



Greater Des Moines

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AFFILIATE AND SUPPORT GROUP NEWSLETTER

September 2008

"Support, Education, and Advocacy"

Serving Polk, Dallas, Warren, and Madison counties

NAMI WALKS is a little over 1 month away – Saturday, Oct. 4 at Des Moines Waterworks Park – Registration at 8:30 AM – Walk at 10 AM.

Please walk with us, join a walk team or form a walk team, make a donation, fight stigma.

<p><u>Education</u> Meetings are generally the 1st Sunday of the month from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room. Dates on Sundays other than the 1st Sunday of the month are due to holidays or other special scheduled events.</p>		<p><u>Business and Committee</u> Meetings are the 2nd Thursday of the month at 5 P.M. at the NAMI-Iowa Office.</p> <table border="0"> <tr> <td>1. Business</td> <td>4. Education</td> <td>6. Fundraising</td> </tr> <tr> <td>2. Marketing and membership</td> <td>5. Advocacy</td> <td>7. Special Events</td> </tr> </table>		1. Business	4. Education	6. Fundraising	2. Marketing and membership	5. Advocacy	7. Special Events
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2. Marketing and membership	5. Advocacy	7. Special Events							
	Thursday through Saturday Sept. 4-6	<p>2008 National Lifespan Respite Conference - "Homegrown, Cultivating Caregivers" at Embassy Suites in Des Moines. Contact the Iowa Respite Crisis Care Coalition to obtain more information 515-309-0858.</p> <p>Growing Fields of Knowledge Planting Seeds of Change Watering Hope and Care Nurturing Promising Programs Cultivating Outcomes for Caregivers</p>							
Family to Family class starts	Thursday evenings Sept. 4 thru Nov. 20	<p>Family to Family class – at Warren County Board of Supervisors Conference Room #1 – Indianola – To sign up - Call Grace Sivadge at 961-6671 or e-mail rsivadge1@juno.com. 12 weeks – for family members or friends of adults with mental illness – must be at least 14 yr old to attend. The class is free.</p>							
Family to Family class starts	Tuesday evenings Sept. 23 thru Dec. 2	<p>Family to Family class – To sign up – call Theresa Stiner at 263-0452 or cell at 883-0417 or e-mail at lstiner@msn.com or call the NAMI Iowa office at 254-0417. 12 weeks - for family members or friends of adults with mental illness – must be at least 14 yr old to attend. The class is free. The class will be held at Crossroads Fellowship Church, 1200 60th, West Des Moines (close to 60th & Vista)</p>							
	Peer to Peer class	<p>In order to have a class – additional participants need to sign up for the Peer to Peer class – the class is for 9 weeks - for any person with serious mental illness who is interested in establishing and maintaining wellness. The class is free. Please call 254-0417 or 1-800-417-0417 to sign up.</p>							
Visions for Tomorrow classes	<p>Monday mornings - 3 hrs 9 AM to Noon For 4 weeks Sept. 8, 15, 22, and 29. Oct. 6th, 13, 20, 27 November 3, 10, 17, 24 Then Break until Feb 09</p>	<p>Friday mornings - 4 hrs 10 AM to 2 PM For 3 weeks September 5, 12, and 29. October 10, 17, and 24. November 7, 14, and 21</p>	<p>These Visions for Tomorrow classes will be held at Child Serve – 5405 Merle Hay Road, Johnston, Iowa.</p> <p>If you would like to attend a 4 week Monday morning session or a 3 week Friday morning session class – please call Stephanie Estes at 967-6997 or e-mail at Steph_estes@msn.com or Diane Johnson at 273-5054 or DLJohnson@magellanhealth.com</p>						
Visions for Tomorrow classes	Thursday night classes at Orchard Place starting Sept. 11	<p>Class is 6 to 8:30 P.M. at Orchard Place – 925 SW Porter, Des Moines, 50315 If you would like to attend the Thursday night class at Orchard Place - please call Stephanie Estes at 967-6997 or e-mail at Steph_estes@msn.com or Diane Johnson at 273-5054 or DLJohnson@magellanhealth.com</p>							
Sunday, Sept. 7 2-4 P.M. at Westminster Presbyterian Church	<p>Legislative forum on mental health issues at Westminster Presbyterian Church gymnasium, 4114 Allison Avenue, Des Moines 50310 –Polk, Dallas, Madison, and Warren County legislators have been invited. Please Join Us!</p>		<p>Thursday, Sept. 11</p> <p>We will be discussing and planning around 7 topic areas.</p> <p>Designation of persons to assemble the slate of nominees for Officers and Board of Directors election in November.</p>						
Teacher training	11:30 AM Friday to Sunday 2:30 PM Sept. 12-14	<p>Family to Family Teacher training – If you are interested – please contact Carol Porch, Family to Family Coordinator at porch@avalon.net or call 319-351-3498 (home) or 319-330-0632 (cell) or 1-800-417-0417 or 254-0417.</p>							

