

Greater Des Moines

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AFFILIATE AND SUPPORT GROUP NEWSLETTER

November 2009

"Support, Education, and Advocacy"

Serving Polk, Dallas, Warren, and Madison counties

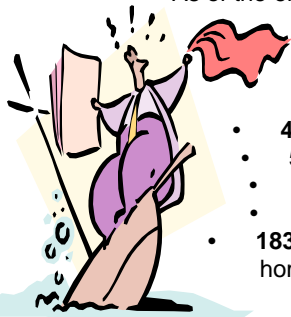
www.nami.org/JOIN - Join NAMI with a single click of your mouse, and become a member at the local, state, and national level.

Our Education Meeting in November is:		Our Business meeting in November is:	
Sunday, Nov. 1 3:00 P.M. at Polk County Convention Complex	Our legislative forum will be at the Polk County Convention Complex at the AMOS event "What Happened to the American Dream?" The AMOS agenda will be shaped at this meeting after a series of house meetings across the mid-Iowa area. <u>Will you please join us to develop a community vision for mental health and addiction services in our community?</u> AMOS stands for "A Mid-Iowa Organizing Strategy". - See pg 2 for more information.	Thursday, November 12, 5 PM, at NAMI Iowa	Business meeting at NAMI Iowa office, 5911 Meredith Drive

You must be the change you wish to see in the world. - - - Mohandas Gandhi

Polk County Waiting List Update

As of the end of September there are now -



- **604** on the waiting list for disability services (last month 576),
- **357 of the 604** are receiving only non-wait list services
- **429** have mental illness
- **54** have intellectual disabilities
- **48** have developmental disabilities
- **1** unknown
- **183 of the 604** are at risk of hospitalization and/or homelessness
 - Longest on List: **902 days**
 - Average Time on List: **328 days**
- Average Time for those admitted: **364 days**
- **118** kids on referral list (kids can be placed on the referral list at age 16).

Background

Polk County is barred by state law (as are all other 98 counties) to raise additional funds for mental health services. County dollars are frozen at 1996 dollar levels. This inability to raise additional funds results in a lengthy waiting list for services. Discretionary services are particularly vulnerable to for elimination. This includes mobile crisis, rent subsidy, para-transit, and a host of other supportive services for persons with mental illness and other disabilities.

Current status of request for funds from Polk County

The State Risk Pool Board approved Polk County's amended spending plan for \$7.3 million on Friday, October 9. We have been informed that checks will be sent as soon as the Director of the Department of Human Services signs the Memorandum of Understanding, already signed by the Board of Supervisors.

There is no information at the time of this writing as to the potential effect of the 10% across-the-board budget cut ordered by Governor Culver. The Department of Human Services, along with all other state departments, will submit a plan for how they intend to handle the cut. The departments are not required to apply the cuts across-the-board within their budgets. The last time this occurred, the amount of money distributed to counties for mental health and disabilities services was cut by more than the percentage of the across-the-board cut. So the county continues to wait to see what resources are available in the current fiscal year.

Medicaid - Open access to mental health medications is in danger. According to state law, there is open access to HIV/AIDS, cancer, and mental health medications. The Iowa Medicaid P&T committee is once again considering a preferred drug list to limit access to mental health medications. See pg 13-14 for more information and go to: http://www.iowamedicaidpl.com/index.pl/public_comment_sign-up?noCache=933:1255016369

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 9-09
Ill & Handicap,	3163	1944
AIDS/HIV	56	10
Elderly	12052	0
Intellectual Disabilities (Child)	2851	0
Intellectual Disabilities (Adult)	572	45
Brain Injury	1168	753
Physical Disability	1292	1402
Children's Mental Health	1117	580

Total persons on all waiver waiting lists
 4734 - Sept 09
 4623 - Aug 09
 4505 - July 09

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."

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

See yourself as a person, not an illness.

**NAMI Greater Des Moines has joined AMOS
to be a part of a larger voice**

AMOS (A Mid-Iowa Organizing Strategy) is a broad-based, non-partisan, community organization. AMOS believes that ordinary people, working together, can accomplish great things in a democracy and have a say in the destiny of their own community. AMOS accomplishes this by having a series of house meetings (small group conversations).

The issues that emerge out of AMOS's intensive, bottom-up, listening process form the "AMOS Agenda." The current issues teams are criminal justice, economic justice, environmental justice, health care, immigration, workforce development, and youth and education. NAMI Greater Des Moines is participating on the mental health and addiction issues work group.

In our research to better understand the challenges facing mental health and addiction treatment, we are aware that:

- ☒ Iowa ranks 47th in the nation for number of psychiatrists, 46th in the nation for number of psychologists and 46th in the nation for number of psychiatric beds.
- ☒ According to the National Alliance for Mental Illness, Iowa received a D grade which is an improvement from an F grade received in 2006, for its mental health care system.
- ☒ According to the National Alliance on Mental Illness, approximately 50% of persons with chronic mental illness experience a co-occurring problem with substance abuse/chemical dependency.
- ☒ According to the report from the Iowa League of Women Voters, data collected at the end of 2007, identified that 40.4% (3,582) of all offenders in Iowa prisons had mental illness and 30.4% (2,640) had persistent mental illness.
- ☒ According to the National Alliance for Mental Illness, an alarming 65 percent of boys and 75 percent of girls in detention have at least one mental disorder.
- ☒ During the last decade of the 20th century, 400 prisons were built and 40 mental hospitals were closed in America.
- ☒ Mental illness is stigmatized – meaning too many people think there is an “invisible mark of disgrace or dishonor” in having a mental illness. Stigmas discourage people from getting help – from getting good jobs – adequate housing, etc. Stigmas are a barrier to adequate care.

AMOS is a non-partisan, institution-based community organization devoted to speaking for social justice in central Iowa.

AMOS offers a strategy built on relational power, gives opportunities to participate in shaping public policy, and provides a means for change in public life by connecting people around concern for the common good.

AMOS cuts through the lines that divide us, such as race, socioeconomic status, geography and religious denomination.

AMOS focuses on the identification and development of leaders in local communities.

AMOS shapes an agenda as leaders in local organizations engage hundreds more in one-on-one conversations, conducts research and takes action on group issues and concerns.

AMOS is non-partisan and accountable to the member institutions and local communities.

AMOS members are comprised of over 25 diverse religious congregations and one advocacy organization, Greater Des Moines NAMI.

If you would like to be active in the AMOS organization, please contact Paul Turner at turnpr@msn.com or by phone at 515-554-3433 to discuss any questions or interests you may have.

