

Greater Des Moines

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AFFILIATE AND SUPPORT GROUP NEWSLETTER

"Support, Education, and Advocacy"

Serving Polk, Dallas, Warren, and Madison counties

May 2009

May is Mental Health Month

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

Update on Polk County Waiting List

As of the end of February there are now -

- 522 on the waiting list for disability services,
- 337 of the 522 are receiving only non-wait list services
- 392 have mental illness
- 87 have intellectual disabilities (mental retardation)
- 43 have developmental disabilities
- 0 unknown
- 160 of the 522 are at risk of hospitalization and/or homelessness
 - Longest on List: 726 days
 - Average Time on List: 250 days
 - Average Time for those admitted: 325 days



- 112 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.

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

The Crisis in Access to Inpatient Care

The new **NAMI Grading the States** 2009 report contains important new findings on the depth of the crisis in access to acute inpatient psychiatric care across the nation. Among the key findings in the NAMI report:

- Nearly 127,000 inpatient beds have been lost since 2000 and more than 197,000 since 1990,
- There are now fewer than 10.8 beds per 1,000 per adults living with serious mental illness, and
- Only 11 states in NAMI's survey were able to share any type of data on how long it takes to get an inpatient psychiatric bed through an emergency room and
- 8 states were unable to report on the actual number of inpatient beds in their state.

In Iowa, there are a total of 681 licensed acute psychiatric care beds in 21 hospitals around the state. Of the 681 licensed beds, 667 are staffed. With Iowa's population being 2.9 million(e) people, the percentage of persons with serious mental illness is estimated at 6% or 174,000 people. 667 staffed beds/174 (1000) with serious mental illness is a ratio of 3.83 hospital beds per 1000 people statewide.

At a recent acute care task force meeting, it was stated that the acute psychiatric hospital beds in Iowa are full every day 365 days a year.

In Des Moines, there are 24 staffed beds at Broadlawns, 70 staffed beds at Iowa Lutheran and 24 staffed beds at Mercy Franklin – for a total of 118 beds. This is for a metro area of 400,000 (e) people. 400,000 people X 6% (those with serious mental illness) = 24,000. 118 acute psychiatric care beds divided by 24 (1000) people = 4.92 hospital beds per 1000

For more alarming information, see the report by the Treatment Advocacy Center at

http://www.treatmentadvocacycenter.org/index.php?option=com_content&task=view&id=81&Itemid=247

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 Vandenberg

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!

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

See yourself as a person, not an illness.



10 Pillars of a High-Quality State Mental Health System

From NAMI's 2009 Grading the States Report

As a nation, and as a mental health community, our knowledge base about mental illness is uneven. We know far less than we should about the causes and courses of mental illnesses. On the other hand, we know a lot about the staggering consequences-for the individual, for families, and for society-of untreated mental illness.

We know that we provide treatments and services too late, and that too few people get the help they need to experience recovery. We also know that in order to deliver effective treatments to the many people who need them, public mental health service systems need to change dramatically.

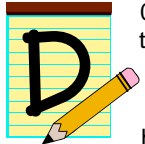
Based on what we know, derived from 30 years of research and work in the field, NAMI understands what a successful mental health system must include. NAMI believes deeply that a transformed mental health system has the following very specific characteristics. It is:

- Comprehensive;
- Integrated;
- Adequately funded;
- Focused on wellness and recovery;
- Safe and respectful;
- Accessible;
- Culturally competent;
- Consumer-centered and consumer- and family driven;
- Well-staffed and trained; and
- Transparent and accountable.

These are the 10 pillars of a high-quality mental health system.

NAMI's 2009 Grading the States Report - Iowa's Grade is a "D".

To see a complete copy of the report go to www.nami.org/grades09



0 states received an A. 6 states received a B. 18 states received a C. 21 states received a D. 6 states received an F. Overall the nation scored a D. Grades were based on 65 specific criteria such as access to medicine, housing, family education, and support for National Guard members.

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

We All Have Mental Health; Time To End the Stigma

By SAMHSA <http://www.enotalone.com/article/6956.html>

Like opinions, mental health is something we all have. Just as with physical health, a person's mental health can range from good to poor. Why do we react one way when we learn that a friend has depression and another way when we learn that a friend has heart disease or cancer? In fact, good mental health is essential to overall good physical health.

Most of what we know, and how we react to things, comes not from personal experience but from the stories that we've heard. We used to rely on our families, religious groups, schools, community leaders, and others to help us form our cultural systems and beliefs. Today, however, the mass media - television, music, movies, and magazines - play a big role in shaping our views.

In the media, people with poor mental health often are portrayed as "bad guys," showing them to be villains or failures and tagging them with terms like "crazy," "insane," "loony," and "nuts." Such labeling often starts with children's cartoons and is repeated in other TV shows and movies. These harsh stereotypes are hurtful to millions and lead to stigma, shame, and discrimination.

Although many are aware that some people are judged unfairly because of their race, religion, culture, or looks, they may not know that people with mental illnesses also can face bias in the same ways - with housing, employment, health insurance, education, medical treatment, and many other areas.

Words Can Be Poison

Stigma and discrimination can be real, painful, and harmful to the lives of people with mental health problems. Stigma may prevent them from getting the effective treatment and support they need to lead healthy, normal lives.

Stigma deters people from getting help. At any given time, one in four adults and one in five children have a mental health problem. Early and proper services can lessen symptoms and improve outcomes. Many people don't seek such services because they don't want to be viewed as "crazy."

Stigma and discrimination keep people from getting good jobs and moving forward in the workplace. Some employers are less willing to hire people who have mental illnesses. Thanks to the Americans with Disabilities Act (ADA), such discrimination is illegal, but it still happens. Stigma leads to fear, mistrust, and violence. The vast majority of people who have a mental illness are no more violent than anyone else. However, the average television viewer sees three people with mental health problems each week and most of them are portrayed as violent. These faulty images lead people to fear those who have mental illnesses.

Stigma results in bias and discrimination. Many people try to prevent those who have poor mental health from living in their neighborhoods. Understanding mental health problems often changes that perspective. When people with good mental health interact with people who have poor mental health, both discover that they share similar goals, hopes, and disappointments.

