



Greater Des Moines

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AFFILIATE AND SUPPORT GROUP NEWSLETTER

September 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. See the latest on Polk County mental health services funding on Page 3.

NAMI Walks is 30 days away.



NAMI WALKS is a little over 30 days away – Saturday, Oct. 3 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. To volunteer or sign up 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. 3, 2009

The purpose of the Walk is to raise funds to support individuals and families affected by mental illness AND work on eliminating the stigma surrounding mental illness.

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

10% of the funds will go to NAMI National, and

50% - will go to NAMI Iowa

If NAMI Greater Des Moines is not designated in your on-line donation or noted on your check, 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. Thank you.



Golf and help NAMI at the same time

Community Choice Credit Union is sponsoring a golf tournament and the proceeds will benefit NAMI.

When: **Friday, October 2, 2009**

Where: Terrace Hills Golf Course, 8700 NE 46th Avenue, Altoona

Time: Lunch at 11 AM, Shotgun start at Noon

Festivities: Free lunch, dinner, and beer

DJ and raffle prizes following golf

Rules: Best shot

Price: \$300/foursome

Contact: Brandon Hays

515-334-8153

bhays@comchoicecu.org

Tee sponsorship: \$300 – You can own the hole.

Showcase your business to others and support a good cause.

Other sponsors: Cell City Wireless, Outlaw's Barbeque & Fast Signs

Each year, about one in four adults (26.2 percent) suffers from a diagnosable mental illness, according to the National Institute of Mental Health.¹

In the United States, people with serious mental illness die, on average, 25 years earlier than the general population. To give this statement another perspective, a person with serious mental illness in this country has the same life expectancy of a person in Bangladesh.

NAMI Convention: A Beautiful Moment, a Beautiful Mind

NAMI Stigmabusters – 7-28-09

For many convention attendees witnessing Nathaniel Ayers receive the Rona and Ken Purdy Award and perform live on the cello and violin was the highlight of NAMI's national convention in San Francisco.

Ayers' journey from studying at the prestigious Julliard School of Music to living as a homeless street musician in Los Angeles has inspired *The Soloist* book and film.

Steve Lopez of the *Los Angeles Times*, who continues to chronicle Ayers' story, and Jennifer Ayers Moore, Nathaniel's sister, presented Ayers with the Purdy award to honor the courage Ayers has shown in sharing his personal experiences of living with schizophrenia.

Ayers' story has challenged public perceptions of mental illness and homelessness, encouraging people across the country to replace stigma with understanding.

Following his acceptance speech, Ayers captivated the audience once again, this time with moving performances on both the cello and the violin, two of the six instruments he had brought with him.

Convention attendees viewed a special screening of *The Soloist* and joined Lopez and Ayers Moore for an audience discussion about their personal experiences with Nathaniel.

Following the film, NAMI members stood in a long line, patiently waiting for a chance to personally thank Ayers for sharing his story.

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

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

See yourself as a person, not an illness.

Our **Education** 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.

Our **Business** meetings are on the 2nd **Thursday** of each month at the NAMI-Iowa Office. We discuss