Sign up for NAMI Walks	Saturday, Sept. 13	Community Days at Merle Hay Mall – NAMI Greater Des Moines will be a vendor at this event. NAMI Walks information for potential participants will be the primary focus of participation.		
	Thursday, Sept. 18	Iowa Rural Health Association (IRHA) Chautauqua – Iowa Laboratory Facility at DMACC in Ankeny – 8 AM to 4 PM – Contact IRHA at 525 SW 5th Street, Suite A, Des Moines, IA 50309 (515) 282-8192 leann@assoc-mgmt.com - For ongoing updates and registration information visit the website at: www.iaruralhealth.org . The topic is “Providing Mental Health Resources – Identifying Mental Health Issues”. Cost is \$35 (includes lunch)		
	Wed., and Thurs., Sept. 24-25 There will also be a writer’s workshop at this conference.	Dual Recovery Anonymous “Free Follow-up” Conference – Quality Inn Downtown in Des Moines (north of the Iowa Events Center on 3 rd St. E-mail debwilliams48@yahoo.com for an application and possible scholarship to attend. This conference is perfect for those who have started or are planning Dual Recovery Anonymous (DRA) meetings. Focus will be on the importance of integrated recovery and peer support for individuals with co-occurring disorders. Thoughtful discussions will also center on individual recovery and statewide advocacy opportunities. This conference is being offered by Iowa Advocates for Mental Health Recovery.		
Help raise money for NAMI	Friday, September 26	Community Choice Credit Union 3rd Annual Charity Golf Tournament – at the Briarwood Golf Course, 3405 NE Trilein Dr., Ankeny. It will be an 11 am shotgun start, best shot tournament. Price: \$350 per foursome (\$300 Early Bird Special if paid by Aug. 22) Free lunch, dinner, and beer, raffle prizes. For more information, contact Brandon Hays - 515-334-8153 - bhays@comchoicecu.org – NAMI GDM volunteers to help with this event.		
Teacher training	Friday evening to Sunday afternoon Sept. 26-28	Visions for Tomorrow (VFT) Teacher training – in Des Moines – Teachers are volunteers who are parents, extended family, or foster parents and others. Expenses are paid by NAMI Iowa -If interested – please contact Jackie Elfmann at 254-0417 or 1-800-417-0417.		
NAMI GDM announcement of slate of nominees for Officers and Board Members for 2009 – in the October newsletter.				
The Week of October 5-11 is “ Mental Illness Awareness Week ” – if you would like to plan a public education event – consult the online MIAW toolkit at www.nami.org - It offers resources, ideas, and items to assist grassroots efforts.				
Saturday, October 4 8:30 A.M.	NAMI Walks for the Mind of America At Des Moines Waterworks Park Registration at 8:30 A.M. The walk starts at 10:00 A.M.		Thursday, Oct. 9 5 PM	We will be discussing and planning around 7 topic areas.
	Tuesday and Wednesday – Oct. 7-8	2008 Mental Health Conference “Recovery” – at Iowa State University, Scheman Building, Ames, Iowa. Contact Training Resources at www.trainingresources.org or call 515-309-3315.		
October 6-10 – Depression Screenings will be at various locations in Des Moines - October 9 is Bipolar Awareness Day				
	Thursday, Oct. 16 8AM to 4:30 PM	Wrightslaw Special Education Law and Advocacy Conference at the Meadow Events and Conference Center, One Prairie Meadows Drive, Altoona, IA – a flyer and registration can be found at http://www.wrightslaw.com/speak/reg/08.10.ia.flyer.pdf - or you can call Iowa Protection and Advocacy by phone 800-779-2502, fax 515-278-0539 or e-mail info@ipna.org Registrants will receive 2 books – <i>Wrightslaw: Special Education Law – 2nd Edition</i> and <i>Wrightslaw: From Emotions to Advocacy – 2nd Edition</i> . CEU's are available.		
Sunday, Nov. 2 2 PM	“ Estate Planning ” – Our speaker will be Frank Varvaris. NAMI GDM election of officers and Board of Directors		Thursday, Nov. 13 5 PM	We will be discussing and planning around 7 topic areas
Tuesday, NOVEMBER 4 – VOTE – VOTE – VOTE – VOTE - VOTE				
	Tuesday through Thursday November 4-6	“Georgia on Your Mind, CIT in Your Heart” - 2008 National CIT Conference at the Hyatt Regency in downtown Atlanta. Conference registration fees paid on/before September 25, 2008 will be \$200 . After that date the fees increase to \$225 . For more information contact Pat Strode, CIT Program Administrator for NAMI Georgia at 770-234-9347 or pstrode@nami.org – there will be over 100 workshops and international attendance. http://www.namiga.org/NGA-CIT-conference08.htm		
	Thursday - Friday Nov. 13-14	NAMI Fall Conference at the Courtyard by Marriott, 2405 SE Creekview Drive, Ankeny, Iowa 50021 Contact NAMI Iowa for a registration form 254-0417 or 1-800-417-0417 or consult the website: www.namiowa.org for more information.		
Sunday, Dec. 7 2 PM	The topic is “ What are and what are not the Responsibilities of the State Ombudsman’s Office? ” Linda Brundies will be our guest speaker.		Thursday, Dec. 11 5 PM	We will be discussing and planning around 7 topic areas



Parents and Teachers as Allies Publication
Recognizing Early-onset Mental Illness in Children and Adolescents
 By Susan Gill

Parents and Teachers as Allies has come to Iowa! Three panel teams were trained in this program in the fall of 2007. Susan Gill, a NAMI Visions for Tomorrow teacher and Parent Educator Connection, coordinates the Des Moines area panel. The unique four member panel consists of an employee of the local school district, Lynda O'Meara, a Visions for Tomorrow trained NAMI facilitator, Diane Johnson, the parent of a child with a severe emotional disorder, Rosanne Hixenbaugh, and an adolescent diagnosed with a severe emotional disorder who is successfully navigating the school system, Liz Johnson.

The panel gives a brief overview of eight mental health conditions common to children and adolescents and stresses the importance of developing an alliance between home and school in the best interest of coordinating support for the child.

There is little doubt the highlight of the two hour presentation are the personal stories of Rosanne and Liz. Their stories touch the hearts of educators and administrators in the audience, fostering a desire to learn more about and engage in the recovery of the young people in their trust.

The panel has made more than a half dozen presentations in the Des Moines area over the last six months. The presentations have been an overwhelming success, with attendees requesting the presentations be brought to their individual sites. Hats off to the fabulous step to bringing Mental Health Recovery to our local schools.

NAMI created the *Parents and Teachers as Allies* booklet to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in our schools. It focuses on the specific, age-related symptoms of mental illnesses in youngsters. The publication is intended to provide an educational tool for advancing mutual understanding and communication between families and school professionals.

The publication includes the following sections:

- Becoming allies: Reckoning with different perspectives;
- The heart of the matter: Children robbed of childhood;
- Keys to early recognition and treatment;
- Learning and working together as allies;
- Signs of early-onset mental illnesses in children and adolescents;
- Understanding family reactions to mental illnesses and guidelines for helping families;
- Navigating the referral process as allies;
- Strengthening the alliance: How NAMI can help;
- Resources for parents and teachers; and
- References: Basic books and Web sites.

Parents and Teachers as Allies makes clear that families and school professionals are natural allies in working to ensure that youth with early-onset mental illnesses receive timely and appropriate treatment. NAMI looks forward to working with and supporting school professionals and families to improve the lives and educational outcomes of children with mental illnesses.

In-Service and Educational classes offered by NAMI - Free

Parents and Teachers as Allies – 2.5 hour in-service to educators and parents – if you interested in a presentation – call Susan Gill at 242-7556 or e-mail at slsjgill@aol.com

Visions for Tomorrow is an educational program for parents, foster parents and other caregivers who are raising or working with children and adolescents who have behavioral disorders or mental illnesses. Over 1000 people have completed the course in Iowa. The curriculum is designed to help face day-to-day challenges; learn the facts; and find support, resources, and strategies to cope. The class has also been adapted for teachers and other professionals. Contact Diane at 273-5054 of Steph Estes at 967-6997 if interested.

Please see the August NAMI Greater Des Moines newsletter at our website www.nami.org/sites/NAMIGreaterDesMoines for an extensive list of books for children and adolescents regarding mental illness.



Siblings: The Forgotten Family Members

From Spousal Coping Skills Workshops
 Diane T. Marsh, Ph.D.

Early on set mental illness has a catastrophic impact on all members of the family. Yet

little attention has been paid to the needs of those who have a brother or sister with a mental illness. In fact, siblings often feel like forgotten family members.

