (a 1% increase to our budget), and we expect to get about \$1.5 million LESS in FY10 than we’re receiving in FY09. Because of the uncertainty regarding the state funding, the Supervisors will have to adopt a budget in March to comply with state law, but will have to revisit it in May when the legislature completes its work.

Polk County isn’t alone. Half of the counties have a fund balance in their MH/MR/DD services fund which is below 10%, an indicator that they will struggle to pay their bills on time. 24 counties actually have a negative fund balance. Polk County’s fund balance is a negative 5.4%. In addition, 25% of the state’s population lives in a county which has a waiting list for disability services, and many more counties are planning for waiting lists next year.

The only solution is more money for the system. Since the state has been unable to come up with the money, legislators need to give the county supervisors the option to cover these expenses. And the only way that can happen is if the law is changed to remove the hard dollar cap on MH/MR/DD property taxes so counties can take advantage of increases in property valuation. In Polk County, the levy per \$1,000 valuation was \$1.54 in 1998 and is \$0.87 today.

The intent of SF 69 was to establish a state-county partnership in funding the system, not to bankrupt it, but bankruptcy is what we have, and consumers are the ones paying the price. In these difficult economic times, we must not balance our budgets on the backs of low-income individuals with disabilities who are least able to afford it.

NAMI Greater Des Moines Legislative Priorities

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

Priority 1 – Adequately fund the mental health system in Iowa

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

These are basic needs not being met.

Priority 3 - Institute Mental Health/Illness Education Mandates

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

Accurate information is needed.

We support an improved mental health parity law.

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

Iowa should require that all insurance policies offer mental health benefits.

We support jail diversion efforts.

We support Code changes.

The solutions are not easy.

They require resources.

More than anything, a solution requires the political will for a commitment to place mental illness on the front burner of public policy.

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

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

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

See yourself as a person, not an illness.

<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. 1. Business 2. Marketing and membership 3. Support 4. Education 5. Advocacy 6. Fundraising 7. Special Events</p>	
<p>Sunday March 1 2 PM</p>	<p>A panel discussion of “Consumer Recovery Services offered by Behavioral Health Services”. Programs to be discussed will be Intensive Psychiatric Rehabilitation (IPR), Program for Assertive Community Treatment (PACT), and Illness Management and Recovery. Panelists will be Mollie, Cynthia, and Shannon.</p>	<p>Thursday, March 12 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>
<p>Sunday, April 5 2 PM</p>	<p>Topics will include “Home and Community based services through the Medicaid waiver programs and remedial services, Creative Arts Therapy (dance and movement, drama, art), Groups for children and adolescents”, and recovery based services. Apollo Counseling and Resource Center will be our presenter.</p>	<p>Thursday, April 9 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>
<p>Sunday, May 3, 2 PM</p>	<p>The topic is “Medications”. Dr. Ara J. Robinson, psychiatrist, will be our speaker.</p>	<p>Thursday, May 14, 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>
<p>Wed – Friday May 13, 14, 15</p>	<p>Governor’s Conference on Aging “Aging Well” at HyVee Hall in downtown Des Moines– The first day’s keynote speaker will be Patty Duke. She will speak on mental health and wellness. The conference focus the first day will be on mental health issues. For more information, contact Carolyn Danielson, Events Coordinator, at (515) 725-3318 or carolyn.danielson@iowa.gov or go to http://www.state.ia.us/elderaffairs/living/conferences.html#GCOA</p>		
<p>Wed – Thursday May 20-21</p>	<p>The Iowa Advocates for Mental Health Recovery are sponsoring the 2nd Annual Co-Occurring Disorder Recovery Conference at the Holiday Inn & Suites, Des Moines, Iowa</p> <ul style="list-style-type: none"> ▪ System Change: Embracing Consumer & Family Driven Transformation ▪ Cultural Competency in Treatment & Recovery Support ▪ Update & Discussion RE: Iowa Departments of Public Health and Human Services, Magellan Health Services Collaboration <p><i>Consumer Stipends will be available for individuals committed to establishing Dual Diagnosis Recovery Meetings.</i> For any preliminary questions or concerns please contact us at IAMHR07@gmail.com</p>		
<p>The rest of the 2009 Sunday Education Meeting Dates</p>	<p>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>June 11 July 9 August 13 September 10 October 8 November 12 December 10</p>

Educational classes – Free – contact us for more information.

<p>Family to Family – a 12 week class for family members of adults with mental illness – on Tuesdays, March 3 to May 19 - at Iowa Lutheran Hospital – Conference Room #1 - 6:30 to 9:00 PM – Contact: Grace at 961-6671 rsivadge1@juno.com or Teresa at 277-0672 tbomhoff@mchsi.com</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</p>	<p>Peer to Peer – a 9 week course for persons in recovery Contact: Dawn Olson 254-0417 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. 254-0417 or 1-800-427-0417</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>An alternative contact for the classes is the NAMI Iowa office: 254-0417 or 1-800-417-0417</p>	

Would you like to become a teacher for Family to Family, Visions for Tomorrow, or Peer to Peer? **Would you like to become a support group facilitator** for a family member support group or for the consumer support group – NAMI Connections?

Contact the NAMI Iowa office to be placed on the class list for training to be held in the spring. Their phone numbers are 254-0417 or 1-800-417-0417 or send an e-mail namiowa@mchsi.com

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

2 support groups for family members – 1 in Des Moines and 1 in Indianola

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

9 listings for support groups for persons in recovery

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

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

Do you know of more support groups we could list?