"There are risks and costs to a program of action, but they are far less than the long-range risks and costs of comfortable inaction"
- John Fitzgerald Kennedy

Mental illness can claim many victims

Letter to the Editor – Alice Book - September 13, 2009 – DM Register

My heart goes out to the Becker family, the Ed Thomas family and to Mark Becker himself. The scourge of mental illness has trespassed their lives in a tragic way.

It doesn't matter which came first, the drugs or the mental illness, in Becker's life. According to Becker's attorney, he has schizophrenia and bipolar illness, which are no-fault diseases that often devastate the person in which they dwell.

Unfortunately, the ripple effect of mental illness touches many guiltless victims.

Left untreated, a person with psychosis may act upon what the voices they hear tell them to do. As in the Russell Crowe movie, "A Beautiful Mind," the professor with schizophrenia believed his hallucinations were real.

He acted in bizarre ways by responding to the cruel voices he heard. As a result, he became a person unfamiliar to those who loved him. So, too, with Becker.

The person who shot his beloved coach was not the Becker of old whom his family and friends once knew, but an innocent victim of mental illness.



Soldiers' children are war victims, too

Melissa Fletcher Stoeltje, *Express-News*
My San Antonio 8-23-09

War's effect on mental health

- 900,000 troops with children have deployed to war since 2001.
- Six out of 10 military parents say their children have increased anxiety when a parent is sent to war.
- Children of U.S. troops sought outpatient mental-health care 2 million times in 2008, double the number at the start of the Iraq war.
- From 2007 to 2008, some 20 percent more children of active duty troops were hospitalized for mental-health care.

Sitting outside a Starbucks on a recent sunny morning, Gabriella Lane, 8, clutches a well-worn blanket. She's a serious, unsmiling little girl with a patriotic red, white and blue barrette in her hair.

The blanket goes everywhere with her, said her mother: It's her security talisman, the comforting fabric she holds onto in an unsure, sometimes frightening world.

At the tender age of 8, Gabriella has already experienced grown-up fears and concerns: Three times she has seen her beloved father, a combat medic, go off to war.

His latest deployment was a yearlong stint in Afghanistan, and Gabriella and her brother, Alvaro, worried every day that the horrible things happening on the news would befall him. On trips to see their doctor at Brooke Army Medical Center, they would see the wounded and limbless soldiers and imagine their dad coming back mutilated or, worse, not coming back at all.

Gabriella took her father's deployment the hardest. Already an anxious child, her stress level "really went off the charts" after her dad left for Afghanistan, said mother Fabiola Lane.

"We could not go out in public, especially crowded places like movies or restaurants," Lane said. "She started sweating and plucking out her hair and her eyebrows. She scratched herself until she brought blood. We could not travel more than an hour she would vomit. She started coming into my bed at night every half hour, just crying and saying she missed her father."

Gabriella sees a psychiatrist once a week and is on medication for anxiety. She is hardly alone as she struggles to cope with her father's deployment. According to a recent Pentagon study, children of U.S. military troops sought outpatient mental health care 2 million times last year, double the number at the start of the Iraq war. There also was a disturbing upswing in the number of military children hospitalized for mental-health troubles.

Since the 2003 invasion of Iraq, inpatient visits among military children have mushroomed by 50 percent.

Many more have sought outpatient counseling to deal with the stress of a parent's absence because of the war. Seryna Hinojosa, 18, whose father, Bobby Ross Hinojosa, is a medically retired Army Ranger who served multiple deployments, said talking to a therapist helped greatly in reducing the anxiety she felt after her father left to serve.

"So many things contributed to my mental state," she said. "I was just traumatized when he left. I felt like he was leaving me, even though that's not what he was doing. I was so worried about my siblings, how they were doing, and I would get panic attacks. Talking to my counselor really helped me get my feelings out."

Seryna was able to receive counseling at the Family Service Association through a grant called TRIAD, or the Texas Resources for Iraq-Afghanistan Deployment, a program funded by the San Antonio Area Foundation. The military offers a plethora of other resources to help children and families deal with the mental stresses of combat and deployment, including two new programs that use telecommunication tools to hook up active-duty families with counselors.

More deployments, more stress

The need is dire, especially with the vagaries of these particular wars. Studies show the more cumulative time a parent spends in deployment — and this war on terror has seen long and repeated deployments — the higher the risk a child will suffer a mental-health impairment.

The stress can manifest in any number of ways: anxiety or depression, sleep troubles, poor school functioning, withdrawal and risk-taking behavior, especially among adolescents. Even very young children can show the stress, with behavioral problems and regressive actions, like renewed struggles with potty training.

The stress may be even more acute for the children of those in the National Guard or the Reserve, said experts, since such children don't live on military reservations and may feel isolated and alone, lacking in the traditional military support systems.

But exactly why does a parent's deployment cause mental-health woes in children? The reasons are complex. Part of the reason for the increase in kids seeking help could be that more resources are available and there is less stigma in today's world when it comes to seeking out mental health services. But there's more at work.

"Part of it is just simple fear," said Anthony Mannarino, director of the Center for Traumatic Stress in Children and Adolescents at the Allegheny General Hospital in Pittsburgh. "Most kids over the age of 6 or 7 are aware that a parent is being deployed to a dangerous area. So it's just fear that something awful is going to happen to the parent. They not only have anxiety but they develop a kind of post-traumatic stress disorder themselves. They are scared in a major way that the family member will die, and they can develop intrusive thoughts about it, at school, as they go to sleep."

Often, the manifestations of this anxiety — restlessness, irritability, agitation — can be misdiagnosed as attention-deficit disorder, Mannarino said. But these kids don't need medication, he said, they just need an outlet where they can talk about their feelings and have them validated.

It doesn't help that children's fear is stoked by widely dispersed media reports of deaths and injuries in the war zone, he said; often they are surrounded by others who have lost loved ones in the war or seen them severely injured.

Deployments also disrupt a family's structure, usually leaving one parent behind to handle all of the parental obligations.

"Half of the parenting team is physically and often times emotionally absent from the family, and this can leave some big gaps in the lives of the children," said Major Keith Lemmon, co-founder of the Military Child and Adolescent Center of Excellence at the Madigan Army Medical Center in Fort Lewis, Wash. "With one missing parent and one oftentimes overwhelmed parent left behind, some critical needs of children can get overlooked and this can lead to a change in the way they feel about themselves and the integrity of the family."