Parents, whose energy may be consumed in meeting the needs of their ill child, may have little sense of the turmoil that exists below the surface among their other children. Professionals are also likely to focus on the child with the mental illness, neglecting the cascading effects on other members of the family. Thus, it is essential that both parents and professionals become familiar with the experiences and needs of siblings so that they can reduce the negative consequences of the illness for well children.

Experiences of siblings

Young family members are especially vulnerable to disruptive or traumatic events, such as the mental illness of a close relative. Compared with adults, children have more limited coping skills and strategies, are more dependent on other people in their lives, and have fewer psychological defenses. In addition, early developmental accomplishments provide the foundation for later ones, and delays or disruptions in development may have long-term consequences, including a residual of "unfinished business" that reverberates through future years. In fact, the normal course of development may be disrupted for siblings from the moment that mental illness appears in their family.

During adolescence, for example, teenagers must establish their own sense of identity. The efforts of siblings to define who they are and how they fit into the world are likely to be complicated by concerns about their own mental health and by social stigma that may leave them feeling somehow "deviant" themselves.

Normal development may also be affected in other ways. For instance, siblings may strive to become "perfect" children who can compensate for their overburdened parents, perhaps denying themselves healthy opportunities for rebellion. They may also experience "survivor's guilt" for having been spared a similar fate, which may intensify the need to demonstrate their "invulnerability" and competence.

Internalizing the stigma that so often accompanies a diagnosis of mental illness, siblings may join with their entire family in unhealthy defensive maneuvers that result in a retreat from their anguish into a façade of normalcy. This denial undermines the family's ability to confront and resolve the inevitable problems that accompany the illness, thus increasing the amount of "unfinished business" that is carried by siblings into adulthood.

Siblings are likely to experience a range of powerful emotions in response to the mental illness of a brother or sister. Recalling her adolescence, one sibling wrote, "I was emotionally devastated. I felt guilt, anger, hopelessness, overwhelming responsibility." There is often a sense of loss, as siblings mourn for the family member they knew and loved before the onset of mental illness. They may mourn for the loss of a normal family life and wish for the opportunity to live out a normal adolescence or adulthood.

Frequently, siblings experience intense feelings of anger. The anger may be directed at God or at fate for this unanticipated family tragedy. Sometimes it is directed at the parents whose energy is consumed by their efforts to cope with the mental illness. Anger may also be directed at their brother or sister for disrupting family life or for not getting better. And sometimes the anger is turned inward because of their inability to protect and rescue someone they love.

In addition to the emotional burden, siblings face everyday problems. They must learn to cope with the symptoms of their relative's illness, possibly including hostile, abusive, or assaultive behavior; mood swings and unpredictability; socially offensive or embarrassing behavior; self-destructive behavior; and a lack of human relatedness.

Siblings often live with a high level of illness-related stress. Problems within the family may include household disruption, financial difficulties, and strained family relationships. Siblings may also find their social life restricted because it is sometimes impossible to take their brother or sister out in public, to the mall, a movie, or a restaurant. There is the risk that siblings will take on the "caregiver" role as they are growing up and then carry that caregiving role into adulthood, with adverse consequences for their adult relationships. On the other hand, some siblings may avoid intimate relationships to protect themselves from further vulnerability and pain. Either way, their adult relationships are negatively affected.

If they marry, siblings frequently have additional concerns about their own children in light of the genetic risks associated with mental illness. Throughout their lives, siblings typically struggle to achieve a balance that allows them to fulfill their family responsibility without sacrificing their own lives. This is easier said than done.

Although the challenges faced by siblings are substantial, it's essential to recognize that siblings usually do manage to prevail over their challenging life circumstances. In research at the University of Pennsylvania at Greensburg, most adult siblings said they had become better, stronger people as a result of their encounter with mental illness. They described increased empathy and compassion, more tolerance and understanding, healthier attitudes and priorities, and greater appreciation of life.

These positive qualities come at a high price, however, and are usually accompanied by intense feelings of anguish and loss. Although there is no way to protect siblings from this family tragedy, the negative impact of the illness may be diminished if there is open communication within the family and continuous attention to their needs.

Needs of siblings

At each stage of life, siblings share three central needs with other members of their family. First, they need information about mental illness and its effects on their brother or sister. Even the youngest sibling can understand that this is a real illness, with effective treatments and that they are not to blame.

Siblings need effective coping skills, including strategies for coping with illness-related behavior, with questions from peers, and with their own anxiety and stress. They also need support for themselves through special time with parents or involvement in a support group or personal counseling.

In addition to their needs for age-appropriate information, skills, and support, siblings need encouragement to ask questions and to share their feelings. They may need assurance about their own mental health. Siblings may need encouragement to participate in satisfying activities and relationships outside the family and to develop constructive long-range plans. Finally, they often need reassurance that their needs matter and that they are not forgotten family members.

Suggestions for Siblings

- Learn about mental illness and the odds of you and your children developing it. Examples: Read books on mental illness; attend workshops. If you are age 14 or above, ATTEND NAMI's FAMILY TO FAMILY CLASS.
- Take the time to clarify your own feelings about assuming any responsibility for the care of your sibling.
- Clarify what you would and would not be willing to do.
- Discuss specific plans for the future with the rest of your family. Don't assume that somehow things will work out.
- Demand to have the option of being included in any discussions or decisions regarding your ill relative.
- Let your family know if you think you are doing more than your share.
- Let your parents know when they do something that makes you feel neglected.
- Find someone other than your parents with whom you can openly discuss your problems. Examples: spouse, friends, support group, minister.
- Try to understand what it must be like for your parents to have a mentally ill child. Realize that they have been doing the best they can.

Suggestions for Parents

- Your other children deserve and need information and education about mental illness just like you do.
- Ask your other children how the illness has affected them.
- Give your well children the option of being included in any discussions or decisions regarding your ill child.
- Discuss specific plans for the future with the rest of the family. Don't assume that things will somehow work out.
- Make sure that your children know that the illness was no one's fault.
- All your children their own way to go through the stages of accepting their brother or sister's illness.

Here are other books which may be of assistance:

Appelstien, Charles. *No Such Thing as a Bad Kid*

Hatfield, Agnes B. and Diane T. Marsh. *Meeting the Needs of Well Siblings: A Guide for Parents* NAMI

Greenbelt, MD: Sunrise Publications, 1998. *A Guide for Siblings*

Strohm, Kate. *Being the Other One: Growing Up with a Brother or Sister Who has Special Needs.*

Moorman, Margaret. *My Sister's Keeper: Learning to Cope with a Sibling's Mental Illness.*

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

See yourself as a person, not an illness.



Science and Treatment Need to Look at the Big Picture

NAMI Advocate E Newsletter June 2008

Even with the best care available, current treatments for mental illness are not up to the task, according to *National Institute of Mental Health* Director Thomas Insel, M.D.

Health Director Thomas Insel, M.D.

While there have been some breakthroughs in the understanding of mental illness in recent years, Insel believes there is still a great deal of research that needs to be done to understand the causes of mental illness, predict risk factors, and develop effective treatments and early interventions that will consistently help people with these diseases.