Clinton native details his fight with mental illness

By Kevin Barlow

kbarlow@pantagraph.com

CLINTON, Illinois -- Looking back, Edwin Wollet realizes one of his first memories is a hint at the mental illness that almost killed him.

The Clinton native remembers watching his preschool classmates playing games such as tag or kickball, yet he was content to sit by himself, playing with a set of blocks.

"I'd build them up and then knock them down," he said. "And I couldn't understand why the other kids were happy playing with each other. I couldn't understand what type of enjoyment they got out of that. I was happy just to play by myself."

Wollet, now 38, sees that as the first sign that he was different from other kids.

He was diagnosed with paranoid schizophrenia at the age of 26, and the symptoms of the disease got progressively worse and nearly killed him on at least three occasions.

Now, with the help of medication, treatment and therapy, he is married, has a 3-year-old daughter and two teenage stepsons. He lives in Ottawa, works in retail and is writing a book about his experiences.

And he loves the life that he once hated so much that he tried to end it through drug overdoses.

His transformation has enabled him to speak publicly about what he's experienced and work with groups like Heads Up!, a community advocate group for mental wellness in DeWitt County. On Feb. 8, he will meet with students of the McLean County Diversity Project in Bloomington.

Growing up a son of two Clinton school district educators, Wollet did well academically but struggled socially.

"Junior high and high school are tough for a lot of people," Wollet said. "They were horrific for me."

At that time, nobody knew he had a brain disorder.

He was quiet and didn't date much. He spent more time on computers than he did with his friends.

He couldn't wait to graduate, yet when that day came, only a few photographs found him smiling.

Early recognition of the signs and symptoms of brain disorders is the key to detection, said Clinton Junior High School counselor Amanda Douglas, a member of Heads Up!

"We are trying to get some curriculum into our classrooms which would allow students an opportunity to recognize the symptoms early so they can get some help," Douglas said, adding that people need to know mental illness can affect anyone.

Wollet's mother, Judy, worries others may not be properly

diagnosed until it's too late.

"There needs to be some place in our school, whether it is a health class or some other sort of class, where brain disorders are discussed," she said. "People need to learn how to deal with it."

She wants people to know that mental illness is a physical disorder in the brain and needs to be seen as such. It needs to be recognized and treated, not stigmatized, she said.

Judy Wollet recalls how her son would spend days just lying on the couch. Not knowing what was happening to him, she and his father, Ed, didn't know whether it was better to let him lie there or try to get him up and active.

"After we realized Edwin had a brain disorder, we looked back and couldn't understand how we missed all of the signs indicating he had something wrong," she said.

After graduating from high school, Edwin Wollet set off on his own, believing he could change the world. His schizophrenia led him to believe that he was one of the world's greatest philosophers.

He had plans to build a university, despite having less than \$100 to his name. He was sure that he would win a Nobel Peace Prize.

He was homeless on a number of occasions. He went absent without leave from the Navy. He didn't shave, shower or clean up for days at a time.

There were thoughts of homicide and suicide.

He eventually turned to his parents, who in turn helped him to get the medical attention he needed.

"It was so hard for me to watch a man who had so much potential being destroyed by a silent thing that we couldn't see," his father said.

"Judy and I are both teachers. Yet, we didn't know what was going on with our own son."

Today Judy Wollet marvels at her son's transformation.

"Edwin is my hero," she said. "I don't know how he did it. To fight this disorder like he did is remarkable. He still fights it today."

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.



On The Bus (Omnibus)

Ron Clayman, Des Moines

A mental health related blog <http://baco.psychcentral.net/>.

Hi! My name is Ron. Many of you may already know me as Baco. Some people think that I am witty and intelligent. And I may be at times. At other times, I can be incredibly stupid! In any case, I was asked to write a once a month column. I will try not to lecture, but try to make you think on your own, to generate some topics to discuss in the chat room. Topics will deal mostly with mental health issues, but not exclusively.

Everybody please keep in mind that I do not know everything. I am neither a doctor, nor even a mental health professional. The name, *On the Bus* is both a pun and a cliché. Omnibus is a collection of ideas, and on the bus is about all of us that come here, searching for ways to get and feel better.

Newly Diagnosed?

Scary ain't it? That is normal. Maybe the most normal thing that you are feeling right now. It is a universal feeling. Having a mental illness is not a good thing. But you have done two really good things; one is that you have realized that 'things are not right', and the other is that you have sought out help for that condition. These are both giant steps in recovery.

In most cases, the introductory symptoms are eating disorders, too much or too little. You may be experiencing sleep problems, again, too much and too little. People with mental illness frequently have relationship problems, both personal and occupational. Then there are the delusions. These take many forms; "nobody understands me", "everyone is looking at me", and "everyone is talking about me". Other Delusions can be more complicated, and of course more serious; "the CIA satellite is reading my mind", "I'm getting messages from G-d on the TV and radio", or people may believe that are responsible for events that they have no control over, and no connection what so ever. Of course alcohol and substance abuse are key indicators and very much a causative factor.

Personally, I was taking my father to a psychiatrist to get medication for his Alzheimer's. I did this for over a year, each time the doctor would ask, "How are you doing Ron?" And I would respond, "I'm doing OK!" One day, I just said, "Not so good." And almost cried right there in his office. Later, when I had my first appointment, he revealed to me that he knew I was having a problem the first time he met me! You can't hide from those guys! You will find that you can't hide from your fellow bus riders either!