Stigma and discrimination result in inadequate insurance coverage. Many insurance plans do not cover as much of the costs of mental health services as with other illnesses. When mental illnesses are covered, coverage may be limited or inadequate or not fit the person's needs.

Words Can Heal

May is Mental Health Month. Take time to help end the stigma that surrounds mental illness. Here are seven steps to help you.

1. Learn more. Many organizations distribute information and sponsor programs about mental health.
2. Insist on accountable media. Sometimes the media does not portray people who have mental illnesses fairly, and this makes stereotypes harder to change.
3. Obey the laws in the ADA. The ADA forbids discrimination against people in all areas of public life. Under the ADA, mental illnesses are a disability.
4. Be aware of and be grateful for the contributions to society made by people who have mental illnesses. People who have mental illnesses have much to offer to American life - from the arts to the sciences, from medicine to entertainment to professional sports - including Michelangelo, Mozart, and Lincoln.
5. Treat everyone with the honor and respect we all deserve. People who have poor mental health may include your family, your friends, and your neighbors.
6. Think about the person inside. Avoid labeling people by their diagnosis. Instead of saying, "She's a schizophrenic," say, "She has a mental illness." Never use the term "mentally ill."
7. Learn about the many available treatments for mental illnesses that can successfully improve quality of life.



Iowa League of Women Voters issues a report on "Transforming Iowa's Mental Health System"

The Iowa League of Women Voters is in the process of studying mental health services in Iowa. If you are interested in reading the study results that have been compiled thus far, you can find the report at www.lwvia.org. Their first discussion of the report results was held at the Urbandale Library on March 23rd.

These are the proposed positions on Mental Health (as of February 2009) to be presented for approval at the League of Women Voters at the June 2009 Iowa State Convention. The League of Women Voters of Iowa -

- Supports a centrally coordinated state mental health system that ensures convenient and equitable access to care for all Iowans (children and adults) who need mental health services.
- Supports adequate funding of an array of services, especially those that promote early detection and treatment of mental illnesses and co-occurring substance abuse disorders. Appropriate levels of care should be available that meet people's needs in or near their home communities.
- Supports a mental health system that individualizes care to meet a person's specific mental health needs and focuses on the person's strengths and ability to recover.
- Supports a mental health system that is accountable to its consumers and communities by providing efficient, effective, and evidence-based programs and services.
- Supports eradication of the stigma of mental illness and believes persons with mental health needs should be treated with the same respect, and their illnesses treated with the same urgency, as persons with other physical health needs.

Dr. Loren Olson honored as Exemplary Psychiatrist by NAMI



Dr. Loren Olson has been selected by the NAMI National Board of Directors as one of the "Exemplary Psychiatrists" for 2009. Dr. Olson will receive a certificate and award from NAMI at a special breakfast in honor during the American Psychiatric Association's annual meeting in San Francisco, California this month (May 2009).

The NAMI affiliate, NAMI of Greater Des Moines, during the December 2009 board meeting voted unanimously to place Dr. Loren Olson in nomination for the NAMI Exemplary Psychiatrist Award from the state of Iowa.

Dr. Loren Olson has devoted his life to the care of persons with chronic and persistent mental illness and is highly deserving of this Award. He has been active at the national, state, and local level to stop the unnecessary suffering of mental illness.

In his professional life he has held numerous positions and titles. Currently Dr. Olson is the Medical Director, Golden Circle ACT Program, Des Moines, Iowa, Psychiatrist for the Des Moines Mobile Crisis team, and on the staff of the county hospital. Dr Olson has been tireless in his development of the ACT (Assertive Community Treatment) Program in Des Moines in which he treats the most chronic and seriously mentally ill in our capital city.

The following is a comment from a NAMI of Greater Des Moines board member, Family-to-Family trainer, and Family Support group facilitator, and parent of a daughter with chronic and persistent mental illness:

"When I saw the notice that NAMI was honoring exemplary psychiatrists I knew at once that I wanted to nominate Dr. Loren Olson, from the PACT Team in Des Moines, Iowa.

I came to NAMI for the first time the fall of 2006 when my thirty year old daughter, who has bipolar disorder, had been hospitalized for the fourth or fifth time. (I lost count in the crises) She was still seriously out of control. My husband and I stumbled into the Family- to-Family Class in a daze that fall, desperate for any help on what to do to get our daughter well.

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

See yourself as a person, not an illness.

The Family- to- Family class was a lifesaver! Through it we heard about the PACT team and their wonderful psychiatrist, Dr. Olson. It was our family's goal on Class 5, " Problem Solving Skills Workshop" night, to get our daughter accepted into the PACT program.

We had to all meet with Dr. Olson and get his approval before our daughter, Sarah, could be accepted into the program. We'd met many psychiatrists since Sarah had been diagnosed in 1999, but none was as welcoming to her parents and as down to earth as Dr. Olson. We told him what Sarah had been like before she became ill, and right away, he gave us hope that Sarah could recover.

It was such a relief to us that whenever Sarah began to display ill behavior, we could always call the PACT team, usually in the middle of the night, and talk to a live person who was always in close contact with Dr. Olson. We still haven't figured out when he had time to sleep.

Dr. Olson has made so many wonderful contributions to improve the lives of people with psychiatric disorders that you wouldn't have time to read them all. However, I want to tell you about a specific situation in 2008 with Dr. Olson that shows he definitely goes the extra mile.

Holidays are typically a rough time for a family that has mental illness in the mix. It was the weekend before Christmas and I had been on the phone to the PACT team what seemed like all weekend. Sarah had gone down to our lake cabin in Missouri on Friday night with her older daughter to relax. The PACT team didn't really think that was the best idea since Sarah was becoming increasingly unstable the closer it got to Christmas.

While there she got into a yelling match with her ex-husband on the phone. We had already determined that interaction with this man was one of the triggers to her episodes. When she came home Sunday night she had not been able to relax and was in worse shape than when she had left. The ex-husband's behavior was escalating and he proceeded to yell at me on the phone, Sunday night, when I tried to protect Sarah and explain about him being a trigger. It seemed that nothing was working and Christmas was going to be awful. Sarah was in bad shape, and so were the rest of us.