Insel spoke at the NAMI national convention in June, along with *National Institute on Drug Abuse (NIDA)* Director Nora Volkow, M.D.

Volkow's message was equally sobering: while we have a lot to learn about the co-morbidity of mental illness and substance abuse disorders, we do know that people with mental illnesses are much more likely to abuse substances, and vice versa.

We also know that substance abuse compounds the increased mortality associated with mental illness. Volkow laid out areas where future research is needed, but emphasized the importance of cautioning children and teens against drug use--for those with certain risk factors, using drugs can be disastrous.

Mental illnesses are developmental, Dr. Insel noted, in the sense that changes occur in the brain long before behavioral changes. He shared results from recent studies that show that differences appear in the brains of people with Alzheimer's disease in their teens, decades before the onset of symptoms. A similar process may take place in people with schizophrenia.

Studies have shown that close monitoring of people who have precursor symptoms to schizophrenia (also called "prodromal" symptoms) has made it possible for doctors to predict who will have psychosis before the onset of psychotic symptoms. Dr. Insel's hope is that this research, along with other research into the genetic risk factors of mental illnesses, will some day make it possible to intervene early in the course of disease, or even take steps to prevent it.

Dr. Volkow warned that medical research ignores the close link between mental illness and substance abuse at its peril. The co-existence of mental illness and substance abuse may give clues into causes of both disorders. Genetic, developmental, and environmental risk factors for mental illness and substance abuse ultimately overlap.

Volkow recounted a study of the effects of marijuana on the neurotransmitter dopamine. While the brain is still forming during adolescence, smoking marijuana appears to alter dopamine-producing cells, making them more sensitive and harder to "turn off." At the same time, other studies show that psychosis is associated with excess dopamine, suggesting that marijuana smoking during adolescence, combined with genetic susceptibility, increases risk of onset of schizophrenia.

Dopamine may also be one reason why rates of smoking are higher among people with mental illnesses--nicotine prevents the breakdown of dopamine, creating an antidepressant effect. The rate that a person is smoking at age 18 may in fact also serve as a predictor for their risk of schizophrenia.

Substance abuse also compounds the risks of death and disease associated with serious mental illness, Volkow reported. For example, while a person with psychosis has an elevated risk of heart disease, a person with both psychosis and substance abuse has an even greater risk of developing the disease.

Substance abuse and mental illness often go hand in hand, and the combination can be deadly.



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.



PSYCHIATRIC CARE MUST IMPROVE

Editorial - Gadsden Times (AL) July 9, 2008

The image is stark.

A woman lying face down in the floor of a hospital emergency room, and people stepping over and around her. A security guard gives her a nudge with his foot, then walks on.



It took an hour for anyone to notice Esmin Elizabeth Green was dead.

And it was all captured on videotape at the Kings County Hospital psychiatric emergency room in New York.

The hospital's excuse - everyone was too busy to notice. The emergency room is so busy, the waiting room so overcrowded, patients often sleep wherever they can.

That's not an excuse, it's a symptom.

It's a symptom of the nationwide failure of the medical community, governments, law enforcement and society as a whole to fully address the needs of those who have mental illnesses.

A psychiatric emergency room is designed to treat those in crisis. Yet in Kings County Hospital - and facilities like it throughout the nation - patients wait hours to be seen and evaluated. It is believed Green had been waiting 24 hours before she died.

We'd like to say, "Oh, that's New York, that wouldn't happen here."

Could it?

No hospital in the vicinity has a psychiatric emergency room, so that scenario is unlikely.

What is more likely is that a person with a serious mental illness such as schizophrenia or bipolar disorder would go unnoticed and untreated at all until he or she comes to the attention of law enforcement.

Alabama is so underserved by mental health professionals that it can take weeks to get an evaluation. If that evaluation shows no immediate threat, it can take months to see a psychiatrist and be prescribed the medications that can make the difference between going to work or curling up in bed, unable to function in society.

Those months can mean the difference between life and death, or at least life and a living death.

The National Alliance on Mental Illness grades each state on mental health services.

The good news is Alabama scored above the national average in infrastructure, earning a C to the national D. (*Iowa received an F*)

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

See yourself as a person, not an illness.

Providing better services will cost money. Legal movements such as mental health parity, which would require insurance companies to cover mental health services at the same rate as other services, could mean higher premiums. Building more and better psychiatric facilities, reforming the state's licensure process, bolstering the psychiatric programs at the state's teaching hospitals and providing better support services to those who have been diagnosed with mental illnesses will cost taxpayer money.

But the state will save money in law enforcement. It could end up saving in Medicaid and social services because people are able to stabilize and work. Workplaces would see improved productivity if employees were able to get better access to mental health care. And the state could save lives.

That has to be worth it.

SO LONG, CUCKOO'S NEST

*By Brad Cain, Associated Press
July 15, 2008*

Oregon State Hospital, the mental institution where the 1975 movie *One Flew Over the Cuckoo's Nest* was filmed, is making way for a new complex. Most of the dilapidated, 125-year-old main building will be torn down and replaced starting this fall.

Although mean Nurse Ratched was pure fiction, the Oregon State Hospital has struggled with some very real troubles over the years, including overcrowding, crumbling floors and ceilings, outbreaks of scabies and stomach flu, sexual abuse of children by staff members, and patient-on-patient assaults.

Politicians had been talking for years about the need to replace the hospital, but didn't get serious about it until a group of legislators made a grim discovery during a 2004 tour: the cremated remains of 3,600 mental patients in corroding copper canisters in a storage room. The lawmakers were stunned.

"Nobody said anything to anybody," said Oregon Senate President Peter Courtney, who dubbed the chamber "the room of lost souls."

The remains belonged to patients who died at the hospital from the late 1880s to the mid-1970s, when mental illness was considered so shameful that many patients were all but abandoned by their families in institutions.

"It just created such an emotional momentum" for replacing the hospital, said Courtney, who led the effort to build a new institution.

Although *Cuckoo's Nest* was filmed here, neither the movie nor the 1962 Ken Kesey novel on which it was based makes any specific references to Oregon State Hospital. Kesey drew on his experiences working at a veterans hospital in Palo Alto, Calif., and set his satirical story at an unnamed institution in Oregon.

Actor Michael Douglas, co-producer of the movie, scouted various West Coast locations and chose the Oregon institution because then-Superintendent Dean Brooks agreed to give the moviemakers unfettered access.

"They wanted to make it on location with real patients," said Brooks, now 91, who was given a speaking part as a weak-willed doctor who acquiesces to Nurse Ratched. Brooks said 89 patients were hired as extras.

Douglas, Jack Nicholson (who played the rebellious Randle Patrick McMurphy) and Louise Fletcher (Nurse Ratched) were regulars at the hospital during shooting.