Your doctor probably gave or prescribed some medication. Be sure to take it as directed. These medications do not always start to work right away. That is not unusual. And when they do, they may not have the same effect that you had hoped for. There is no magic pill that cures mental illness. Medications are like training wheels; they help you, but you still have to learn to ride! Sometimes, the medication works very well. You may feel so good that you want to stop taking them. DO NOT DO THIS!!! It is possible to forget one or

two doses, but remember to get started again. Generally, not taking your medication is your ticket to the psychiatric emergency room, or in the worst case, to jail! Do not pass go. Do not collect \$200!

What do I do now? Most everyone has a job, school, or household chores that need to be done every day. Do them! Get up, clean yourself up, get dressed, and have a life. That is absolutely the best therapy there is.

I always suggest to people; have a goal to do something positive every day. That way when you go to bed at night, you will not have that feeling that you have wasted a day. Do that every day, and pretty soon, you've had a good constructive week. Then a month. Then a year. Eventually you will feel good about your life.

Do not isolate yourself. Sitting around and dwelling on your problems is the worst thing you can do. There are solutions to almost every problem. You are here in this chat room. I have to admit that there are times when this is not the healthiest place. There is almost always someone who will take you in and give you some support. Learn how to use the private message and ignore features.

Support groups are terrific. I swear by them! The Depression & Bipolar support Alliance, and The National Association for The Mentally Ill, both operate support groups all over the country. There may be one near you. They have an advantage of being real people. A handshake or a hug, a human voice, and eye contact are things you cannot get in a chat room. Those things in themselves can be very therapeutic. Just about everyone at these groups has been through what you have been through, including being newly diagnosed!

Regular daily exercise is terrific. Not only can it generate endorphins that will make you feel better, but will improve your overall fitness. Start slow. Do easy exercises and try not to hurt yourself. It can be something as simple as a daily walk. This can also improve your sleeping. Leave the ipod at home. Learn to enjoy the world as it is.

Lastly, it is very important to learn to recognize your own symptoms. You may have to do some reading to do this. To learn what are the common symptoms of your illness. This will help you learn what causes these symptoms and devise strategies to control them. It will also help your doctor plan a course of treatment for you.

One of the most common and potentially disastrous symptoms of mental illness is suicidal or self destructive thoughts. This should be obvious. What is not always obvious is that they are a symptom of the illness. No one really wants to kill themselves. What everyone really wants is to have a happy and successful life. But sometimes the illness is so overwhelming, that we cannot think of the ways to accomplish that goal. Controlling your symptoms and figuring out those ways is the real object of treatment for mental illness.

Like I said when I began, you have already taken two giant steps. Attending a support group is kind of another giant step, and so is becoming an advocate (to be addressed later in another column), but for the most part, getting through recovery and on to wellness is a lot of baby steps.

As much as we would like, there is no instant cure. You may find that some of things you need to do are very difficult. But it's still better than being sick! As you meet more and more of your fellow bus riders, you will find that some people have made remarkable recoveries. And then you will meet people who have suffered for years and gotten nowhere. Try to learn from both of them. It is most important to remember, there is hope. People can and do get better. See you in the room! - Ron



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.together-rx.com) for the **Together Rx Access™ Card**.



Pharmaceutical Company Patient Assistance Programs - from 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.

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. Your physician should call.

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

Other Assistance Programs

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

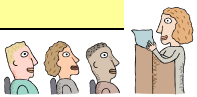
The Medicine Program (573) 996-7300 - Assists people in applying to multiple patient assistance programs.

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 physician's offices and public libraries.

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



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

Polk County Community Mental Health Centers

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

Eyerly Ball Community Mental Health Center

1301 Center St. – 243-5181

Broadlawns Medical Center- 1801 Hickman Road – 282-6770

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

Dallas County – West Central Community Mental Health Center

2111 Green, Adel – 515-993-4535

Madison County – Bridge Counseling Center

300 West Hutchings St. – 515-462-3105

Are You Interested in Becoming a Peer Support Specialist?

Amelia Colwell, Program Manager, State Public Policy Group



The Iowa Peer Support Training Academy works to create a system for providing peer support in Iowa by working with mental health providers and consumers to embrace a philosophy of consumer involvement in wellness and recovery. Peer support, which is

a service delivered by individuals with life experience of mental illness, to others with lived experience, includes the use of the recovery experience of the peer support specialist as a tool to help the recipient of peer support. The service includes the sharing of experiential knowledge, skills, and social learning, and is increasingly viewed around the country as a valuable service for states to include in their array of community based mental health services.

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

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

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

mlee@sppg.com



Training in WRAP Planning

Magellan Health Care has awarded a grant of \$31,700 to the Iowa Advocates for Mental Health Recovery to train individuals in how to develop Wellness Recovery Action Plans for themselves and consumers of mental health services throughout Iowa. Iowa Advocates for Mental Health Recovery is a non-profit organization developed in 2007 by and for mental health consumers and advocates, with over 250 members from throughout the State.

WRAP is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:

- Decrease and prevent intrusive or troubling feelings and behaviors
- Increase personal empowerment
- Improve quality of life
- Assist people in achieving their own life goals and dreams.

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

See yourself as a person, not an illness.

Wellness Recovery Action Planning was developed by Mary Ellen Copeland, of the Copeland Center in Chandler, AZ, and has been widely available within the United States for many years. However, there are only a handful of individuals in Iowa, who are trained by the Copeland Center in the development and delivery of WRAP development.