The next morning, Monday, was Christmas Eve Day; a day when no one is working and every one wants to be home with their family. About 11:00 A.M. my husband called from Sarah's house to get me to come over. He said Dr. Olson had shown up at her door. I couldn't believe it! There he was sitting with Sarah at her house in Indianola on Christmas Eve Day.

Psychiatrists don't make house calls I thought, especially on Christmas, in a town 25 miles away, when he wants to be with his family. He was so kind to all of us and talked at length to Sarah, her daughters and us trying to get to the bottom of the problem. He even called up the ex-husband and tried to explain what was going on and get him to talk. Sadly, the ex refused.

It was so kind and calming to have Dr. Olson at Sarah's house that Christmas Eve. He has a heart of gold and was so willing to go the extra mile for our family. We will be forever grateful for the gift of his time and concern that he gave us that Christmas. He certainly deserves this honor more than any doctor I know."

Grace Sivadge

Friends, clients, and co-workers gathered at Dr. Olson's office on Friday, April 24, for a celebration of his award. Renaye Kistis provided a delicious catered fiesta meal of Mexican food.

Congratulations Dr. Olson!

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

We will have a review of activity in the 2009 state legislative session in the June newsletter.

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

Educational Classes

<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>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 . Parents and Teachers as Allies – a 2 ½ hour in-service for teachers and parents Contact: Susan Gill slsqill@aol.com 242-7556</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>
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NAMI Greater Des Moines would like to thank the Banasiak family for the donations to our organization in memory of their mother and grandmother, Jeannette Donnelly.

<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 1. Business 2. Marketing and membership 3. Support 4. Education 5. Advocacy 6. Fundraising 7. Special Events</p>	
Thursday, April 30	A conference sponsored by the Mental Health Institute in Cherokee—"All Behaviors have a Reason – Helping Difficult Children Succeed" – 8:30 AM to 4:30 PM – at Western Iowa Technical Community College, on Hwy 59 on the north edge of Cherokee. For more information, contact: Rhonda Saxen-712-225-6918— rsaxen@dhs.state.ia.us Diane Knaack—712-225-2594— dknaack@dhs.state.ia.us		
Sunday, May 3, 2 PM	The topic is " Medications ". Dr. Ara J. Robinson, psychiatrist, will be our speaker.	Thursday, May 14, 5 PM	We will be discussing and planning around 7 topic areas.
May 3-9	Children's Mental Health Week "Children's Mental Health Matters"		
Tuesday, May 12	A meeting of the Iowa Coalition for Mental Health and Aging at the Renaissance Savery Hotel, 401 Locust, Des Moines – no registration fee – will have presentations on promoting mental health and preventing mental illness in older adults, a depression care program for older adults, the SAMHSA toolkit for evidence based practices for older adults, and pharmaceutical treatment. CEU's will be available. If questions, contact Julie Bobitt at 319-384-4222.		
May 13, 14, 15	Governor's Conference on Aging "Aging Well" at HyVee Hall in downtown Des Moines HAS BEEN CANCELLED due to budget reductions in state government.		
Wed – Thursday May 20-21	The Iowa Advocates for Mental Health Recovery are sponsoring the 2nd Annual Co-Occurring Disorder Recovery Conference at the Holiday Inn & Suites, Des Moines, Iowa – National experts Dr. Minkoff and Cline will lead the discussion and provide presentations. <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 or info@iarecovery.org - Registration fee is \$125		
Thurs – May 28	Pathways to Recovery: Collaboration, Transformation, Hope Conference sponsored by Behavioral Health Resources at the Stoney Creek Inn, Johnston, Iowa – 8 AM to 4:30 PM – Consumers \$25 registration fee – some stipends available – call Shannon at 515-235-8830 for more information. Professional/Other registration fee is \$50. CEU's available. Speakers will be from the U.S. Psychiatric Rehabilitation Association, NAMI, and Magellan Health Services.		
Sunday, June 7, 2 PM	The topic is " WRAP – Wellness Recovery Action Planning ". Our speaker is Deb Guthrie, Peer Specialist.	Thursday, June 11, 5 PM	We will be discussing and planning around 7 topic areas.
Thursday, June 25	"Many Faces of Mental Illness and Intellectual Disabilities" Conference sponsored by the Siouxland Mental Health Center - 7:30 AM to 4:30 PM at the Sioux City Convention Center, 801 4 th St., Sioux City, IA . The keynote speaker is Pete Earley, the author of "Crazy – A Father's Search Through America's Mental Health Madness". See more conference details at: http://www.siouxlandmentalhealth.com/Conference%202009.htm		
Sunday – Thursday July 5-9	NAMI's 2009 National Convention , we will be celebrating our 30 th anniversary in San Francisco. The dates are July 5-9. All activities will be held in the <u>San Francisco Hilton and Towers</u> 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. 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.		
Sunday, July 12, 2 PM	The topic will be Transition issues for adolescents aging to adulthood and Disability issues in college.	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		
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

Would you like to become a teacher for Family to Family, Visions for Tomorrow, or Peer to Peer?

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.

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

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

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

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

Parents as Presenters Workshop



The audience we are targeting to attend are parents of children with disabilities, ages birth-21.

Applications must be received by May 26, 2009. There is a limit of 40 participants.

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

There is stipend for attending for the weekend that should covers most expenses such as hotel, travel and meals - and hopefully some \$\$ to cover being gone over a Friday and Saturday, on September 25-26, 2009 at Country Inns and Suites, 1350 NW 118th Street, Clive, Iowa
Contact Beth Buehler at the Dept. of Education for an application and more information 515-281-7143 or beth.buehler@iowa.gov or Deb Samson at 515-242-5295 or deb.samson@iowa.gov or Paula Connolly at 515-223-6714 or info@askresource.org

Save the Date for the Iowa Empowerment Conference

The Iowa Empowerment conference “**What are Recovery & Empowerment**” will be held Tuesday through Thursday, **Aug. 4-6** at the Best Western Regency Inn, Marshalltown, Iowa. This is a consumer conference for individuals and families dealing with mental illness. Registration Costs are \$130 for one day only

\$170 registration, meals, no lodging

\$250 registration, meals, and lodging

\$320 registration, meals, and private room

Some scholarships may be available to attend the conference. There is limited space available for exhibits/tables. Register early, there will be a cap on registrations.