Milos Forman, the director, lived for six weeks at the institution and

had his actors study real patients, according to a 1975 account in *Rolling Stone* magazine. Nicholson became depressed because of what he saw, including electroshock being administered to a patient.

State leaders decided in 2006 to build a new, \$300 million, 620-bed hospital at the site of the oldest and most dilapidated part of the complex, the J Building, a yellow-painted brick structure with brown trim, a towering cupola, and iron gratings on the windows.

The front section of the building, including the cupola, will be preserved as a museum on the history of mental health care.

Other parts of the building were abandoned decades ago and are now a ghostly sight. The paint has been scoured off the bricks by the weather and the passage of time, and the wings are cluttered with old equipment, fallen plaster and piles of pigeon droppings. The third floor is so rotted it is not safe to walk on. The building is also contaminated with lead paint and asbestos.

Construction of the new hospital is set to begin next spring and should be completed by the fall of 2011.

It is not just a bricks-and-mortar exercise Oregon is undertaking to improve care for the mentally ill. State leaders have pledged beefed-up staffing levels, new treatment programs and better living conditions.

Among the 590 current patients is 44-year-old Mike Wyffels, who has been at the hospital for five years with bipolar disorder. Wyffels said he welcomes the state's plan to give most patients their own rooms in the new hospital. In some cases, he said, as many as seven patients share a room.

"When you've got a bunch of people in one tiny room, it's chaos. I can't even study in my room because I don't have the privacy to do it," he said in a conference room while other patients milled around outside in the hall, talking or listening to music.

In May, Portland resident Debbie Osborne came to the hospital to collect the canister containing the remains of her great aunt Clara Johnson, who died of pneumonia 60 years ago. Osborne plans to give the ashes a proper burial this summer.

"It's really sad that we still have a stigma" about mental illness, Osborne said. "But it's changing; it's a lot better."

Courtney wants the museum to include a display of ashes not yet claimed by relatives. "You've got to remember your past to make the future better," he said.

Understanding Recovery

<http://www.mhsanctuary.com/articles/urec.htm>

By Stuart Sorensen RMN

In the early years of the nineteenth century, when psychiatry was just beginning, a furious argument raged between people with very different opinions about the nature and course of mental disorders. On the one hand, psychiatrists like Eugene Bleuler believed that recovery was possible and indeed likely for the vast majority of people suffering from serious mental disorders like schizophrenia (then called dementia praecox).

On the other hand, psychiatrists such as Emil Kraepelin insisted that recovery was impossible and that sufferers would never recover. Indeed he believed that their condition would get worse throughout their lives. Kraepelin won the debate and the idea of permanent illness and disability formed the basis of mental health



services for almost two centuries.

Many people argue that this was a mistake. People with serious mental disorders such as schizophrenia and bipolar affective disorder can and do recover and go on to lead useful and fulfilling lives. This handout provides a brief overview of current thinking about recovery.

The International study of Schizophrenia (Harrison G. et al 2001) is a long term study of the nature and outcome of schizophrenia in many countries across the world. So far it has been running for around 25 years and has produced some remarkable results.

It seems that the rich industrialized nations of the developed world, in spite of our sophisticated treatments and drugs, have the worst record in terms of recovery rates from serious mental illness. Other places such as rural India have much higher recovery rates – as much as 90% in some places. It is not possible to say with confidence exactly why this might be but there are a number of possibilities which seem to fit the research.

Expectation

People who live in cultures where they are expected to recover tend to be much more likely to do so. In the West, where we tend to expect people to deteriorate (thanks to Kraepelin) they tend to do worse. It seems that whatever a person is encouraged to think about themselves will probably come true. This is called a 'self-fulfilling prophecy' and is a regular theme in this series of handouts.

Acceptance

It's much easier to live a relatively stress-free life in a society which accepts us. Cultures which accept or perhaps even value people who have suffered episodes of mental disorder (shamanic cultures for example) tend to have much higher recovery rates.

By way of contrast, popular Western culture, fuelled by misleading media hype about people labeled as 'mad, bad and dangerous', tends to avoid and isolate people with diagnoses of serious mental disorders. This makes it much harder for them to develop effective social networks and make friends.

Occupation and work

People are much more likely to recover if they are engaged in productive work. Apart from the effect that this has on a person's self esteem it provides them with something to think about other than illness. Work also gives people the opportunity to mix with others who may not have had mental health problems – thus helping them to maintain links with mainstream society.

Recent studies in Britain have shown that people diagnosed with serious mental disorders tend to find it extremely difficult to find work. In fact the trend is for people to lose employment after diagnosis rather than gain it.

Interpretation

Everyone has good and bad days and normal mood fluctuation is a part of life. However people diagnosed with serious mental disorders often believe that the slightest change in mood is evidence of relapse. This can also be true of their families who sometimes become extremely sensitive to even normal changes in mood or behavior.

Often people become so worried about these normal fluctuations in mood that they become extremely stressed and so bring on an episode of illness which wouldn't otherwise have happened. Cultures which are more likely to accept people's changes in mood tend to have the best recovery rates.

Even the more serious 'symptoms' of mental disorder such as voice-hearing don't necessarily mean relapse. A recent study in

Holland (Romme M. & Escher S. 2001) found that although around 15% of people heard voices only 1% had a problem with them. To put it another way – for every person distressed by their voices there are fourteen others who aren't. The handout on hearing voices in this series has some interesting information about how and why people can cope with their voices.

Three types of recovery

It's important to be clear about what we mean by recovery. Many people would argue that there are actually three types of recovery and if a person can achieve any two of the three then they have recovered. The three types of recovery are:

1. Social recovery

This is to do with acceptance by the community in which a person lives. If the people around us don't have a problem with us then we have achieved social recovery. We become productive members of our society and contribute to the social structure around us.

2. Psychological recovery

If we are not distressed by our 'symptoms', such as the voice hearers in Holland, then there is no problem. This is known as psychological recovery.

3. Medical recovery

This is to do with the signs and symptoms which doctors use to diagnose mental illness. If we are free of symptoms of mental disorder then we can be said to have recovered – so long as the symptoms do not return. This is why mental health professionals who are interested in recovery work hard on 'relapse prevention'. If a person never has a relapse of their mental health problems than that must equal recovery.

British outcomes

In Britain, as in many other developed countries, the course of illnesses such as schizophrenia and bipolar affective disorder can be divided roughly into three equal groups. About a third of people recover completely.

About a third of people continue to have the occasional relapse without getting any worse.

About a third of people do indeed deteriorate throughout their lives and never really become well.

This is much less positive than the outcomes in the developing world, possibly for the reasons outlined above.

What can we do about it?

It's extremely difficult to have any real impact upon the culture as a whole. However there is a great deal that can be done to change the outcome for individual sufferers. By working on interpretation and expectation it is possible to greatly impact the effects of illness. Work aimed at helping the person find an accepted place in their community, perhaps with meaningful employment to boot, is likely to make a huge impact upon their individual outcomes.