Often, children's roles in the family can change when a parent leaves for war, he said — teenagers become baby sitters, for example — and this can add to stress in the family.

Blaming themselves

Dr. Patricia Lester, a UCLA psychiatry professor and researcher, found in a study that more than 30 percent of service members' children had clinically high levels of anxiety, manifested in things like feeling sweaty and shaky, having stomach and sleeping problems.

Lester found that even when service members return from deployment, especially if they are struggling with psychological symptoms such as Post-Traumatic Stress Disorder and depression, the children can remain at risk for having problems.

This is the situation Deana Head finds herself in, with her 11-year-old daughter Audrey experiencing psychological stress related to her stepfather's PTSD and traumatic brain injury. Dewey Head was injured in Iraq in July 2008 when he was caught in a roadside bomb explosion. A corporal with the National Guard, it was his third deployment, and he came home with multiple injuries. He experiences nightmares and flashbacks, said Deana.

He now lives apart from his family, staying in barracks at BAMC, because of family conflict, Deana said. The family conflict has directly affected her daughter.

"Everything he does, (Audrey) blames herself. Everything," Deana said. "If he acts out and throws a fit, if we have an argument, anything that happens, she thinks it's her fault."

Audrey is experiencing severe mood swings and depression, Deana said, and some days she won't watch TV, won't eat, won't

even come out of her room. Both Deana and Audrey suffer from sleep problems.

"We have acquired PTSD secondarily from Dewey," Deana said.

But Audrey said counseling, also through TRIAD, has helped her a great deal.

"It really helps me realize that not everything is my fault," she said.

The parents who stay behind often struggle with their own problems with anxiety and depression, with the pain of having to shoulder all the family's burdens alone. But most say they support their spouse's service, even when the children suffer.

"It's very hard, but I don't regret it," said Lane, mother to Gabriella. "My husband loves his job. And I appreciate him and every other person in the military. I see the sacrifice they do and the sacrifice the kids go through. He's doing what he does so they could have a better future. This is not just a paycheck to us."



Report Focused on Preventing Mental Disorders in Youth

NAMI Advocate

Mental illness most often begins during critical developmental years – 50% of the cases occur before age 14 and 75% of cases occur by age 24. Research released in June 2005 shows that these illnesses take a heavy toll on youth, impacting school performance, the ability to form health relationships and critical life areas.

In March, the Institute of Medicine released *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*. The report identifies the value of the following approaches in reducing and preventing mental illnesses:

- Strengthening and supporting families;
- Strengthening individuals by building resilience and improving cognitive and interpersonal skills;
- Preventing disorders like anxiety and depression by screening those at risk and providing early cognitive interventions and training;
- Promoting mental health in schools and building more supportive school environments to help students develop effective social and interpersonal skills and reducing substance use; and
- Promoting mental health through health care and community programs.

The report emphasizes that the key to these approaches is to identify risks – including biological, psychological and social factors – that increase a young person's chance of developing mental illness, and then to ensure that effective and early supports and services are available. To learn more about the report, visit www.iom.edu and click on mental health.



Higher Education Support Toolkit

Center for Psychiatric Rehabilitation

Consult the *Higher Education Support Toolkit* which provides disability service staff and health care staff with a simple way to work with students who are experiencing challenges arising from their psychiatric disability; <http://www.bu.edu/cpr/resources/supportstudent>

MENTAL ILLNESS: THE FACTS

From NAMI: In Our Own Voice

Mental illnesses are brain disorders. They are not defects in someone's personality or a sign of poor moral character or lack of faith. They certainly do not mean that the ill person is a failure. Chemical imbalances in the brain, from unknown or incompletely known causes, are much of the reason for symptoms of mental illnesses.

Mental illnesses are like other organ diseases in which body chemistry changes. The abnormal chemistry of mental illnesses affects brain function the same way that too little or too much of other body chemicals damage the heart, kidneys or liver.

A heart attack is a symptom of serious heart disease, just as hearing voices, mood swings, withdrawal from social activities, or feeling out of control are common symptoms of a mental illness.

Mental illnesses can affect people of any age, race, religion, education or income level. As you read this, five million people here in the United States are dealing with serious, chronic brain disorder. Major brain disorders include schizophrenia, bipolar disorder (manic-depression), major depression, anxiety disorders, and obsessive-compulsive disorder.

There are many points on the continuum of wellness, and different degrees of recovery that can be reached with medication, therapy, and a strong support system.

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

Looking for Community Resources?

Phone 211 www.211iowa.org

Contact Polk County Health Services

218 6th Ave – 243-4545

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

Go to the visiting nurses website www.vnsdm.org click on "links" – then click on Community Resource Directory

Polk County Community Mental Health Centers

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

Eyerly Ball Community MH Center 1301 Center St. – 243-5181

Broadlawns Medical Center- 1801 Hickman Road – 282-6770

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

Dallas County Mental Health Center

West Central Community Mental Health Center

2111 Green, Adel – 515-993-4535

Madison County Mental Health Center

Bridge Counseling Center

300 West Hutchings St. – 515-462-3105

Integrated Primary Care & Behavioral Health

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

The Outreach Project, 979 Oakridge Drive – 248-1500

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

Grandview Health Center, 1500 Morton Avenue – 263-6035

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



Family to Family – a free 12 week class for family members of adults with mental illness.

To sign up for spring classes, contact Teresa at 274-6876 or e-mail to tbomhoff@mchsi.com.

Nationally, the Family to Family program has had 200,000 graduates. There are over 3500 volunteer teachers. Course material has been translated into Spanish, Italian, Vietnamese, and Arabic.



Visions for Tomorrow



This is a free 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. There is a class each quarter of the year.



Peer to Peer – a free 9 week course for persons in recovery.

Topics addressed are relapse prevention, stigma, symptoms of different psychiatric diagnoses, sleep, addictions, spirituality, medication, coping strategies, mindfulness, decision making, advance directive for mental health care decisions, empowerment and advocacy
Contact: Dawn Olson 515-254-0417 or 800-417-0417 or 641-842-3859 dawnao@iowatelecom.net



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



Other NAMI Teaching Moments

Parents and Teachers as Allies – a 2 ½ hour in-service for teachers and parents Contact: Susan Gill sgill@askresource.org

or call 242-7556 or 243-1713.

Provider Education - a 10 week course for organizations, agencies and individuals working with persons with mental illness. A contract is negotiated with NAMI Iowa for this class. Call 254-0417 or 1-800-427-0417

Would you like to be a teacher for anyone of the NAMI signature programs listed? Family to Family, Visions for Tomorrow, Peer to Peer, or Provider education? Contact namiowa@mchsi.com or call 254-0417.