For conference information, contact Susanne at 515-352-3449 or coolfrogs@wccta.net or mail to Iowa Empowerment conference, Box 240, Gowrie, Iowa 50543.

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 lowaGH@aol.com or call 965-9799 - or contact Grace Sivadge 961-6671. Meetings are at Eyerly-Ball Community Mental Health Center, 1301 Center St., Des Moines – 2:30 – 4:00 P.M.

First Monday of each month -6:30 – 8 PM - a support group for **parents and caregivers** of children and adolescents with severe emotional disturbance (SED) or mental illness – meets at the Child Serve Center – 5406 Merle Hay Rd, Johnston. For more information – call Diane at 255-8157.

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

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

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

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

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

SUPPORT GROUPS for Persons in Recovery

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

2nd & 4th Mondays of each month – 7 P.M. – For depression and anxiety disorders only – WestView Church, 1155 SE Boone, in Waukee. Call Julie at 710-1487 or E-mail at candlesinthedarkness@mchsi.com

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

Every Tuesday evening – 8-10 P.M. - Recovery Inc., a self-help group for people who have nervous and mental troubles – at St. Mark's Episcopal Church, 3120 E. 24th St., Des Moines – Call 266-2346 – Marty Hulsebus.

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

Every Thursday at 2:00 P.M. - Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at Central Iowa Center for Independent Living, 665 Walnut St., Des Moines – Call 237-0232 – Mark Grunzweig.

Every Thursday evening – 7:45 – 9:45 P.M. – Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at St. Timothy's Episcopal Church, 1020 24th St., in West Des Moines. Call – 277-6071-Deb Rogers.

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

Every Saturday afternoon – 2:00 – 3:30 P.M. – the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. This is a support group for consumers.

6 nights a week - DBSA (Depression and Bipolar Support Alliance) has on-line support groups. Go to their site; 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

Engbreetsen 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

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.

If you have a mental health crisis in your family and are in need of emergency assistance – call 911.

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.

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

See yourself as a person, not an illness.

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.

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

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



Integrated Primary Care & Behavioral Health Aims to Treat each Patient as a Whole Person

Primary Health Care newsletter Feb-March 2009

At Primary health Care, Inc., they have a mission to serve the under-served, uninsured and under-insured with their health care needs. In recent years, the increase of behavioral health issues has left many physicians frustrated at the lack of available resources for patients with serious primary care issues who also have substance addiction and/or mental illness. Their integrated primary care model focuses on combining primary medical and behavioral health in such a way that benefits doctors and patients alike.

According to Bery Engebretsen, M.D., Medical Director for PHC, there is great demand for mental health services. "Meeting the demand is difficult due to the shortage of providers as well as problems with getting paid," he says. "It is particularly challenging because in 2008, 66% of our patients were uninsured – creating a need to develop a model/team approach that utilizes the mental health provider in an efficient way".

Integrated Primary Care combines medical and behavioral health services. Because many physical ailments are affected by stress or a psychological disorder, it is effective both from a clinical and cost standpoint to make behavioral health providers part of primary medical care team. Patients can feel – that for any problem – they can come to a place where they can be treated as a whole person.

All three of the Des Moines clinic sites have access to the behavioral health professional. Barb Glass, Physician Assistant who specializes in Psychiatry, spends the majority of her time at the Outreach site seeing patients who are referred by a case manager or social worker. But, she is also available at the other Des Moines clinics to consult with patients referred from primary care physicians. Diagnosis and treatment of patients often includes several visits with Glass as well as medication if necessary – or a referral on to a psychiatrist for on-going care. For more information, call 248-1511.

The Outreach Project provides medical, social services, and homeless advocacy to thousands of vulnerable individuals – the uninsured, minority, women and children and homeless persons. Last year alone, The Outreach Project served 4850 individuals by providing 5300 medical visits, 5227 family case management contacts and 25,860 homeless support services contacts.

The Advocacy Team works closely with the community to increase access to services and affordable housing. The Advocacy Team conducts outreach at shelters, camps, meal sites and drop in centers. They provide engagement, case management, housing advocacy, entitlements assistance, job referrals as well as linkage to health, mental health, substance abuse, and legal services.

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

See yourself as a person, not an illness.

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



Managing a manic episode

<http://health.yahoo.com/mentalhealth-treatment/managing-a-manic-episode/healthwise--ty6584.html> - By Sabra L. Katz-Wise; Cynthia Tank

Introduction

The more you know about bipolar disorder, the better you will be able to cope with this lifelong illness. There are many steps that you can take—or help a loved one take—to recognize and better manage manic episodes.

- ▶ Learn the warning signs of a manic episode and get early treatment to avoid disruption in your life.
- ▶ At the same time each day, record your mood and any symptoms.
- ▶ Take medicines as instructed by your doctor to help reduce the number of manic episodes.
- ▶ To help prevent a manic episode, avoid triggers such as caffeine, alcohol or drug use, and stress.
- ▶ Exercise, eat a balanced diet, get a good night's sleep, and keep a consistent schedule to reduce minor mood swings that can lead to more severe episodes of mania.
- ▶ Have an action plan in place so that if you do have a manic episode, those who support you can follow the plan and keep you safe.

What are signs of a manic episode?

One of the most important parts of managing a manic episode is recognizing the early warning signs. You may have unique warning signs, although many will be common among all people with bipolar illness. It is important to know your warning signs so that you can start treatment early, perhaps preventing a more severe manic episode. Charting your mood is one way you can begin to identify your patterns and symptoms.

A journal, where you can record how you feel each day, will help you recognize patterns in your mood and identify early warning signs. At about the same time every day, ask yourself, "How did I feel today?" Use a scale from -5 (depressed) to +5 (manic), with 0 being normal, and give yourself a daily score. If you have any new or different symptoms, write them down. Also note anything stressful or unusual that disrupted your routine. Did you take your medicine properly? Did you sleep well, eat regular meals, exercise, or drink alcohol? You might discover certain things that trigger a change in your mood, which can lead to more severe symptoms, and avoid those things in the future.