The important thing is not to accept the old ideas of Kraepelin and his early followers. If we believe in the possibility of recovery and actively work toward it who knows what could happen?

H.E.L.P. Depression Support Group Monthly Presentations

10 AM to Noon - Lutheran Church of Hope

SE corner of Ashworth and 925 Jordan Creek Parkway, WDM

Sat., September 6 – Stress & Anxiety

Sat., October 4 – Forgiveness Needed to Move on

Fri., Oct. 31 – A Medical Look at Depressive Illnesses & Recovery Options

Sat., Dec. 6 – Celebrating the holidays with a Smile

Room 214 – Free - For more information, contact Lisa at 222-1750 ext. 176 or lisa.davison@hopewdm.org

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

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

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

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

Do you know of other support groups in the Des Moines area that we should list in our newsletter?

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

Success is not final

Failure is not fatal

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



Suicide - Not a Good Idea

By Mary Ann Copeland

http://mentalhealthrecovery.com/art_suicide.php

Experiencing psychiatric symptoms is horrible. Many people who try and live with these symptoms every day sometimes feel so discouraged they want to end their lives. Suicide is never a good idea. Why not?

1. Psychiatric symptoms get better. Sometimes they get better even if you don't do anything about them. But there are many things you

can do to help relieve these symptoms. To feel a little better right now, try the following:

- Tell someone how you feel--someone you like and trust. Talk to them until you feel better. Then listen to them while they tell you what is going on in their life.
- Do something you really enjoy--something you love to do--like go for a walk, read a good book, play with your pet, draw a picture or sing a song
- Get some exercise--any kind of movement will help you feel better. It doesn't have to be strenuous.
- Eat something healthy like a salad, some fruit, a tuna fish sandwich or a baked potato.
- Develop and use a symptom monitoring and response plan (Wellness Recovery Action Plan™) to help yourself get well and stay well.

2. When you feel better, you will have many wonderful experiences--warm spring days, snowy winter days, laughs with friends, playing with children, good movies, tasty food, great music, seeing, hearing, feeling. You will miss all these things, and many more, if you are not alive.

3. Your family members and friends will be devastated if you end your life. They will never get over it. They will think about it and miss you every day for the rest of their lives. If you have a box of family photographs, choose some photos of the people you love and display them around your house to remind yourself that you never want to hurt these people.

When symptoms are very severe, you may have a hard time making good decisions for yourself. To make it hard to make a bad decision, like ending your life, make suicide hard for yourself by taking these preventive actions.

- Get rid of all the old pills and any firearms you might have around your house.
- Give away your car keys, credit cards and check books when you start to feel experience symptoms--before they get worse.

There are good people who can help you through these hard times. It may be your family members or friends. Set up a system with them so they will stay with you around the clock when your symptoms are severe. If you don't have family members or friends who could do this, call your local mental health emergency services and ask them what to do.



If you have a mental health crisis in your family and need assistance – call 911. Be clear with the dispatcher what the situation is, that it is a mental health crisis, and you need the DM Mobile Mental Health Crisis Unit to assist.

The goal is to keep everyone safe and to seek the appropriate level of assistance for the ill family member or friend.

The first people to arrive to the situation will be Des Moines police officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if the Mobile Crisis Unit is needed.

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

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

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

**Research Study
- Research Project -
Senior Parent(s) Providing Support for Adult Children with
Schizophrenia or Schizoaffective Disorder**

The purpose of this research study is to examine the caregiving relationship between senior parents and their adult children with schizophrenia or schizoaffective disorder. The study is to investigate mutual support within family units. A single interview will be conducted with each family member: the parent(s), an adult sibling and the adult child with schizophrenia or schizoaffective disorder. Each interview will last about an hour and a half and will be scheduled at your convenience. No travel is required. Compensation is available. Participation is voluntary.

If you have any questions or would like more information, please contact: James R. Power, MSW, LMSW
Doctoral Candidate, School of Social Work, U. of Iowa
319-339-1958 or 515-210-1858
James-power@uiowa.edu

**National Institute of Mental Health
Schizophrenia Research Programs**

Research volunteers needed for a genetic study of schizophrenia. This is a brief outpatient study requiring no change in medication. Financial compensation provided – transportation & lodging assistance available.

The study can be completed at home or at the National Institute of Mental Health. To be eligible, you must:

- Be between the ages of 18 and 55 years old
- Have a diagnosis of schizophrenia or schizoaffective disorder

Contact NIMH Schizophrenia Research Program:
301-435-8970 or toll free at 1-888-674-6464 or
schizophrenia@mail.nih.gov

There is also a Genetic "Trio" study of schizophrenia. If you have been diagnosed with schizophrenia or schizoaffective disorder and have siblings or parents who would be willing to donate a sample of blood, you may qualify. You must also be willing to be interviewed over the phone or in person and donate a sample of blood. The study can be done at NIH or in your home community. Call to learn more 301-435-8970 or toll free at 1-888-674-6464 or
schizophrenia@intra.nimh.nih.gov

Has your brother or sister been diagnosed with schizophrenia? NIMH is conducting an important two-day outpatient study of the genetics of schizophrenia. Siblings will be asked to donate a sample of blood and participate in the same testing procedures as their brother or sister with schizophrenia. The testing procedures are designed to understand how the brain functions. To be eligible for this study, the sibling with schizophrenia and the brother or sister must be:

- Between the ages of 18 and 55 years old
- In good physical health
- Free of serious alcohol or drug abuse
- Willing and able to consent to research

Financial compensation, travel and lodging assistance available.
301-435-8970 or toll free at 1-888-674-6464 or
schizophrenia@mail.nih.gov

**How to contact the
Iowa Dept. of Mental Health and Disability Services**
(Established in 2006 via HF 2780 by the Iowa legislature)

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

Phone: 515-281-7277

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

Director	Dr. Allen Parks
Assistant to the Director	Barbara Jean Funke
Children & Youth Bureau Chief	Pam Alger
Child/Youth Specialist	Mary Mohrhauser
Child/Youth Specialist	Becky Flores
School Specialist	Laura Larkin
Adults Bureau Chief	Dr. Kelly Pennington
State Payment Program	Lin Nibbelink
Community System Consultant	Julie Jetter
Community System Consultant	Robin Wilson
Emergency Mental Health Specialist	Karen Hyatt
Secretary	Kay Hiatt
Older Adults Program Specialist	Lila Starr
Budgets, Contracts & Grants	Charlie Leist
Accreditation/Bureau Chief	Jim Overland

New Era in Schizophrenia Research

August 1, 2008 NAMI E-news

Two extensive international studies have independently identified DNA mutations that have a big impact on the risk of schizophrenia. Using different methods, two research groups found that people missing specific "chunks" of DNA run a much higher risk of schizophrenia.