Would you like to receive training to become part of a **Parents and Teachers as Allies** panel presentation? If you are interested and are a parent of a child or adolescent with severe emotional disorder, or an educator, or a student with a severe emotional disorder, please contact Susan Gill at sgill@askresource.org or call 243-1713 or 1-800-450-8667.

- ✓ Would you like to become a **support group facilitator** for a NAMI Connections support group (for persons in recovery)?
- ✓ Would you like to become a **support group facilitator** for a family member support group?

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



Possibilities for Prescription Assistance

[http://www.healthyplace.com/other-info/prescription-assistance-programs/free-or-low-cost-prescription-medication-](http://www.healthyplace.com/other-info/prescription-assistance-programs/free-or-low-cost-prescription-medication-assistance/menu-id-192/)

[assistance/menu-id-192/](http://www.healthyplace.com/other-info/prescription-assistance-programs/free-or-low-cost-prescription-medication-assistance/menu-id-192/)

Healthy Place website

<http://www.needymeds.org/>

<http://www.rxassist.org/>

<http://www.pparx.org/> or call 1-888-477-2669

MEDICINE RESEARCH CENTERS 1-662-5135231

WE CARE MEDICAL MALL (888) 380-MEDS (6337)

or <http://www.wecaremedicalmall.org/383.htm>

RXHOPE (For Healthcare Professionals) www.RxHope.com

For Veterans honorably discharged with or without service connected disabilities

VA HEALTH BENEFITS SERVICE CENTER

(877) 222-8387 or at <http://www.va.gov/vbs/health/>

Military retirees, spouses and survivors

TRICARE - Contact at (877) 363-6337 or

<http://www.tricare.osd.mil/retirees/>

Medications from Canada

Contact:

http://www.wecaremedicalmall.org/global_medication.htm

Contact by Email: info@ddrx.com or

<http://www.doctorsdirectrx.com>

Contact: 1(866)262-2174 or <http://www.canadarx.com/>

Contact: <http://www.lepharmacy.com>

Pharmaceutical Company Medication Assistance Programs

<http://www.healthyplace.com/other-info/prescription-assistance-programs/pharmaceutical-company-medication-assistance-programs/menu-id-192/> - over 40 listed.



THE FLOWER SHOP AT HIGHLAND PARK

We invite you to come and visit our full-scale, non-profit Flower shop located at 519 Euclid Avenue in Highland Park! We are a vocational program teaching floral design, customer service, and janitorial skills to individuals served through Polk County Health Services. The Flower Shop staff are skilled in designing arrangements for weddings and funerals, as well as any other occasion needing flowers. Benefits from the store go towards the

continuation of our educational program. Please stop in and browse our array of beautiful flowers, arrangements, potted plants, and merchandise. Gift certificates are available for purchase. **BRING THIS ARTICLE IN FOR A 10% DISCOUNT ON ANY ONE SINGLE ITEM IN THE STORE!**

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. Candlelessupportgroup@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 at 5:00 P.M. – **Dual Recovery Anonymous** – “Thrive at 5:00” support group (mental health & any addiction issues) – at Iowa Lutheran Hospital, 4th floor Powell Center – Room 477 – Shirley is the facilitator

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.DBSAlliance.org click on "find support", you get a drop down menu that lists the online groups. You must pre- register to participate.



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.

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

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)

Did You Know?

More than 90% of people who kill themselves are suffering from one or more psychiatric disorders. 50 to 75% of all suicides give some warning of their intentions to a friend or family member. Imminent signs must be taken seriously.

Why do people kill themselves?

HealthyPlace.com

Most of the time people who kill themselves are very sick with depression or one of the other types of depressive illnesses, which occur when the chemicals in a person's brain get out of balance or become disrupted in some way. Healthy people do not kill themselves. A person who has depression does not think like a typical person who is feeling good. Their illness prevents them from being able to look forward to anything. They can only think about now and have lost the ability to imagine into the future.

Many times they don't realize they are suffering from a treatable illness and they feel they can't be helped. Seeking help may not even enter their mind. They do not think of the people around them, family or friends, because of their illness. They are consumed with emotional, and many times, physical pain that becomes unbearable. They don't see any way out. They feel hopeless and helpless. They don't want to die, but it's the only way they feel their pain will end.

It is a non-rational choice. Getting depression is involuntary - no one asks for it, just like people don't ask to get cancer or diabetes. But, we do know that depression is a treatable illness. That people can feel good again!

Please remember - Depression, plus alcohol or drug use can be lethal. Many times people will try to alleviate the symptoms of their illness by drinking or using drugs. Alcohol and/or drugs will make the disease worse. There is an increased risk for suicide because alcohol and drugs decrease judgment and increase impulsivity.

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

See yourself as a person, not an illness.

Did You Know?

The Iowa Dept. of Public Health (IDPH) reports that from 1999 to 2003, a total of 1,553 suicide attempts resulted in death and 280 of these completions were children and young adults from 10 to 24 years of age.

In 2002, the Centers for Disease Control and Prevention reported that suicide was the ninth leading cause of death for all Iowans and it was the second leading cause of death for children and young adults from 10 to 24 years of age.

Suicide affects Iowa's families, friends, schools, businesses and communities. Although the number of Iowans impacted by suicide is difficult to calculate, conservative estimates indicate that there are at least six family members and friends intimately affected for every person who has attempted or completed suicide.

This equates to at least 9,318 Iowans affected by a person's death from suicide from 1999 to 2003.

The IDPH reports that over this same time period, 2,656 Iowa youth were hospitalized for attempted suicide, tragically impacting an estimated 15,936 family members and friends.

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



Be clear with the dispatcher what the situation is, that it is a mental health crisis, and you need the DM Mobile Mental Health Crisis Unit to assist.

The goal is to keep everyone safe and to seek

the appropriate level of assistance for the ill family member or friend.

If you live in a surrounding city (not Des Moines), call your dispatch center. The non-emergency phone number for the mobile crisis team is 283-4811. 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 VA Suicide Hotline now has an online chat room:
<http://www.suicidepreventionlifeline.org>
available 24/7

The 24/7 Suicide Prevention phone # is
1-800--273-TALK (8255)

"To the world you may be one person, but to one person, you may be the world" – *author unknown*

SUPPORT GROUPS for Family Members

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

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

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

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

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

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

Last Friday of each month – Noon to 2 PM – Lunch provided – a support group for **parents and caregivers** of children and adolescents with severe emotional disturbance (SED) or mental illness meets at Orchard Place – 925 SE Porter – call 285-6781 if questions or if you need additional information.