This grant seeks to enhance the skills of Peer Support Specialists within the state, to facilitate WRAP with consumers of public mental health services. Training will be targeted initially to individuals who have graduated from the Iowa Peer Support Training Academy. The Iowa Peer Support Training Academy has been in operation since 2005, through a contract between the Iowa Department of Human Services and Outlooks, Inc. of Des Moines, Iowa. Seventy-five individuals have been training in the Georgia Model of peer support through the Academy.

WRAP is viewed as an important tool in any peer support program. WRAP Trainings are anticipated to take place in three locations throughout the State:

- Des Moines March 23-26,
- Waterloo March 30-April 2nd, and the
- Carroll/Atlantic area in May, (Dates are tentative).

For more information please contact:

Betty King, President
Iowa Advocates for Mental Health Recovery (IAMHR)
Phone: 319-892-4129
E-mail: bbking@mchsi.com

Peers Working in In-Patient Settings

Please find below a link to a guidebook supported by the National Technical Assistance Center, National Association of State Mental Health Program Directors entitled: "**Paving New Ground: Peers Working in In-Patient Settings**". The guidebook is 110 pages long so we have provided a link. I think those of you who are interested in peer support recovery will be particularly interested in this report.

http://www.nasmhpd.org/general_files/publications/ntac_pubs/Bluebird%20Guidebook%20FINAL%202-08.pdf



Reflections on the Fundamental Tensions at the Heart of Peer-Run Programs

By Patricia E. Deegan PhD

In contemporary times, we are seeing a rise in the numbers and types of peer-run programs across the United States. This is

encouraging because many of us know through experience that peer-support works. Additionally, there is growing scientific evidence to support the efficacy of peer-run programs in supporting recovery (1).

As peer-run programs proliferate, the question of what defines them is raised. When does a peer-run program cease to be a peer-run program and when does peer support cease to be peer-support? There are many ways to approach answering these questions. In this short essay I would like to make the case that peer support and peer-run programs have a long legacy and that by examining it, we can begin to understand some fundamental tensions that define peer support.

Peer support is a natural human response to the alienation and adversity associated with being given a psychiatric diagnosis. Wherein the diagnosis marks us as "different" and separates us from the community, peer support creates common ground and the

opportunity for inclusion. Because it is a human response rooted in compassion, peer support is not confined to one time or one era. Peer support has a long history.

There are over 300 first person accounts of madness published in the English language (2). This body of self-published accounts comprises a type of witness testimony and is an important part of the legacy of peer support (3).

The earliest accounts by former asylum inmates urging reform originated in the United Kingdom in the early 18th century. In America, early first person accounts included those by Elizabeth Stone (4), Isaac Hunt (5), Elizabeth Packard (6), and Clifford Beers (7). Accounts such as these were written, not as an expose' of the mind of madness, but as a type of protest literature aimed at mobilizing public outrage and reform of the inhumane conditions found in most mental institutions. Thus, although written by individual advocates, most of these first person accounts reached beyond individual concerns and mobilized former patients, the general public, legislatures, policy makers and even the professions to improve services for all people diagnosed with mental disorders. Thus the legacy of peer support has always been rooted in a fundamental dialectic - that in helping oneself one must help others.

The legacy of ex-patients organizing themselves to support each other and speak for ourselves dates back to 1838. Following his confinement in a madhouse, Richard Paternoster placed an advertisement in the London Times for ex-inmates to join in a campaign to reform the madhouse system. He was joined by four former inmates and in 1845 they named their fledgling organization the Alleged Lunatics' Friend Society. At its height the group boasted 60 members and remained active for nearly 20 years. The organization took as its mission to visit individual inmates, to advocate for their needs, to press for basic rights and due process of law, and to pressure Parliament to reform the madhouse system. The group's methods included direct individual peer support inside of the madhouses, support after discharge, lobbying and legislative advocacy, as well as direct action and use of the judicial system to achieve goals (8). Part of the legacy of peer support, even in this earliest incarnation, is the question of who should be included in such groups. For the Alleged Lunatics' Friend Society, the answer was that former patients made up the vast majority of the membership, but partnership with lawyers and family members was also allowed.

Organized peer support in the United States developed in fits and starts. Ex-patient Clifford Beers conceived of what would become the Mental Hygiene Movement circa 1907-1909. However Beers harbored a deep distrust of former patients' capacity to speak for our own needs and looked instead to progressive professionals and influential lay citizens to spearhead mental health reforms for those in mental institutions (9). In a sense, Beers was an ex-patient leader without an army of self-advocates.

Then in 1937, a group of 30 ex-patients in Chicago Illinois formed an organization for themselves at the suggestion of Dr. A.A. Low of the Illinois Psychiatric Institute. With the support of relatives and public health officials, and with Dr. Low as the president, the group called itself Recovery Inc. and set about changing discriminatory state civil service applications and winning more just commitment proceedings. By 1939 the group was attracting 200 members to its meetings, members were speaking on regional radio shows, and the group was publishing its own newsletter with a distribution of 1,500. However, by 1940 the group lost its ties to the state hospital, ceased its activism and adopted a new set of goals that focused exclusively on self-help (10). In a sense, Recovery Inc. was a group

of ex-patients who chose to follow a psychiatrist, rather than one of their own.