Although the DNA mutations are found in only 1% of people living with schizophrenia, the mutations increase the risk of developing schizophrenia in the first place by as much as 15-fold.

The results of the studies, headed by Dr. Pamela Sklar of Massachusetts General Hospital and Dr. Kari Stefansson of Decode Genetics in Iceland, suggest that the genetic component of schizophrenia is a large number of rare variations, rather than a few common variations.

In other words, the genetic mutations causing schizophrenia may not be consistent across the population. The disease may be driven by a constant flow of new mutations.

Dr. Sklar told the Associated Press that it is not unusual for a very rare cause of a disease to provide insights that apply more generally, even though they may not represent a breakthrough tied to a cure. They may eventually suggest "new avenues" for researching new therapies, she told Reuters news services.

In an interview with Reuters, David St. Clair of Scotland, who was involved in both studies, called the findings "the beginning of a new era in schizophrenia research."

Reported in Web, M.D. – July/August issue

Tony Shaloub, star of the TV series *Monk* and *Monk* co-creator David Hoberman have teamed up with the Anxiety Disorders Association of America on an OCD (Obsessive-Compulsive Disorder) campaign titled "Treat It, Don't Repeat it: Break Free from OCD".

**Campaign for Mental Health Recovery
Iowa Advocates receives a 2nd grant**

In May 2008, funds became available to support and enhance the Campaign for Mental Health Recovery (CMHR) through the development and implementation of consumer-operated State community-based mental health outreach education and social inclusion activities. SAMHSA's Campaign for Mental Health Recovery (CMHR) is a national, multi-year effort that seeks to promote social inclusion and recovery from mental health problems.

Funded CMHR projects include a multicultural target audience of young adults who are 18-25 years of age, particularly focusing on mental health awareness and education among the Hispanic American, African American, Chinese American, and Native American populations. Following a competitive application process, eleven organizations were selected to receive the project awards.

Iowa Advocates for Mental Health Recovery, Sioux City, IA, was one of successful applicants and received \$25,000. A writer's workshop will be held at the Sept. 24-25 Dual Recovery Anonymous (Free Follow-up) Conference.

The organization will compile written stories of hope and recovery in a book by culturally diverse young adults between 18-25 years old who self-identify as mental health consumers. The books will be distributed to various audiences through book signings, new releases, speaking engagements, classroom presentations, and Web site exposure

This is the second grant that Iowa Advocates for Mental Health Recovery have received. The first grant received was to establish the "**Iowa Healing Voices**" campaign – 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

The contact person for both projects is:

Mike Wood e-mail: mhasiouxlalnd@aol.com

MHA of Siouland

2003 Geneva Street

Sioux City, Iowa 50113

Federal Legislative Issues

www.nami.org/advocacy

Contact information for members of Congress

Capitol Switchboard 1-202-224-3121

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

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

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

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

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

Check out our updated Explore the Candidates web page at www.nami.org/election2008/candidates and learn how presidential candidates are responding to NAMI's questionnaire on issues of importance to persons living with serious mental illness and their families.

Military Mental Health Briefing

Excerpts of a Presentation by Clarence Jordan,
NAMI Board of Directors

*American Psychiatric Association, HealthyMinds.org
Washington Press Club - April 30, 2008*

As a 15-year veteran of the U.S. Navy, I know how combat situations, and even the basic aspects of military life, put unique stressors on those of us who serve and our families.

I can say now with the clarity of hindsight that I struggled for many years with mental illness when I was active duty in the Navy.

While the signs of a problem were there, and more than one person tried to point them out to me, I completely denied that anything was wrong.

My mental illness ultimately led me to leave the military, and for nearly a decade I bounced from one job to another and from city to city.

It wasn't until 1998 that I finally had to face the fact that I had a problem. At the time, I was using alcohol and other drugs to keep from dealing with the realities of my life, and that approach ultimately led me to trouble with the law.

I owe a debt of gratitude to the judge who gave me the choice of going to jail or going into treatment. It was the push I needed to start turning things around.

I went to the local community mental health center in Nashville where I was living and met with several doctors who evaluated my condition. I ultimately was diagnosed with depression and I stayed in treatment at that health center for another 12 months to work through the issues I was experiencing.

I'm living proof that having a mental illness does not mean you can't live a happy, productive life. Since leaving that initial treatment, I've not only held responsible jobs but I've gotten actively involved with the National Alliance on Mental illness where I do training and advocacy work to help others achieve their potential.

I think it's important for people to realize that there are different types and levels of mental illness, and that the most important thing they can do if they think they have a problem is to step forward and talk to a mental health professional to find out.

I personally had no base of experience or knowledge about mental illness that would have led me to believe I had a problem. Furthermore, my personal "image" of someone with a mental illness when I was in the military was definitely not me.

I can honestly say that I loved my time in the military, but I realize looking back that it was an environment that was not good for me. In addition to my own lack of awareness about mental illness, there was, at that time, a serious lack of any information about the topic provided through the military.

And it was definitely not something that soldiers talked about. While I think that this situation has improved, I was not surprised to learn that more than 60 percent of military members responding to the APA survey reported they were concerned that having a mental illness would have a negative impact on their career.

That says to me that we need to continue our efforts to make sure that people understand that mental illnesses are real. And that they're treatable.

Through my work with NAMI, I've seen countless people overcome mental illness, and through appropriate treatment and management of their conditions, they go on to lead positive, meaningful lives.

I had a wonderful support network of family and friends who stood with me through my darkest hours, and I will forever be grateful to them. I know it's not an easy journey, but it is a journey that can be successful.

**On Sunday, September 7, please join us at the
legislative forum at Westminster Presbyterian
Church, 4114 Allison Avenue (just off Beaver Road)
– 2-4 P.M.**

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

See yourself as a person, not an illness.

VA Seeking OEF/OIF Veterans

Combat veterans are eligible for free medical care from the Veterans Administration (VA) for most conditions for five years after they separate from active duty. The VA is reaching out to veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) who have been discharged but have not contacted the VA about their benefits.

In addition to health care, other possible benefits include home loan guarantees, education, training and life insurance. If you are - or if you know - an OEF-OIF combat veteran who has not contacted the VA to learn about these benefits, please contact the nearest VA facility or visit: <http://www.oefoif.va.gov/> for more information.

MTV Seeking Iraq Veterans with PTSD

MTV has contacted us about a new True Life episode on Iraq War veterans living with PTSD. The producers are looking for help connecting with young veterans (under the age of 28) who would be willing to share their story with MTV over the course of several months.

True Life is an award-winning documentary series that explores issues affecting young people. A recent episode on schizophrenia aired in May and featured Amber Main of NAMI Virginia, focusing on her return to college one year after receiving her diagnosis. The episode was well received and Dr. Duckworth agreed to answer questions on a blog following the show.