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

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

Please send a big **THANK YOU** to the students at **Ruby Van Meter School** and **Mara Swanson** for their assistance in assembling our monthly newsletter

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Effective January 1, 2009

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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/>
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The President's Speech & Mental Health Care

NAMI on-line news release

Michael J. Fitzpatrick, executive director of the National Alliance on Mental Illness (NAMI) released the following statement on President Obama's remarks on health care to the Joint Session of Congress:

"NAMI agrees with President Obama that the time for action on health care reform is now. It is time for both Democrats and Republicans to come together and deliver on what, for too many years, have only been promises.

Mental illness—like most illnesses—does not discriminate. It affects Democrats and Republicans alike. It affects the young and the old. Too many parents are forced to confront "the sheer helplessness and terror" that comes when their children—at any age—become gravely ill.

That is the experience of NAMI members. It is the experience of too many Americans. For those who already have health

insurance, health care reform will prohibit denial of coverage due to pre-existing conditions, arbitrary caps on annual or lifetime coverage or excessive charges for out-of-pocket expenses.

NAMI also will continue to work for four key areas of reform.

- Full parity of insurance coverage for mental illness and addictive disorders in all private and public health plans.
- Full integration of mental and physical health care, including early identification and intervention for mental illness in children and adolescents. People with serious mental illness die on average 25 years younger than the rest of the population. On average, a gap of almost 10 years exists between the onset of symptoms and intervention.
- Elimination of the existing prohibition against Medicaid dollars being used for inpatient psychiatric or substance abuse treatment—the kind of discrimination that leads to dumping people from hospitals into homeless shelters.
- Improved data collection, outcomes measurement and accountability. Good numbers are essential to reform and the measurement of progress, failure or success. Data collection in mental health care lags far behind other health disciplines. Federal health care reform must create a framework for state mental health care systems to develop comprehensive, uniform, meaningful data in order to move into the future.

We call on Congress to move forward.

Do not retreat. Do not stand still.

Do not forget that mental illness can strike anyone at any time. The time for action is now."

NAMI Health Reform Principles

NAMI National – Andrew Sperling

1. Require that all health plans be made available to uninsured individuals and families through a "Health Insurance Exchange" or other means. It should both offer coverage for mental illness treatment and comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
2. Integrate mental and physical health care and promote wellness.
3. Do not discriminate in the coverage of inpatient psychiatric treatment.
4. Address serious workforce shortages and increase the qualified mental health workforce.
5. Make early identification and early intervention priorities in healthcare reform.
6. Enhance information sharing, while protecting privacy.
7. Improve data collection, outcomes measurement, and accountability.
8. Improve cultural and language competence.
9. Protect access to psychiatric medications.

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

Check out their great newsletters online.

<http://www.legis.state.ia.us/> www.nami.org/advocacy

The world can only be grasped by action, not by contemplation.

- - - *Jacob Bronowski*

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

See yourself as a person, not an illness.

New Study Documents High Prevalence of Serious Mental Illnesses among Nation's Jail Populations

Criminal Justice/Mental Health Consensus Project

WASHINGTON (June 1, 2009) - A new study released today of more than 20,000 men and women entering jail offers the most accurate accounting in more than two decades of the number of adults with serious mental illnesses in these facilities.

Using screening instruments to identify individuals entering jails with the most serious mental illnesses and the greatest need for comprehensive and continuous treatment, a team of researchers from the nonpartisan Council of State Governments Justice Center and Policy Research Associates found that 14.5 percent of males and 31 percent of females - or 16.9 percent overall - met that criteria. The percentage of women with serious mental illnesses in jail is double that of men - a particularly troubling finding given the overall growth in the female jail population and the lack of research on the reasons for this overrepresentation.

These estimates are three to six times higher than the general population, and indicate that as many as 2 million bookings of people with serious mental illnesses may occur each year. The findings, published today in the journal *Psychiatric Services*, underscore the challenges faced by jail administrators to address the needs of individuals with mental illnesses in the face of budget cuts and extremely limited resources.

From the Editor: It is not unusual to find an article or two in our newsletter about jail diversion efforts in other communities and states. It was past due to have an article about jail diversion efforts happening locally. We would like to extend our thanks to Jana Rooker, Dave Higdon, and Don Baney for providing this information.



Polk County Jail Diversion

Jana.rooker@polkcountyiowa.gov

The Polk County Jail (PCJ) offers several diversion programs designed to allow inmates who meet certain criteria to be released from jail while maintaining public safety.

Electronic Monitoring

One of the programs is known as Electronic Monitoring. Some refer to this type of arrangement as "house arrest". The inmate must sign an agreement which states the conditions of the supervision. Any violation of the conditions or failure of random drug/alcohol tests will result in termination of eligibility.

Sheriff's Work Alternative Program

Similar to Electronic Monitoring is the Sheriff's Work Alternative Program, which offers qualified inmates the opportunity to work for community programs.

Pre-trial Release

Offices for Pre-trial Release (with the 5th Judicial District) are located in the Polk County Jail. The goal of this group is to identify inmates who meet their criteria and who qualify to be released from jail. They will determine the level of supervision each individual requires which allows offenders the opportunity to work while awaiting trial.

Mental Health Jail Diversion

Another service offered at the Polk County Jail is Mental Health Jail Diversion in which eligible inmates with severe and persistent mental illness have the opportunity to be removed from the jail setting.

A specific case plan will be created by a Diversion Plan Team consisting of a few of the following: probation officers, pre-trial release staff, jail classification officers, Polk County Health Services, attorneys, intensive case managers, staff members from Eyerly Ball, and a judge. (*see the next article for more information*)

Substance Abuse Jail Diversion

Substance abuse counselors involved in Employee & Family Resources interview, evaluate, and refer inmates to treatment programs as an alternative to jail. An assessment of need and ability to participate in substance abuse and assistive programs is compiled and a recommendation is made based on each inmate's specific situation.

One option that the counselors may recommend is the Jail-Based Substance Abuse Treatment Program. Certain individuals will be placed in this program located in the Polk County Jail which provides 120 days or more of intensive treatment. Case managers also assist participants with the transition into the community upon completion of the program.