As noted below, it was not until the late 1960's that ex-patients again began to organize in the United States. Again, the legacy of peer support emerged as ex-patients joined with radical therapist collectives to achieve goals only to break away from them and form separatist movements. This tension between collaboration with professionals and the creation of alternatives to professional services and world-views is the legacy of peer support and remains a creative tension in contemporary times.

Finally, it must be noted that the legacy of peer support is largely unpublished and unrecorded. Take for example, the story of Jenni Fulgham:

Jenni Fulgham is an 81-year old African American woman living in the small town of Zuni, Virginia. In 1947, she was admitted to the racially segregated Central State Hospital in Petersburg, Virginia and diagnosed with paranoid schizophrenia. After discharge Miss Jenni went on to work for the phone company for twenty years in New York City and in many ways her life resembled those of most citizens. However she never forgot her experience in the state hospital or the people she left behind there. In 1961 she and another former patient got a van and began to visit and encourage patients at the city's mental institutions. In 1978 she returned to her rural hometown and established The Zuni Federation for Mental Health. Clearing and leveling three acres of land with nothing but a shovel and wheelbarrow, Miss Jenni created a retreat where former patients are welcomed at no cost.

Miss Jenni's story was not written in the newspaper or in the professional journals. The reason we know her story is that ex-patients set out to collect oral histories of people of color in mental health systems (11). Miss Jenni's story is the story of perhaps hundreds or even thousands of others. This unwritten legacy must be woven together from bits and fragments of evidence: artifacts left in patient's suitcases and found a century later by ex-patients (12); oral history projects; ex-patient publications such as Madness Network News Third World Issue with contributions from Luisah Teish (13) and Arlene Sen (14); patient comments recorded in clinical records (15) and ex-patient radio broadcasts from WBAL-FM on the East Coast and Pacifica Radio on the West (10). Through these artifacts we catch a glimpse into the informal, unregulated, compassionate and spontaneous soul of peer support. It is this soul that is both the legacy and the future of peer support.

Conclusion

As we have seen peer support and peer-run programs exist at an intersection of tensions that are historically rooted. One of the ways to visual that intersection is as follows: (this should be vertical and horizontal axis- can't draw it here!)

Professionalism ----- Grassroots Reaching Across

Mutual Support ----- Collective Advocacy for Social Justice

Peers working in peer-run programs can use this diagram to begin to think about some of the difficult questions we face as we develop our programs. For instance, if we have simply adopted a professional world-view, vocabulary and way of working, and have trained our peer-specialists to work in exactly the same way as staff in traditional programs, then something elemental to peer support has been lost. Locating peer work within the tensions represented by this grid, begins to place our work in the context of our historical legacy. *(There were 15 references from which this article was based)*

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)

Failure is not fatal

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

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 to 7. –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.

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.

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.

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

Coping After a Suicide Support Group – Polk Co. Crisis and Advocacy Services – Contact: Chris 515-286-3887 Meeting day – 2nd Thursday of each month 6-7:30 P.M. and last Saturday of each month 9-10:30 A.M. Meeting place is 525 5th Avenue, Suite H. Victim Services Phone: 515-286-3600

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



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

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

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

Marines

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

Navy

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

Army

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

Air Force

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

Coast Guard

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



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.

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

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

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

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

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

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

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

Typical referrals to Mobile Crisis:

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

Mobile crisis does not respond to:

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

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

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

The team sees people of all ages.

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

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



What Can the Office of the Ombudsman Do for You?

Linda Brundies of the Iowa Ombudsman's Office was our speaker at the December educational meeting. Thanks again, Linda!

We feel it is important for you to know more about this office in the legislative branch of state government created by state statute in 1972.

An Ombudsman (by definition) is a governmental official appointed to receive and investigate complaints made by individuals against abuses or capricious acts of public officials.

The ombudsman system is based upon the principle that every person has a right to have his or her grievances against the government heard and if justified, satisfied.

What Can the Office of the Ombudsman Do?

1. They investigate complaints against agencies or officials of state and local governments in Iowa.
2. They work with agencies to attempt to rectify problems when their investigation finds that a mistake, arbitrary, or illegal action has taken place.
3. They have unique statutory authority to investigate and determine if an action was fair or reasonable, even if in accordance with law.
4. They ensure timely response to complaints.

5. They perform this service, without a fee, in an independent and, when appropriate, confidential manner.
6. They have access to state and local government's facilities and confidential records to ensure complete review of facts regarding a complaint.
7. They make recommendations to the General Assembly for legislation, when appropriate.
8. They answer questions about government or direct people where to go for answers.

What the Office of the Ombudsman Cannot Do

They cannot investigate -

- the acts of the Iowa General Assembly or actions of legislators or their staff,
- the Governor or the governor's personal staff,
- the acts or decisions of courts or judges or their staff
- agencies established pursuant to interstate compacts and answerable to more than one state,
- complaints by governmental employees about their employment relationship with the agency,
- agencies of the federal government, or
- actions between private parties that do not involve agencies of state or local government.

Before calling the Ombudsman's office

A difference of opinion or misunderstanding is often resolved by simply taking the time to talk and listen. So if you have a problem with a state or local government agency, first take the matter up with the agency involved before contacting the Ombudsman. Many times an agency official will be eager to explain a specific policy or will correct the problem to your satisfaction.

Contact information for the Ombudsman's Office

515-281-3592 Toll free: 1-888-426-6283
e-mail: ombudsman@legis.state.ia.us
website: www.legis.state.ia.us/ombudsman
mailing address: Citizens' Aide/Ombudsman
Ola Babcock Miller Building
1112 East Grand Building, Des Moines 50319

We have several copies of the 2007 annual report from the Ombudsman's office available at our Sunday educational meetings.