You can watch clips of the show here: http://www.nami.org/Template.cfm?Section=Top_Story&template=/contentmanagement/contentdisplay.cfm&ContentID=62461&title=S_chizophrenia

We'd appreciate your help in passing this information along to any NAMI members who you feel may be interested in this opportunity.


MTV producers can be reached directly at ptsd@mtvn.com, tptsd@gmail.com, or 718-422-0706. If candidates would also like to be considered for future NAMI opportunities, they may CC me at christinea@nami.org.

Psychiatric Service Animals, Therapy Dogs, Emotional Support

Therapy Dogs are Dogs trained to go the hospitals and such and have different training guidelines. These are NOT Service dogs.

Emotional Support Animals fall under the Rehabilitation Act of 504 and Fair Housing Act, in regards to the No Pet Policy. These animals are used at home, NOT in public, and are prescribed by a Medical Provider.

Psychiatric Service Dogs are ADA Service Dogs. They have more training, meeting the minimum standards for Service dogs, http://www.deltasociety.org/download/sd_min_stds_rev2a.pdf, <http://www.psychdog.org/> These animals are also prescribed by Medical/ Mental Health Providers.

 See the first page of this newsletter for information on the 2 Family to Family classes we will be having this fall. The Indianola class starts September 4 (Thursday nights) and the Des Moines class starts September 23 (Tuesday nights). **Why is family education so important?**

- 1 in 4 families contains a member who has a mental illness.
- 40% of persons with severe mental illness live with their families.

- Families frequently serve as caregivers and support persons for their family member. They are often times held responsible for the care of the individual.
- Families can be the first line of defense against relapse. The majority of families can notice changes in their family member prior to a psychotic episode.
- Through family education and support, relapse rates decrease.

Over 1000 people have completed the Family to Family class in Iowa.

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.

When dues are paid to NAMI Greater Des Moines – you have NAMI GDM membership (local affiliate), a state membership, and a national membership (3).		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	Yes	Yes
When dues are paid to NAMI Iowa – you have a state membership and a national membership		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	Yes	No membership
NAMI E-Join is a nationwide online membership initiative that began June 20, 2007. E-Join will allow visitors to NAMI's Web (www.nami.org) site to join online, using a credit card, for a universal dues rate of \$35/annually. The money is sent to the state and local affiliate.		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	Yes	Yes

Intensive Psychiatric Rehabilitation

Thanks for sending the newsletter—you do a great job with that! We always share in our IPR groups and it stimulates some very interesting conversations!

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

The major eligibility requirements are that they have a diagnosed psychiatric disability and have Title XIX (although we do accept private pay, it can be expensive). I am more than happy to meet with people, even if they just want information! Please feel free to send anyone, who you think might benefit, my way.

Thanks!

Shannon Evers
Intensive Psychiatric Rehabilitation
515-235-8830

On Sunday, September 7, please join us at the legislative forum at Westminster Presbyterian Church, 4114 Allison Avenue (just off Beaver Road) – 2-4 P.M.

NAMI Greater Des Moines Board of Directors Effective January 1, 2008

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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

January 9, 2009 – 2009 Session Begins

April 1, 2009 – Advocating Change Day at the State Capitol

Update on Polk County Waiting List

As of the end of July there are now -

- **349** on the waiting list for disability services,
- **262** have chronic mental illness or mental illness
- **61** have mental retardation
- **25** have developmental disabilities
- **1** is unknown
- **117 of the 349** are at risk of hospitalization and/or homelessness
- It is taking an average of **313 days** to get into Polk County health system to receive services.

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.

Please talk to your legislators on the issues that matter to you. Ask them what they plan to do and what you can do to help them.

- ✓ **There is not enough money in the mental health system** – In this time of statewide disaster due to tornadoes and flooding, it would compound the problem astronomically to cut funds for mental health when the need has reached a striking crescendo.
- ✓ **An inadequate workforce** – could be addressed through incentives to enter the mental health field, incentives to stay in Iowa once they are trained, to a broad base of mental health education mandated in schools, colleges, and critical professions along with mental health education for a broader base of the public in general.
- ✓ **Inadequate beds** for acute care, sub acute care, rehabilitation, and recovery.
- ✓ **Inadequate services** – all of which are dependent on money, workforce, and insurance parity along with jail diversion so people are diverted to treatment rather than incarceration.

Grants for Medical Care for Children

The United Healthcare Children's Foundation (UHCCF) provides grants to families to help pay for child health care services such as speech therapy, physical therapy, occupational therapy sessions, prescriptions, and medical equipment such as wheelchairs, orthotics, and eyeglasses. Kids must be 16 or younger.

Parents and legal guardians may apply for grants of up to \$5,000 each for child medical services and equipment by completing an online application at the UHCCF Web site <http://www.uhccf.org/>

If a grant is approved for the child, the grant will help pay for approved medical services/items after the child's commercial health benefit plan submits payment for services provided, if any. The grant funds are not paid to the parent or child directly – invoices/bills are submitted to UHCCF for approved medical services/items after the commercial health benefit plan submits initial payment (if any) to the health care provider.

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

See yourself as a person, not an illness.

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

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For a review of facts and figures and mental health issues -
please see the October 2006 and January 2008 newsletters on our
website www.nami.org/sites/NAMIGreaterDesMoines

**On Sunday, September 7, please join us
at the legislative forum at Westminster
Presbyterian Church, 4114 Allison
Avenue (just off Beaver Road) – 2-4 PM.**

A Meditation for Advocates of Persons with Mental Illness

Give us forbearance when ignorance about mental
illness causes the afflicted shame or denies them
opportunities to better their lives.

Gift us with the creativity to find new ways to eliminate
the stigma fed by lack of information and outdated
rules.

Help us model calm resolve as we encounter the
people, organizations and officials who can encourage
and build fair systems for everyone.

Soften the hearts of all so that our dear ones are fully
accepted by society and the systems meant to support
it.

--Cece Arnold, NAMI GDM Board Member



To find out how to participate – go to www.nami.org/namiwalks/IA
Or call Jay Brewer – the walk manager – at 515-321-8051.

SAVE THE DATE - Saturday, Oct. 4, 2008

NAMI is a grassroots mental health organization. This is the
second year for our major fundraiser in Des Moines – the *NAMI
Walks for the Mind of America*. We hope you will decide to help us
out by walking with us – and perhaps making a donation.

When you donate to the walk - if you choose to designate the NAMI
Greater Des Moines local affiliate –
40% of the funds will go to NAMI Greater Des Moines
15% of the funds will go to NAMI National, and
45% - will go to NAMI Iowa

If NAMI Greater Des Moines is not designated – we will receive no
funds from your donation.

We would be most grateful if you would choose to designate NAMI
Greater Des Moines so all three levels of our organization can
benefit from your generosity.

Funds are needed for our continued operations and to continue
with our projects – from the newsletter to the educational programs
and the proposed hospital exit program – as well as other projects
waiting in the wings.

Thank you.

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