Educational Opportunities

Many educational opportunities are available for those who remain in jail. PCJ employs 2 people who organize the programs and the volunteers. As of October, 2009, about 200 people (155 are volunteers) teach a variety of classes such as:

- Cage Your Rage,
- Alcoholics Anonymous,
- Narcotics Anonymous,
- Stress Management,
- Illness Management and Recovery,
- Substance Abuse Education,
- Strong Bodies Proud Lives,
- GED, and
- a Chaplain who offers Bible studies and religious counseling.

In 2008, 10,164 inmates attended these classes (programs were suspended for about 6 weeks while inmates were moved into the new jail). There are about 95 class lists prepared by program staff each week at the jail. The above list is not comprehensive; other classes at PCJ are directed toward improved parenting and finding proper shelter after being released. Clothing is also given to indigent inmates upon their release.

Some of these classes have been offered at PCJ since 1994, while others were created as recently as September, 2009. The goal is to educate, increase self-confidence and awareness, and to reduce recidivism.

With the help of volunteers, Eyerly Ball, United Community Services, DMACC, the 5th Judicial District, and Des Moines Public Schools, PCJ is able to offer guidance and classroom materials for those who wish to make use of the services while incarcerated.

Inmates have stated that they attended their first Narcotics Anonymous or Alcoholics Anonymous meeting at the Polk County Jail.

Others have proclaimed that "being arrested saved my life"; they realize after being in jail and attending some helpful classes that they were not on a healthy lifestyle path.

The hope is that through these efforts, tools will be acquired and utilized to improve that path and maintain stability.



Polk County Mental Health Jail Diversion Update

Dave Higdon - Polk County Health Services

National Statistics indicate that about 15% of the people incarcerated in local jails or state prisons have a severe mental illness. Jail diversion efforts across the country attempt to reduce the number of jail days for people with a mental illness.

These efforts are characterized by identification of people with mental illness who are arrested for non-violent offenses and diversion into mental health support services; often with monitoring by the criminal justice system.

Polk County identified this as an issue to address and adopted the Strategic Intercept Model as a framework for deciding how to achieve better outcomes for citizens with mental illnesses that are involved in the criminal justice system.

The Strategic Intercept Model identifies the logical points to divert individuals with mental health disorders from jail and in some situations provide more intense re-entry support. According to this model, the first and ultimate intercept to avoid contact with the criminal justice system is through good clinical practice.

The next intercept points are at:

- pre-arrest,
- post-arrest,
- post-initial hearings,
- reentry from jails, state prisons and forensic hospitalization
- community corrections and community support.

In Polk County the first two intercept points are addressed by providing treatment to people at no or low cost and through the Mobile Crisis Response Team. In fiscal year 2009 over 3,000 people accessed treatment services paid for by Polk County.

At the pre-arrest intercept point, the Mobile Crisis Response Team operated by Eyerly-Ball Community Mental Health Services assists law enforcement in calls involving individuals with mental illness. The Mobile Crisis Response Team responds to more than 2,000 calls a year. Only 2% of the people they intervene with are taken to jail. The remainder of individuals are treated in the field and/or linked to mental health services.

In July 2008, after two years of collaboration by key stakeholders, Polk County began a two year pilot to address post-arrest and jail re-entry intercept points. The pilot is funded by the Polk County Sheriff's Office, administered by Polk County Health Services and operated by Eyerly-Ball Community Health Services. The goal of the pilot is to demonstrate that dedicated personnel providing discharge and reentry support could reduce the length of incarceration and recidivism rates.

The pilot is staffed with an intensive case manager and a community support person. The intensive case manager (ICM) reviews for program eligibility, coordinates with all relevant parties and assembles diversion plans for consideration by the presiding judge.

The support coordinator works with people, after release from jail, in accessing community resources, attending appointments, medications, housing, and resolving any benefits issues as a result of the incarceration. The target caseload is 1:10 and the anticipated duration in the program no more than nine months.

After one year of operations the jail diversion team has worked with a total of 263 people in jail court to provide discharge planning, linkages to the community and assessing the viability and individual interest of a diversion plan.

In some cases, the support from the team is working with the court to expedite a release into existing services. In other cases, the team provides follow-up re-entry and on-going support.

From January 1, 2009 until the present time, of the 263 people the diversion team has worked with, 25 people have been served with follow-up on-going post release community support. The objective is to target the added re-entry support for people with the greatest need. It did not take long to achieve the target caseload 1:10 for re-entry support.

Preliminary data and anecdotal reports are promising. To date, for the 263 people supported by the diversion team with coordination in the court process and discharge planning, there is a decrease from average baseline length of incarceration of three days.

For individuals that are enrolled in the reentry part of the program, a comparison was made of the number of days in jail prior to enrollment compared to number of days in the program after receiving the additional community support. This analysis looks at the number of days for twelve months prior to enrollment and adjusts that figure based on the actual length of time in the program. The results show a 44% decrease in the average number of jail days. The average number of incarcerations for the 25 people served decreased from 1.6 incarcerations per person prior to enrollment in the program to an average of .6 incarcerations per person after enrollment in the program.

Anecdotal reports from the judges, County Attorney's Office, Public Defenders Office and case managers are very positive as well. All parties report that the additional resources and coordinated diversion planning help achieve a better outcome.

A story may help illustrate the difference the Team can make:

"A person with co-occurring disorders of mental illness and substance abuse was arrested on drug charges. A plan was arranged for deferred judgment with probation that included linkages with outpatient substance abuse and mental health services, temporary housing and on-going community support from the Team. On average over the course of the last seven months, the Team has visited him three times a week to help the person attend probation appointments, treatment appointments and provide help with longer-term objectives. The individual has stayed out of jail, remained drug free and for the first time in fifteen years, has his own housing. He is currently working with the support coordinator to complete a resume and secure part-time work."

This example illustrates the difference that this type of service can make. While the pilot is a work in progress, the preliminary results indicate the program is off to a good start.

Polk County Jail Contacts on Mental Health Concerns

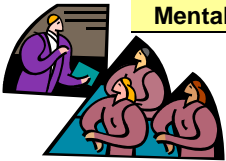
Medications – Sharon Chambers 323-5479

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



Mental Health Classes in the Probation Dept.

This information was provided by Don Baney from the Iowa Dept of Corrections Probation Department.

Q: What type of mental health classes have been offered to persons on probation?

A: *Currently STEPPS (see the next article on STEPPS)*

Q: How many classes have been held?

A: *The first class just started July 10, 2009. Classes are held weekly.*

Q: How many people have participated?