As you chart your mood, ask your friends and family to let you know if they notice any signs of a mood change. Record those in your mood journal as well. Common early warning signs of a manic episode include:

- ▶ Needing less sleep.
- ▶ Being more active.
- ▶ Feeling unusually happy, irritable, or energetic.
- ▶ Making unrealistic plans or focusing intensely on a goal.
- ▶ Being easily distracted and having racing thoughts.
- ▶ Having unrealistic feelings of self-importance.
- ▶ Becoming more talkative.

Why do I need to control a manic episode?

Most people who have bipolar disorder take medicine every day, usually a medicine called a mood stabilizer. But, you can still have a manic or depressive episode despite being on these medicines. During a manic episode, you may need another medicine to help manage your symptoms until they pass. It is important to see your doctor when you first notice symptoms so that you can start treatment right away and perhaps avoid a more serious episode.

For many people with bipolar disorder, the early symptoms of a manic episode feel good. It is not uncommon to feel up and energized, confident and creative. These feelings may seduce you into thinking that you don't need your medicine. This is when it is important to have a support system in place. You may need family or friends to help you stick with your treatment plan.

Getting early treatment allows you to proactively manage your illness—you benefit by having fewer disruptions in your life. By avoiding impulsive and often destructive or dangerous manic behaviors, you will have fewer long-term repercussions. Behaviors like spending too much money, having unprotected sex, or driving recklessly can have serious consequences for both you and your loved ones. Learning the early signs of a manic episode may help you avoid these problems.

How do I manage a manic episode?

The best way to manage bipolar disorder is to prevent manic episodes. Although that is not always possible, you can identify and attempt to avoid the triggers that may lead to a mood swing. One of the most important aspects of managing your illness is to stick to a routine, particularly keeping a stable sleep pattern.

- ▶ **Maintain a stable sleep pattern.** Go to bed about the same time each night and wake up around the same time each morning. Too much or too little sleep or changes in your normal sleep patterns can alter the chemicals in your body, which can trigger mood changes or make your symptoms worse.
- ▶ **Stick to a daily routine.** Plan your day around a fairly predictable routine. For example, eat meals at regular times, make exercise or other physical activity a part of your daily schedule, and perhaps practice meditation or another relaxation technique each night before bed.
- ▶ **Set realistic goals.** Having unrealistic goals can set you up for disappointment and frustration, which can trigger a manic episode. Do the best you can to manage your illness, but expect and be prepared for occasional setbacks.
- ▶ **Do not use alcohol or illegal drugs.** It may be tempting to use alcohol or drugs to help you get through a manic episode. But this can make symptoms worse. Even one drink can interfere with sleep, mood, or medicines used to treat bipolar disorder.
- ▶ **Get help from family and friends.** You may need help from your family or friends during a manic episode, especially if you have trouble telling the difference between what is real and what is not real (psychosis). Having a plan in place before any mood changes occur will assist your support network in helping you to make good decisions.
- ▶ **Reduce stress at home and at work.** Try to keep regular hours at work or at school. Doing a good job is important, but avoiding a depressive or manic mood episode is more important. If stress at work, school, or home is a problem, counseling may help improve the situation and decrease stress.
- ▶ **Learn to recognize your early warning signs.** One of the most important ways to avoid a manic episode is to identify early signs and seek treatment.

- ▶ **Monitor your mood every day.** Once you know your early warning signs, check your mood daily to see whether you may be heading for a mood swing. Write down your symptoms in a journal, or record them on a chart or a calendar. When you see a pattern or warning signs of a mood swing, seek treatment.
- ▶ **Continue treatment.** It can be tempting to stop treatment during a manic episode because the symptoms feel good. However, it is important to continue treatment as prescribed to avoid taking risks or having unpleasant consequences associated with a manic episode. If you have concerns about treatment or the side effects of medicines, talk with your health professional; do not adjust the medicines on your own.

Where to go from here

Learning how to manage your bipolar disorder can help you live a healthy and productive life.

Talk with your health professional

If you have questions about this information, take it along with your mood journal or symptom chart when you visit the doctor. You may want to use a highlighter to mark areas or make notes in the margins of the pages where you have questions.

Be sure to let your doctor know when you notice changes in your behavior. Talk with your doctor about what might be triggers for you and discuss ways to avoid them.



What is bipolar disorder in children and teens?

<http://health.yahoo.com/mentalhealth-overview/what-is-bipolar-disorder-in-children-and-teens/healthwise--ty6917.html>

When children older than age 6 or teens have bipolar disorder, they have mood swings with extreme ups and downs. When they are up, they have brief, intense outbursts or feel irritable (mania) several times almost every day. When they are down, they feel depressed and sad.

In the past, experts thought bipolar disorder was the same in children and adults. But recent studies of children and teens show that their symptoms are different than those of adults, and they need different treatment.

What are the symptoms?

Children and teens with bipolar disorder have mood swings with extreme ups (mania) and downs (depression). These intense moods quickly change from one extreme to another without a clear reason. Some children may briefly return to a normal mood between extremes. Many children change continuously between mania and depression, sometimes several times in the same day. Sometimes children with bipolar disorder have symptoms of both mania and depression at the same time. Times of mania or depression may be less obvious in children and teens than in adults.

During a time of mania, children and teens may:

- Feel irritable and throw violent temper tantrums.
- Touch their genitals, use sexual language, and approach others in a sexual way.
- Not sleep much and go about the house late at night looking for things to do.

During a time of depression, children and teens may:

- Say they feel empty, sad, bored, or down.
- Complain of headaches, muscle aches, stomachaches, or fatigue.

- Often spend time alone and may easily feel rejected or criticized.

How is bipolar disorder diagnosed in children and teens?

This disorder can be hard to diagnose in children and teens. The symptoms can look a lot like the symptoms of other problems, such as attention deficit hyperactivity disorder (ADHD), alcohol and drug abuse problems, or conduct disorder. Bipolar disorder can often occur along with these problems.

If your doctor thinks your child or teen may have bipolar disorder, he or she may ask questions about your child's feelings and behavior. Your doctor may also give you and your child written tests to find out how severe the mania or depression is. The doctor may do other tests (such as a blood test) to rule out other health problems. He or she may ask if your family has any history of mental illness or problems with drugs or alcohol. Any of these problems can be linked to bipolar disorder.

Why is early diagnosis of bipolar disorder important?