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

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PLEASE CONTACT US IF YOU ARE INTERESTED IN SERVING ON OUR BOARD OF DIRECTORS.



School is Not Supposed to Hurt – an Investigative Report on Abusive Restraint and Seclusion in Schools”

The 60 page report can be viewed in its entirety at <http://www.ndrn.org/sr/SR-Report.pdf>. It is a national report on seclusion and restraint in schools issued in January 2009 by the National Disability Rights Network.

The report is a compilation of cases outlined by NDRN’s 57-member network of protection and advocacy (P&As) systems nationwide. The report details deaths and physical and emotional injuries inflicted on students ranging from kindergarten to high school from schools across the country. It also outlines inconsistent state laws, lack of training for teachers and virtually no government oversight or investigation of the issue.

Executive Director Curtis Decker, JD, had this to say:

“Whenever we open a newspaper, turn on the television, or go on the Internet these days, we hear about another child dying or being injured in school while being restrained or secluded. Some may think these are isolated incidents, but, when Protection and Advocacy (P&A) agencies across this country report that school children have been killed, confined, tied up, pinned down, and battered, this is clearly more than an isolated issue - it is one of national concern.

P&As have been advocating for students and their families on education issues for over thirty years, a period of unprecedented change and opportunity for children with disabilities as fewer and fewer are relegated to institutions or special facilities.

After years of struggle by parents and advocates, the educational rights of children with disabilities was, at least by law, firmly established in 1978 with implementation of the Education for the Handicapped Act (EHA), the precursor to the Individuals with Disabilities Education Act (IDEA). This promise of a free, appropriate, and public education has expanded the opportunities for full inclusion of students with disabilities. Yet today, many parents still face major challenges in obtaining full access to the education system their children are entitled to.

Unfortunately, a disturbing trend is emerging that threatens to deny these students the full and safe inclusion in the education system so vital to their success as adults in our society. This epidemic is not a failure of the principles of IDEA, it is not the failure of parents, and it is certainly not a failure of students with disabilities. It is a failure of the education system – federal, state, and local – to address the needs of students with disabilities.

This report identifies the abusive use of restraint or seclusion nationwide by school administrators, teachers, and auxiliary personnel, which has resulted in injury and trauma and, in far too many cases, death to children with disabilities. Furthermore, because there is no mandated system in place to report or collect data on these abuses, this report is clearly just the tip of the iceberg.

Swift action to ban the use of prone restraint and seclusion in schools, and increased teacher training will eliminate unintentional tragedies. It is the hope of the National Disability Rights Network that calling attention to this pervasive problem will spur action on the local, state, and national levels to address this crisis immediately. --Curtis Decker, JD., Executive Director


The director for the Dept. of Human Services is **Gene Gessow**. Gene was appointed in late Sept., 2008.
How to contact the Iowa Dept. of Human Services Mental Health and Disability Services Division
(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 – Barbara Jean Funke
Website: www.dhs.state.ia.us/mhdd/index.html

Interim Division Administrator until a replacement for Dr. Allen Parks has been chosen	Bill Gardam
Assistant to the Division Administrator	Barbara Jean Funke
Children & Youth Bureau Chief	Pam Alger
Child/Youth Specialist & Primary Block Grant Planner	Mary Mohrhauser
Child/Youth Specialist	Becky Flores
School Specialist	Laura Larkin
Assistant to MH/MR/DD/BI Commission	Connie Fanselow
Adults Bureau Chief	Dr. Kelley Pennington
State Payment Program	Lin Nibbelink
Community System Consultant	Julie Jetter
Community System Consultant/Adult Block Grant Planner	Robyn Wilson
Emergency Mental Health Specialist	Karen Hyatt
Secretary	Kay Hiatt
Older Adults Program Specialist	Lila Starr
Budgets, Contracts & Grants	Charlie Leist
Accreditation/Bureau Chief	Jim Overland
Accreditation specialist	Dennis Sibert
Accreditation specialist	Craig Petersen
Accreditation specialist	Cheri Reisner

Did You Know?

State law requires every school district must pass an anti-bullying policy. Does your school have an anti-bullying policy? Ask for a copy of it.

Congress Passes SCHIP Bill that Includes Equal Mental Health Coverage (Parity)

 Washington, DC (January 29, 2009)-The Senate on Thursday passed H.R. 2, renewing and expanding the State Children’s Health Insurance Program and extending critical mental health parity benefits to millions of recipients for the first time.

"In a time of economic uncertainty, when more Americans than ever are uninsured, access to health and mental health services is critical for children to exercise their full and healthiest potential," said Robert Bernstein, Ph.D., executive director of the Bazelon Center for Mental Health Law.

With a vote of 66-32, the Senate joined the House in successfully renewing SCHIP on the third attempt. H.R. 2, along with eliminating the five-year waiting period for legal immigrant children and pregnant women, requires that mental health services must be offered at no more restrictive limitations than medical services for

SCHIP recipients. This legislation will remove higher co-pays and stricter limits on the number of treatment visits, creating parity between mental health services and medical and surgical benefits provided by the plans.

The Senate and House will reconcile the respective bills and then send the final version to President Obama for his signature.