A: *Currently, there are 6 participants*

Q: Have people experienced better outcomes after participating in the classes?

A: *Definitely, have seen a lot of progress in clients being able to manage their emotions and seek solutions instead of falling back into traits of diagnosis.*

Q: As a staff person in the probation field – what benefits do you see?

A: *Our clients are more positive, able to look for solutions, able to set and achieve reasonable goals.*

Q: Do you have comments from participants you would be willing to share?

A: *One of my clients who had been waiting for funding through Polk County to go to residential program was denied, and instead of falling into deeper depression, set a plan, started looking for employment and using community resources.*

Q: Are more educational efforts needed in this regard?

A: *Hopefully the classes will be able to continue.*

Q: Who pays for the costs of the educational efforts?

A: *Eyerly-Ball Mental Health Services provides the STEPPS program and the Dept. of Corrections provides the students and facility. The Dept. of Corrections fully supports the program.*

Q: Any other comments you or others would like to make.

A: *It is very helpful to have trained and experienced therapists assisting our clients. Clients are more receptive to materials presented and appear to benefit from the expertise of the facilitator.*



STEPPS

University of Iowa Hospitals and Clinics

STEPPS stands for Systems Training for Emotional Predictability and Problem Solving.

The program began in 1995, and is based on a systems approach to treatment of individuals with Borderline Personality Disorder (BPD). The current program includes two phases--a 20-week Basic Skills group, and a one-year, twice monthly advanced group program called STAIRWAYS.

In this cognitive-behavioral, skills training approach, Borderline Personality Disorder (BPD) is characterized as a disorder of emotion and behavior regulation. The goal is to provide the person with BPD, other professionals treating them, and closely allied friends and family members with a common language to communicate clearly about the disorder and the skills used to manage it. Clients learn specific emotion and behavior management skills.

Underlying this training approach is the assumption that at the core of Borderline Personality Disorder is a disorder that might be characterized as a defect in the individual's internal ability to regulate emotional intensity. As a result, the person with BPD is periodically overwhelmed by abnormally intense emotional upheavals that drive him or her to seek relief.

Early in treatment, many clients view the term personality disorder as a code for, "it's all your own fault." The term borderline seems to imply that it is only a matter of time before they fall completely "over the edge." For these reasons, clients often resist the label of BPD, even though they may readily acknowledge the behaviors.

The name Emotional Intensity Disorder has been suggested as a more accurate description that clients find easier to understand and accept. STEPPS uses both terms interchangeably. Regardless of the terminology, there are significant advantages to reframing one's understanding of BPD as a disorder. Rather than viewing themselves as someone who is attempting to manipulate, is attention-seeking, or is sabotaging treatment, the trainees learn to view themselves as driven by the disorder to seek relief from a painful illness through desperate behaviors which are reinforced by negative and distorted thinking.

The training is composed of three steps:

Step 1 - Awareness Of Illness

The first step for the client is to replace misconceptions about the BPD label with an awareness of the behaviors and feelings that define the disorder. Behaviors can be changed and feelings can be managed. Clients often begin with the belief that they are fatally flawed (for which they may alternately blame themselves or others) and that they deserve to suffer. The ability to entertain the notion that this is a legitimate illness and that the individual can learn specific skills to manage it is an important precursor to developing the capacity for change.

Step 2 - Emotion Management Skills Training

We describe the five basic skills that aid the person with BPD in managing the cognitive and emotional effects of the illness. Combined with an understanding of how the illness works and recognizing the filters that have been triggered in a given situation, the skills assist the person with BPD in predicting the course of an episode, anticipating stressful situations in which the illness is aggravated, and building confidence in their ability to manage the illness.

Step 3 - Behavior Management Skills Training

There are eight behavior skills areas the person with BPD must work at mastering. As the BPD syndrome progresses through the disruptive interplay between the emotionally intense episodes and a social environment that becomes increasingly un-empathic and unresponsive, many functional areas may begin to break down. Learning or relearning patterns of managing these functional areas helps the person with BPD to keep these areas under control during episodes.



Essential Elements of Specialized Probation Initiatives

10-8-09 -New York—The Council of State Governments (CSG) Justice Center announced today the release of *Improving Responses to People with Mental Illnesses: The Essential Elements of Specialized Probation Initiatives*. The publication, developed with the support of the National Institute of Corrections, U.S. Department of Justice, identifies 10 key

components found in successful initiatives to improve outcomes for people with mental illnesses under probation supervision.

According to the Bureau of Justice statistics and recent prevalence estimates, there are more than four million people under probation supervision in this country and as many as one in six have serious mental illnesses. The Justice Center's March 2009 *Community Corrections Guide to Research-Informed Policy and Practice* found that people with mental illnesses who are sentenced to traditional forms of supervision often return to jail or prison.

Morris Thigpen, director of the National Institute of Corrections, said, "Probationers with mental illnesses have complex treatment and supervision needs. The Essential Elements provides specific recommendations for responding to these challenges without touting a 'one-size-fits-all' approach. It is relevant for both urban and rural jurisdictions, whether or not they employ specialized caseloads for probationers with mental illness."



Prison progress – Cutting recidivism with treatment

September 09, 2009 – Denver Op-Ed

In a year when discussion of public policy seems dominated by talk of budget shortfalls, reduced government services and partisan advantage, it is refreshing to learn of a program that not only works, but addresses a problem in a way that could increase public safety and cut costs. What is more, it is both simple and inexpensive.

A study first reported by The Denver Post shows a 2-year-old program that treats mentally ill inmates has successfully and dramatically reduced the recidivism rate among those who participated. And given the overall cost to society of what they might otherwise have been up to, the effects of this could be huge.

The program supplies medication and monitoring for inmates being released from prison to community halfway houses and to parolees sent to community corrections facilities for violating some of the terms of their parole. It will be used for the hundreds of mentally ill inmates expected to be released soon as part of the state's budget-cutting efforts.

In the year before this program was put in place, 56 percent of the mentally ill inmates sent to community correction facilities were returned to prison for violating rules or committing new crimes. Of the inmates receiving medications in the first two years of the new program, that rate dropped to 3 percent. The recidivism rate among inmates released from prison to halfway houses also dropped, from 47 percent to 37 percent.

So far, the treatment program has involved 208 inmates. But with success rates like those, it should be expanded.

It was approved by the state Legislature in 2006 with a budget of \$1.3 million, which was cut to \$171,000 in the budget crisis. But even at the higher figure, an expanded effort that effectively could reduce recidivism could be a real bargain. Just imagine the possible savings of such a program - in money, lives and heartache.