Children with this disorder are more likely to have other problems. These include alcohol and drug abuse, trouble in school, running away from home, fighting, and even suicide. Treating the disorder as early as possible may keep your child from having these problems.

Watch for the warning signs of suicide, which change with age. Warning signs of suicide in children and teens may include thinking too much about death or suicide. Watch also for things that can trigger a suicide attempt such as a recent breakup of a relationship or the loss of a parent or close family member through death or divorce.

How is it treated?

The mood changes that come with bipolar disorder can be a challenge. But with the right treatment, they can be managed well. Treatment usually includes both medicine (such as mood stabilizers) and counseling.

An important part of treatment is making sure your child takes his or her medicine. Children and teens with this disorder sometimes stop taking their medicines when they feel better. But without medicine their symptoms usually come back.

Medicines for bipolar disorder in adults have been well studied. But not much research has been completed about how the medicines work and if they are safe for children and teens.

Accepting that your child has bipolar disorder can be hard. The disorder can be a serious, lifelong problem. Your child will need long-term treatment and will need to be watched carefully. By working with your child's doctor, you can find a treatment that works for your child.



Stigmatbuster Sheriff Heldman

Hancock County Sheriff Michael Heldman decided to make a difference. So did his Jail Administrator, Lt. Ryan Kidwell.

When Sheriff Heldman began his career in law enforcement in 1972, an officer's interaction with a person with mental illness usually was limited to serving probate orders or transporting the person to jail, court or a psychiatric hospital.

There was nearly always a physical altercation involved. The Sheriff was convinced that there had to be a better way to deal with people with mental illness.

Sheriff Heldman's mother-in-law suffered with depression and was often debilitated by her illness. Heldman and his wife knew the

challenges faced by a person with a mental illness first hand and understood that it wasn't something you "just get over."

In 2002, Sheriff Heldman had an opportunity to send a couple of his deputies to visit the Memphis Police Department, the birthplace of Crisis Intervention Team (CIT) training, to learn about the program. CIT is a street-based, pre-arrest jail diversion program with its goals being officer safety and treatment for the individual in crisis.

Officers who participate in CIT are equipped with the skills to recognize the symptoms of mental illness and to de-escalate situations involving individuals with mental illness who are in crisis or out of control. After the visit, Hancock County was sold on CIT.

Lt. Ryan Kidwell assumed his duties as jail administrator after the former administrator, Capt. Susan Beach, passed away from an extended battle with cancer. Capt. Beach had been committed to bringing a CIT like program into the jail setting to assist jail personnel in the same manner that CIT assists law enforcement officers on the street. In 2006, after her death, Lt. Kidwell made Capt. Beach's goals regarding CIT his own.

A jail death in 2006 served as the final impetus to provide the leadership and training needed to ensure the safest interactions between Sheriff Office jail personnel and persons displaying symptoms of crisis often related to mental illness and/or substance abuse. "For people who are incarcerated and have a mental illness, jail isn't a long-term solution as professional psychiatric treatment intervention isn't always available," said Heldman.

He and Lt. Kidwell started to look at how the crisis intervention team training for street officers could be applied to the jail setting. Lt. Kidwell worked directly with the local crisis intervention planning committee in making the necessary adjustments to the street training so that CIT training was a perfect fit for the jail setting.

"You can't find a better risk management technique than CIT. Don't be afraid of CIT. It can only make your life easier and your day safer."

Today, all Hancock County Sheriff Office dispatchers, deputies, correctional officers, supervisors and various administrators are required to partake in the 40-hour crisis intervention team training.

"There was an initial reluctance by officers, feeling that the training would make them appear weak and vulnerable rather than an authority figure in control of any given situation. There was a feeling that officer safety was no longer being considered. It took a couple trainings before the officers were able to see that the techniques of CIT really do work," said the sheriff. "Since officers have been required to get the additional training, they have learned that physical contact isn't always needed.

Since the time Tasers were implemented there have only been two occasions in which they had to be used during a CIT call. The officers are handling situations in a different way. The de-escalation techniques help them in all their interactions and communications, not just those involving individuals with mental illness," continued Heldman. Sheriff Heldman is proud of all his staff for giving CIT a chance and embracing its concepts.

Heldman and Kidwell remember the "old" days and welcome the opportunity to fight the stigma of mental illness in law enforcement and corrections.

"Every sheriff, law enforcement officer, corrections officer, supervisor and administrator hold officer safety as a number one priority. Crisis intervention team training results in removing the element of injury from officers, inmates, and individuals with mental

illness in the community. You can't find a better risk management technique than CIT," said Heldman supported by Kidwell. Sheriff Heldman's message to other law enforcement officers, "Don't be afraid of CIT. It can only make your life easier and your day safer," seconded by Lt. Kidwell with an "Absolutely!"



New Courts Give Troubled Veterans a Second Chance

The system can better take account of a veteran's physical and emotional condition

By [Amanda Ruggeri](#) Posted April 3, 2009, U.S. News & World Report

By the time he was 30, Thomas Zaborowski had spent a decade struggling with the aftermath of his Army stint. An incident at a [military](#) base in South Korea—something he still won't talk about—left him with an honorable discharge and a 30 percent disability rating from the Department of Veterans Affairs. Shortly after returning home, he ran into trouble with the law. Arrests for DWI and for marijuana possession were followed by a criminal mischief charge for punching a phone during an argument with his now ex-wife.

After the third arrest, he was given an option: Face a 10-day jail sentence, or go to a special court for veterans that just opened in his hometown of Buffalo. Zaborowski chose veterans court. "I never realized there was so much help out there," he says.

The Buffalo veteran's court, started last year by Erie [County Court](#) Judge Robert Russell, is the most prominent one in the country. An earlier, less formal version began in Anchorage in 2004. And at least eight veteran's courts have opened in the past year or will soon, including ones in Chicago; Tulsa, Okla.; and Orange County, Calif. Some 20 other municipalities are considering launching them. And in Washington, Sen. John Kerry plans to reintroduce a bill from last year that would set up a grant program to help develop such courts nationwide.

As thousands of combat veterans return from Iraq and Afghanistan, their numbers and visibility have helped create a nationwide push for new mechanisms to aid veterans who are having trouble reintegrating into life back home. A few critics are balking at what they see as preferential treatment for veterans. But the courts' backers say that the system, which works much like therapeutic drug courts, is tailored to veterans' specific needs and can better take into account their physical and emotional condition.