SCHIP, which covers children in families with incomes too high to qualify for Medicaid but often too low to obtain other health insurance, grants matching federal funds to states in order to provide health insurance for children of those who qualify under the income specifications. The renewal will extend these benefits for four and a half more years and will be paid for by a 61 cent increase in the federal cigarette tax.

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

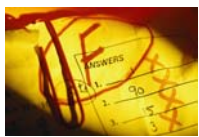
Please make the check payable to
NAMI GDM

Dues cover local, state, and national membership.

Donations are welcome!

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

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



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. Success is not final



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>

"House" raises funds for NAMI

house-ism (haus-i-zm) n.

1. witty phrase or slogan uttered by Dr. Gregory House on the hit FOX TV drama, House, M.D.
2. phrase or slogan printed on t-shirt whose proceeds benefit NAMI "Normal's Over-rated"

T-shirts sell for \$20 – If interested, go to

http://www.nbcuniversalstore.com/index.php?v=usa_house_charitytees

Federal Legislative Issues

www.nami.org/advocacy

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

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

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

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

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

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



Purple Heart is a No

New York Times 1/8/09

The New York Times reports that the Defense Department has decided it will not award the Purple Heart, the medal given to those wounded or killed by enemy action, to war veterans who suffer from post-traumatic stress disorder (PTSD) because it is not a physical wound.

The decision, made public on Jan 6, 2009, ends the hope of Iraq and Afghanistan veterans who have the condition and believed that the Purple Hearts could honor their sacrifice and help remove some of the stigma associated with the condition.

PTSD, which may go unrecognized for months or years, can include recurring nightmares, uncontrolled rage and, sometimes, severe depression and suicide. Soldiers grappling with PTSD are often unable to hold jobs.

The decision was reached in November when David S.C. Chu, Undersecretary of Defense for personnel and readiness, conferred with the Pentagon Awards Advisory Group, which researched the issue. The group is composed of representatives from the Office of the Secretary of Defense, the Joint Staff, the military departments, the Institute of Heraldry, and the Center for Military History.

The advisory group decided against the award because, it said, the condition had not been intentionally caused by enemy action, like a bomb or bullet, and because it remained difficult to diagnose and quantify.

Historically, the Purple Heart has never been awarded for mental disorders or psychological conditions resulting from witnessing or experiencing traumatic combat events, said Eileen Lainez, a Pentagon spokeswoman. Current medical knowledge and technologies do not establish PTSD as objectively and routinely as would be required for this award at this time.

One in five service members, or at least 300,000, suffer from PTSD or major depression, according to a Rand Corporation study in 2008.

The Purple Heart in its modern form was established by Gen. Douglas MacArthur in 1932. Some 1.7 million service members have received the medal, and, as of last August, 2,743 service members who served in Afghanistan and 33,923 who fought in Iraq had received the award.

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The medal entitles veterans to enhanced benefits, including exemptions from co-payments for veterans hospital and outpatient care and gives them higher priority in scheduling appointments. http://www.nytimes.com/2009/01/08/us/08purple.html?_r=1&pagewanted=print

From Stigmabusters

There is also an excellent editorial in the [Kansas City Star](http://www.kansas.com) at <http://voices.kansascity.com/node/3229>.

DOD's current policy is as much an outrageous "slap in the face" to soldiers and veterans with PTSD as General George Patton's slapping of a soldier with "shell shock" was in World War II.

DOD can still reverse its policy, despite the advisory group's decision. Please contact the Secretary of Defense and tell him it's time to end stigma and discrimination against soldiers with PTSD. Their wounds are real.

Mailing Address

The Honorable Robert M. Gates

Secretary of Defense

[Contact DOD Online](#)

The Pentagon

[DOD Online Question/Comment Form](#)

Washington, D.C. 20301-1000

Telephone Number

DOD Public Affairs "Leave a Recorded Message" Line

703-428-0711 (not toll-free)



PTSD victim booted for 'misconduct'

Kelly Kennedy – Army Times - Jan 8, 2009

After serving two tours in Iraq — tours filled with killing enemy combatants and watching close friends die — Sgt. Adam Boyle, 27, returned home expecting the Army to take care of him.

Instead, service member advocates and Boyle's mother say his chain of command in the 3rd Psychological Operations Battalion at Fort Bragg, N.C., worked to end his military career at the first sign of weakness.

In October, a medical evaluation board physician at Bragg recommended that Boyle go through the military disability retirement process for chronic post-traumatic stress disorder — which is supposed to automatically earn him at least a 50 percent disability retirement rating — as well as for chronic headaches. The doctor also diagnosed Boyle with alcohol abuse and said he was probably missing formations due to the medications doctors put him on to treat his PTSD.

But in December, Lt. Gen. John Mulholland, commanding general of the U.S. Army Special Operations Command, signed an order forcing Boyle out on an administrative discharge for a "pattern of misconduct," and ordering that the soldier pay back his re-enlistment bonus.

Last year, after a number of troops diagnosed with PTSD were administratively forced out for "personality disorders" following combat deployments, the Defense Department changed its rules: The pertinent service surgeon general now must sign off on any personality-disorder discharge if a service member has been diagnosed with PTSD.

"Not even a year later, they're pushing them out administratively for 'pattern of misconduct,'" said Carissa Picard, an attorney and founder of Military Spouses for Change, a group created in response to the personality-disorder cases. "I'm so angry. We're seeing it all the time. And it's for petty stuff."