The inmates involved are not the Charles Manson kind of mentally ill. Of the two identified by the Post, one is bipolar, while the other has been diagnosed with obsessive compulsive disorder. And all are deemed eligible for parole or release to a halfway house.

Still, the bipolar inmate has a long history of drug use and sales, once threatened to slit his wife's throat and was a frequent drunken driver. He was, in his own words, "a menace to society." But imagine if this treatment helps him keep his act together and allows him to stay out of prison. He would be happier, but beyond that, the taxpayers save the cost of imprisoning him, law enforcement can pay attention to some other case and he would presumably be paying taxes.

And all that pales next to the pain avoided had his bad behavior led to its logical conclusion and some innocent person been killed or maimed.

Crime is incredibly expensive. Not only does it ruin lives - of both the innocent and the guilty and their innocent families - but it necessitates police, courts, attorneys and judges, as well as the entire elaborate corrections system. It raises insurance rates, diverts resources that could be otherwise employed and generally wastes time and money.

Any program that shows, even in an early report, the kind of reduction in recidivism this effort has, deserves serious attention.



Comfort My People: a new comprehensive statement on serious mental illness

by Erin S. Cox-Holmes

SAN JOSE, June 27, 2008 — "There is hardly any family or congregation that is not touched by serious mental illness," says the Rev. B. Gordon Edwards, who was instrumental in bringing "Comfort My People: A Policy Statement on Serious Mental Illness" to the 218th General Assembly of the Presbyterian Church (U.S.A.) for adoption.

Serious mental illness is defined in the policy as "severe and persistent medical disorders characterized by impairment in mood or behavior that cause distress and/or impairment in spiritual, interpersonal, and behavioral functioning. Characteristic symptoms of serious mental illness include hallucinations, delusions, disorganized thinking, extreme mood changes, overwhelming hopelessness and sadness, severely impaired perception, judgment, or insight, and problems with concentration and attention."

Serious mental illness affects one's ability to cope with everyday challenges.

While many actions and policies are the result of General Assembly action, the task force responsible for crafting it hopes that the recommendations will be studied and adopted by presbyteries and congregations to be of better service to those impaired by mental illness.

Some of the recommendations to presbyteries include specific suggestions for how to set up continuing education for pastors and lay pastors in identification of and intervention strategies for those suffering from mental illness.

Sessions and congregations are urged to:

- Prominently display educational material regarding serious mental illness and pamphlets for advocacy groups;
- Subscribe to newsletters or Web-based information updates from agencies and post in newsletter/bulletin boards;
- Provide support and advocate for individuals and families affected by serious mental illness;
- Provide meeting room space for support groups and guidance for prayer-based support programs;
- Advocate for establishment of funding of not-for-profit agencies, counseling centers and treatment programs for

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

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THANK YOU for your generosity! Over \$91,000 raised from sponsors, walkers, and donations.

NAMI WALKS was held Saturday, Oct. 3 at Des Moines Waterworks Park.

Over 850 of you walked with us. Some of you joined a walk team or formed your own walk team, or you walked individually. Some of you made a donation. The important thing was that you were with us in spirit. You helped in the fight to eliminate stigma. You helped to raise funds to support individuals and families affected by mental illness.

NAMI Greater Des Moines was given permission to approach certain potential sponsors for donations. If the potential sponsor made a donation – NAMI Greater Des Moines was allowed to receive 40% of the donation. Our **thanks** to the following NAMI GDM sponsors:

Prairie Meadows Racetrack and Casino
Community Choice Credit Union Charity Golf Tournament
Mid-Iowa Family Therapy Clinic
Abe Clayman Foundation, Inc.
Des Moines University
Pine Rest Christian Mental Health Services
West Central Mental Health Center and New Horizons
Ritchie Family Foundation CPMI
Rasmussen Group Running Room USA
Easy Living Store Behavioral Health Resources
Tuscan Salon Corwin Reichter
Mary Kline-Misol Apollo Counseling
Casey's Corporation

(cont'd from page 13)

Open Access to Mental Health Medications Vulnerable

This short term savings plan has unintended consequences – much higher long term costs in the mental health and social service systems, for consumers, families, and communities.

In 2001, Maine implemented a PDL policy – one of the first in the nation. Last year, the Maine Care Advisory Committee submitted a report to the state DHS, that scrutinized Maine's system and found what it characterized as "disturbing trends". According to the report:

- Emergency room visits have increased.
- Hospital admissions and patient referrals to specialists have increased;
- Many patients have experienced a worsening of their medical conditions as they jump through hoops to get medications not on the PDL;
- Many patients have been forced to go to the doctor multiple times to get the right medicine;
- Medical staff time and attention have been diverted from patient care to handle "voluminous paperwork" and increased calls from patients;
- Doctors have cut off or are limiting the number of Medicaid patients they accept because of the increased administrative burden; and
- Quality of care has decreased, with patients suffering painful consequences.

The subcommittee report noted, while a PDL "is an important cost containment tool, aspects of its implementation have adverse consequences directly affecting the health care of thousands." Other PDL states are also experiencing serious problems.

The next meeting of the P&T committee is 11-12-09 – Iowa State Capitol room 116 – 8:30 AM to 6 PM. Consider attending.

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

See yourself as a person, not an illness.

Personal Stories About Trying to Find Help for Our Loved Ones With Mental Illness

A reporter with the Des Moines Register, Andi Dominick (1-515-284-8203) is trying to gather personal stories to use in current or future articles about serious mental illnesses:

- the impact on the family, spouses, children, siblings.
- response to symptoms of initial psychosis or relapse by the 'system' you have in your community.
- programs in your area that are outstanding in offering HOPE, support and recovery opportunities for your loved ones.
- what has helped you personally?
- what do you see as an unmet need for your family personally?
- ideas that would help in your individual area - rural or urban?
- other?

Please contact Andi with your story.



Hope and Optimism

Many of us confuse hope with optimism, a prevailing attitude that “things turn out for the best.” But hope differs from optimism. Hope does not arise from being told to “think positively,” or from hearing an overly rosy forecast. Hope, unlike optimism, is rooted in unalloyed reality...

Hope is the elevating feeling we experience when we see—in the mind's eye—a path to a better future. Hope acknowledges the significant obstacles and deep pitfalls along that path... Clear-eyed, hope gives us the courage to confront our circumstances and the capacity to surmount them.
(The Anatomy of Hope, 2004)