One key driver for the courts' popularity has been increased sensitivity toward the prevalence of serious, under-treated ailments, like post-traumatic stress disorder and traumatic brain injuries, that, according to studies, can produce higher rates of drug abuse, domestic violence, and other criminality.

The Pentagon's latest estimates suggest that up to 20 percent of U.S. troops returning from Iraq and Afghanistan have suffered brain injuries. Also, with more soldiers serving multiple combat tours, the incidence of PTSD is getting higher. A [2008 survey](#) found that more than a quarter of soldiers who have served three or four tours in Iraq show symptoms of PTSD, compared with only 12 percent of those who served a single tour.

For example, at Fort Carson, Colo., where many soldiers who have served in Iraq two or three times are stationed, charges against current or former soldiers for domestic violence, sexual assault, and homicide have risen sharply over the past few years. Five killings occurred last year alone.

Although the courts have gained support in part because more and more veterans are returning home from combat, their popularity

also reflects the concerns of those who lived through the Vietnam era. In particular, they want today's soldiers to be treated with more understanding. "We won't allow what happened to us to happen to them," says Hank Pirowski, a Vietnam veteran and the Buffalo court's project director. Terry Hubert, another Vietnam veteran, agrees. He recalls the ambivalent reception that he got on his return from war.

Without safety nets in place or much understanding of PTSD, it's little wonder that he, along with many of his comrades, had run-ins with the law, says Hubert, who works on incarcerated veterans issues for the [nonprofit](#) Vietnam Veterans of America. By 1986, veterans accounted for 20 percent of all state prisoners. The percentage has dropped dramatically since. But, Hubert says, "we expect to see that number start increasing."

Wary of repeating history, judges took notice when the number of veterans coming through their courts appeared to spike. The most recent nationwide statistics show that veterans were half as likely to be incarcerated as civilians in 2004, but judges across the country report that the number seems to have climbed since then.

The special courts usually cover misdemeanor charges in which the crime somehow relates to someone's military service, although the Buffalo court also accepts felonies. The aim is to get defendants treatment, not time behind bars. The courts are often run by judges who are veterans themselves and usually offer mentorship programs to defendants. The veterans' punishments are lessened if they follow precise programs, which can include everything from mental health counseling to job skills training, and, if applicable, test clean in frequent drug and alcohol tests.

"It's basically a contract," says Superior Court Judge Jack Smith, one of the two jurists who started the Anchorage court. "The prosecutor gives them two options: This is what's going to happen with your criminal case if you follow through with treatment; this is what will happen if you don't." The treatment option, he adds, is "more time and more effort." One of the first veterans to go through the Alaska court, for example, could have served jail time and finished in fewer than 30 days, Smith recalls. Instead, he underwent an 18-month treatment program at the Department of Veterans Affairs.

The rigor of the treatment programs explains why some choose the criminal sentence, says Army veteran Michael Brooks, 44. Brooks was arrested last year for theft after "so many [previous arrests] that I can't count," he says. Because he wanted to turn his life around, he says, he chose veterans court. He managed to kick his drug habit. Today, he works as a minister and is getting married next month. But for those who aren't ready to make the commitment, he says, jail time often seems easier.

The courts coordinate closely with the VA, working to get defendants hooked into services and opportunities that they otherwise wouldn't know about. In Connecticut, says state Senate Majority Leader Martin Looney, there isn't even direct communication between the [military](#) and local VA offices about soldiers returning home. "There are lots of people who fall between the cracks, and we don't become aware of them until they wind up in the criminal justice system," he says. Looney has introduced a bill that would create a statewide veterans court.

The courts are still too new to evaluate their full impact. But early data from Anchorage and Buffalo point to some success. Of the 34 veterans who went through the Anchorage court from July 2004 to July 2006, only one has been rearrested, according to Judge Smith. Most studies of drug court graduates have found that a quarter to a half of offenders are rearrested within two years; for those not in

special courts, the figure is thought to be about two thirds. The Buffalo program, with only eight graduates, is too new to have meaningful recidivism figures, but Pirowski says one good sign is that 93 percent of the veterans' treatment appointments are kept. At general treatment clinics, that rate averages 35 percent, he says.

Some of the success may be intangible. The veterans often enter the courtroom "disheveled" and downtrodden, Pirowski says. "But they get in that courtroom, and something strange happens. They stand up straighter."

Veterans who have been through the court agree, saying that both the presence of other veterans and what they see as the court's attempt to humanize them have potent effects. When Zaborowski first entered the court, he thought it would be just like the drunk-driving program, where, the now-31-year-old says, "they just kind of roll you through. They don't really care." But veterans court was different. "One of the first things Judge Russell asked me was 'How are you? Tell me a little bit about yourself,'" he recalls. "I was like, 'What do you care?' No judge had ever asked me that."

Most of the courts also feature formal mentorship programs, drawing on the theme of a "band of brothers." "I felt like they were more on my side, trying to help me, versus just trying to get me locked up," says Henry, 39, a [Desert Storm](#) Army veteran who went through the court in Anchorage. To Henry, who asked that his last name be withheld, that attitude made all the difference. Without the court, he says, "I'd probably be dead or locked up."

Still, not everyone supports the courts. Critics, including some veterans, worry about what they see as the courts' perpetuation of stereotypes. Others criticize the idea of creating a separate class of offenders solely on the basis of [military service](#). "It's been popular to create this illusion of these people coming home from the war who are now somehow deficient," says Kevin Creed, an Army veteran who served in Iraq and Afghanistan and is now an attorney in Bristol, Conn. "They're not wacky wing nuts that have to come home to be treated differently than the average American. If you have veterans courts, what does that say about veterans?"

At a time when municipalities are slashing budgets, some people are wary of the cost. Since most judges carve out the sessions on their own time and treatments are usually done through the VA or other groups, the extra expense, says Pirowski, stems from hiring a court coordinator and case managers. Although he jokes that he's been "afraid" to calculate the cost of the extra time that he and other administrators spend, he estimates that the total cost of each veteran going through the court is \$2,700. Jail, he says, costs between \$30,000 and \$32,000 per year.