In Boyle's case, according to Picard and Boyle's mother, Laura Curtiss, the soldier had gotten in trouble for missing morning

formations and for alcohol-related incidents such as fighting and public drunkenness. "The whole thing is absurd to me," Picard said. "They acknowledge that PTSD causes misconduct, and then they boot them out for misconduct."

Carol Darby, spokeswoman for Special Operations Command, said she could not discuss personnel administrative or medical issues, and that the Army did not have a response to the case as of Tuesday evening.

Doctors first diagnosed Boyle with PTSD after his second deployment ended in 2006, when he moved to a new unit. After he missed his first formation, he said he went in to talk to his first sergeant to explain he was having problems with depression, PTSD and insomnia. But after that, he said, no one ever asked how he was doing.

"They just said, 'You messed up. Here's what we're going to do to you,'" Boyle said. "I would have loved it if someone had sat me down and had a heart-to-heart with me. I tried. I stuck with the counseling."

But counseling at Fort Bragg was also difficult, he said, because there were not enough doctors for more than one counseling session a month, and because he had to explain his story to seven different therapists over two years.

He received two Article 15s, one for not reporting to duty while helping a girlfriend who had been in a car accident, and one for not returning home three days early from leave after drunk-and-disorderly conduct in a bar. Over that time, he said he was also experiencing flashbacks, anger-management and relationship issues, trust issues and guilt.

Picard said she has seen at least a dozen cases of soldiers with PTSD being pushed out for a "pattern of misconduct."

Chuck Luther, also with Military Spouses for Change, said he's working on four cases similar to Boyle's now. "I've seen the office of the surgeon general doing some great things," Picard said. "But they didn't intervene in this case. Technically, it's OK. Morally, is it OK? No. If they're going to call it a combat injury, they need to treat it, or else people will be afraid to come forward."

Boyle's mother gave another reason: "You can hear it in his voice," Curtiss said. "He can't believe the Army's doing this to him. He needs counseling. He needs medication. He needs it even more now because of what they've put him through."

Curtiss contacted Sen. Patrick Leahy, D-Vt., and a spokesman said the senator has been in contact with the Army several times about the case.

Boyle always wanted to be in the Army, Curtiss said, and served in junior ROTC while in high school. He planned to be an officer, worked as psychological operations sergeant, received a Good Conduct Medal and two Army Commendation medals, and wanted to spend his career in the military. Instead, he was twice diagnosed with PTSD and said he enrolled himself in the Army's substance abuse program and went to group and individual counseling for his disorder, just as he was supposed to.

The administrative discharge means Boyle will have to prove that his PTSD is service-connected when applying for benefits from the Department of Veterans Affairs, and he's not eligible to immediately receive the counseling he needs through the transition program for service members moving between the military and VA systems.

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"The military is creating a societal issue," Luther said. "These guys come out with no resources, and they're angry and feeling betrayed. But commanders are thinking, 'Do I rehabilitate him or do I get rid of him expeditiously so I can replace him with someone who can deploy?'"

Paul Sullivan, executive director of Veterans for Common Sense, said the Army should have provided Boyle with legal representation; that Boyle should remain in military therapy until VA processes his claim; that he should get an honorable discharge and go through the disability retirement process; and that the military needs to apply the same rules to "pattern of misconduct" as it does to personality disorders.

"The military should be concerned about the welfare of the soldier," Sullivan said.

Retired Army Lt. Col. Mike Parker, who has worked as an advocate for service members going through the disability retirement system, said the cases are frustrating because veterans' groups just fought to get the military to automatically award 50 percent disability ratings for people with PTSD severe enough to force them to leave the service, as is required by law. Many troops with PTSD had been receiving far lower ratings.

"Even though they have this new regulation saying they can't kick them out for personality disorders, they can still kick them out for misconduct," he said. "Everything they say, they have an escape clause."

Boyle received word that Mulholland was standing behind his decision.

That means Boyle must repay the Army \$18,500 for his re-enlistment bonus. The Army also withheld 65 days' worth of leave payments and his final paycheck.

"I have nothing," Boyle said. "After all I did for the Army, they took my money and kicked me to the curb and said, 'Don't let the door hit you in the ass.'"



We thank Kathy Reardon for speaking on the topic of "the Many Methods of Stress Management" at our January 11 educational meeting. Here is a portion of her presentation.

Here are 10 tips to stay calm:

1. Walk more slowly. Whenever you catch yourself rushing around, slow down. Relax your jaw, drop your shoulder. Breathe. If you have to move quickly, try to do it in this more relaxed way.
2. Talk more slowly. Think about what you are going to say before you say it. Allow yourself to pause and take a breath between sentences or thoughts.
3. When the phone rings, take a deep breath before answering.
4. Take a short break at the same time every day to meditate, breathe, or just notice how your body is feeling.
5. Throughout the day, close your eyes for a few moments and visualize yourself in a beautiful place.
6. Use transitions, like travel time to and from your office, to notice how your body is feeling. Try to let go of excess tension before it accumulates.
7. Notice your mindset and body posture when you are driving. Can you be more relaxed when you drive?
8. Go outside at least once a day and pay attention to the weather, and how your body reacts to it. Look at the sky, feel the temperature, and notice the sensation of the air on your skin.
9. Add something beautiful to your life every day. Put a vase of flowers, a candle or a special drawing in your office, kitchen, or the space where you spend the most time. Take a picture of one of your favorite places, such as a gorgeous garden or an ocean landscape, and hang or place it where you can look at it.
10. Spend at least a little time alone every day.

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