To veterans who have been through the courts, though, the cost savings can't begin to quantify the benefits. Now clean, Zaborowski plans to attend college next spring. He will be the first in his family to go to college. He'll use funding he can get as a veteran, an option he didn't know he had until he found out through the court. Thoughts of his three children keep him on track, but the fact that he has a plan, he says, is because of the veterans court.

Zaborowski tried to show what that meant at a hearing. He used to attend court in sneakers, with uncombed hair. This month, he got a haircut, bought a couple of ties, and went on the Web to figure out how to tie them. "I spent an hour, hour and a half trying to learn to tie a tie. All just for the court, to show them I appreciate everything. I really don't want to let them down."

Note: Much of the benefit to veterans for a mental health court is equally important to anyone with a mental illness.

Did You Know?

An audit of Wisconsin prisoners with mental illness raises concerns that the state is not meeting standards. The March 25, 2009, audit comes after the U.S. Justice Department declared the lack of mental health services at the state's largest women's prison violated the prisoners' constitutional rights. The Justice Department has given Wisconsin four years to make improvements.

Federal Legislative Issues

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NEW FEDERAL MENTAL ILLNESS INSURANCE PARITY LAW PASSED (P.L. 110-343)

HEALTH PLANS MUST NOW EQUITABLY COVER MENTAL ILLNESS AND SUBSTANCE ABUSE TREATMENT
NAMI - Oct 2008

1) What does the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (HR 6983) actually do?

The new federal parity law requires group health plans to cover treatment for mental illness 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.

2) When will the new parity law become effective?

The effective date in the law is 1 year after enactment, which will be October 3, 2009. The law will go into effect whether or not the Departments of HHS and Labor issue regulations by that date. There is however a special rule for collective bargaining agreements stating that parity cannot go into effect until existing plan contracts expire.

3) What mental health and substance abuse disorders are covered under parity?

The new law defines mental health and substance abuse benefits as those that are "defined by the plan" in accordance with State and Federal law – meaning that the law defers to group health plans to define mental health and substance abuse. This is the same definition as the limited 1996 federal parity law. However, it is important to note that where state law either defines or mandates offer or coverage of specific mental illnesses or services, those definitions will continue to apply to state regulated fully insured plans.

4) Does this new federal parity law preempt or supersede existing state parity laws?

No. The new law contains no provision on federal preemption of state law and instead keeps in place an existing provision in federal

law (known HIPAA) that specifically allows states to continue to enforce any parity requirement deemed stronger than federal law. In addition, the new law leaves in place all state mandates to offer or cover treatment for mental illness – including that require offering or covering specific mental illnesses.

5) What types of health plans does parity apply to?

Group health plans sponsored by employers with 51 or more employees. It will apply to fully insured group health plans regulated by the states and ERISA self-insured plans regulated by the U.S. Department of Labor. It is this latter category of ERISA self-funded plans that is the most important and far-reaching part of the new law – extending full parity to 82 million covered lives in health plans that are exempt from the 42 state parity laws.

6) Can group health plans drop mental health benefits entirely?

Yes – just as they have been able to under the 1996 federal parity law, many of the 42 state parity laws and the Federal Employees Health Benefits Program (FEHBP) for a decade or more. However, there is no record of group health plans reacting to a parity requirement (at the federal or state level) by dropping coverage mental health or substance abuse coverage. The Congressional Budget Office (CBO) estimates that the new law will result in employer premiums rising on 0.4% on average.

7) Isn't there a cost increase exemption?

Yes. The law states that health plans can seek an exemption to waive the parity requirement for 1 year if they can document that compliance with the law resulted in costs going up more than 2% for initial compliance and 1% thereafter. Health plans must come forward with an actuarial analysis demonstrating that increased costs were directly related to parity. Such an exemption is good only for 1 year, after which they plan must come back in to compliance. NAMI expects few if any health plans to either qualify for, or seek, an exemption.

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

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**A Journalist Opens Up About Mental Illness and
Helps Break the Silence for Others.**

Winter 2009 NARSAD newsletter

How do you explain a two month leave from work for a mental illness? That's the question that investigative reporter Christine Stapleton faced when she returned to the newsroom at the *Palm Beach Post* following a major depression in 2006.

She wasn't sure what, if anything, she would tell her coworkers about her absence. But she soon made a courageous decision to not only talk honestly and openly with them about it, but write a column for the paper on what it was like to return to work while recovering from a mental illness.

"Mental illness has a profound and negative impact on the family and on the workplace, and yet it's rarely written about," says Christine.

Her column, "Kicking Depression," quickly grew in popularity and has been a regular Sunday feature for more than two years. In that time, Christine has candidly discussed the day-to-day challenges of managing depression, revealed that she's also a recovering alcoholic, and shared with readers her revised diagnosis of bipolar disorder.

She frequently looks at the broader landscape of mental illness, too, and has discussed such topics as depression in teens and the elderly; suicide; the co-occurrence of mental illness and addiction; potential pitfalls of switching to generic drugs; and the importance of taking a holistic approach to health and wellness.

The column gets picked up by newspapers around the world, and the response to it, Christine says, has often been overwhelming. "I've been a journalist for 30 years, but never received a response to my reporting like I get to the column," she recently reflected. "It breaks my heart to see how many people are struggling with mental illness. Many just write to thank me for the column and say it makes them feel like they're not alone."

Christine became interested in the progress being made in research when she attended NARSAD's annual Palm Beach Mental Health Symposium in 2007 and 2008. "I was so touched to see parents and loved ones asking questions of the top researchers in the country – for free," she recalls. "We don't usually have the opportunity to get expert information on mental illness."

She has become a regular visitor to NARSAD.org to find out what's new in research. In a recent column, she wrote that although she doesn't always understand the intricacies of the science, she likes to read about the work of NARSAD researchers for "the 'ahhh' factor."

Sometimes I just need to know that somewhere, some brilliant person doesn't question whether mental illness is real. In their world of mice and mitochondria, there is no debate about the existence of mental illness. It is as accepted as a round Earth....

I do not know whether these brilliant scientists realize this. Yes, their research has created the medicine and treatments that have saved many of our lives – and given us lives worth living. But just knowing they are out there, trying hard and taking mental illness seriously, is immensely comforting.