1. Business
2. Marketing and membership
3. Support
4. Education
5. Advocacy
6. Fundraising
7. Special Events

	Tuesday, Sept. 1	Family to Family class starts—a free 12 week class for family members of adults with mental illness. Where: Mercy Franklin, 1818 48 th St., Des Moines. 6:30 – 9 PM in the West Conference Room just off the entrance from the west parking lot. Class starts Tuesday, Sept. 1 and will be held every Tuesday, until Nov. 17. Contact: Theresa Stiner at 263-0452 or lstiner@msn.com Or Mary Kline-Misol at 457-9155 or smkmisol@mchsi.com
	Thursday, Sept. 3	Visions for Tomorrow starts – a free 8 week class for parents and caregivers of children and adolescents. 6:30- 9 PM. Contact Diane Johnson for more information: 515-273-5054 or DLJohnson@magellanhealth.com
	Friday, Sept. 4	Mental Health First Aide starts – Sept. 4 through Oct. 9 – 12:30 to 2:30 P.M. – Contact Diane Johnson for more information: 515-273-5054 or DLJohnson@magellanhealth.com
	Tuesday, Sept. 8	Family to Family starts – a free 12 week class for family members of adults with mental illness. Where: Des Moines VA Hospital - Behavioral Health Building 6M (the new building along Douglas near the corner of Lower Beaver)- 6:30 – 9 PM. Starts Tuesday, Sept. 8 and will be held every Tuesday until Nov. 24. Contact person at the V.A. to register for the class is Steve Halverson 515-669-2660.
Sunday, Sept. 13, 2 PM	The topic will be “ Mental Health First Aid ”. Presenters will be Diane Johnson and Kelly Ramus.	Thursday, Sept. 10, 5 PM Business meeting
	Sunday, Sept. 13	Peer to Peer class starts – a free 9 week class for persons in recovery - at the NAMI Iowa office from 2-4 P.M. Participants must be at least age 18 and are interviewed prior to acceptance into the class. Contact Dawn Olson if you interested in participating - Home phone: 641-842-3859 dawnao@iowatelecom.net or call the NAMI Iowa office at 515-254-0417
	Wed., Sept. 30	Bringing It All in Balance – Healthy Mind and Healthy Body – a one day conference for nurses, social workers and other allied professionals regarding balance in their personal and professional lives. Sponsored by Polk County Mental Health Group. Location: Mercy Main East Tower Auditorium Lunch and Continental Breakfast Included. Cost: \$65.00, \$70.00 at the door Hours: 07:45am to 5:00pm CEU's: RN, SW, CADC, CME & other allied professionals, 6.0 contact hrs
	Tues to Thursday, Sept. 29 to Oct. 1	Pathways to Promise , an interfaith, mental illness ministries organization is sponsoring a national summit, <i>Companions on the Road to Recovery from Mental Illness: Pathways for the 21st Century - Models of Ministry and Collaboration</i> in Belleville, Ill., Sept. 29 - Oct. 01. The conference is designed to equip congregations and clergy for effective ministry with individuals and families facing serious mental illness by offering mental illness ministry models and resources. The basic aim is to lay the foundation for a network of local mental illness ministry training centers and programs around the country. For more details and to register, go to the Pathways to Promise Web site or http://www.pathways2promise.org/
	Friday, Oct. 2	Community Choice Credit Union is sponsoring a golf tournament and the proceeds will benefit NAMI. Would you like to volunteer to help us at the tournament? Contact: Teresa 277-0672 Where: Terrace Hills Golf Course, 8700 NE 46 th Avenue, Altoona Time: Lunch at 11 AM, Shotgun start at Noon Price: \$300/foursome Rules: Best shot Festivities: Free lunch, dinner, and beer - DJ and raffle prizes following golf Golf tournament Contact: Brandon Hays 515-334-8153 bhays@comchoiccecu.org
Saturday, Oct. 3	NAMI Walks at Des Moines Waterworks Park Registration starts at 8 AM. The Walk starts at 10 AM.	Thursday, Oct. 8, 5 PM Business meeting
	Tuesday-Wed Oct. 6-7	2009 Mental Health Conference “The Road to Recovery and Wellness” at the Scheman Building, Iowa State University, in Ames. Registration is \$125 until Sept 22. Register online at www.trainingresources.org before October 1, 2009. 12.25 CEU’s. <ul style="list-style-type: none"> • Provides an educational opportunity to hear professionals and experts share the most recent trends and issues, treatment methods, and research relating to mental health, mental illness and co-occurring disorders. • Provide a forum to stimulate discussion, exchange ideas, and strengthen the support and information network around the state. • Generate public interest in issues relating to mental health and co-occurring disorders.
	Mon-Wed Oct. 26-28	“Building Brighter Futures” – a conference sponsored by the Coalition for Children’s and Families Services - 27 workshops – can earn up to 16 continuing education credits – will provide training on child welfare, family counseling, and mental health and substance abuse. On-line registration available at www.iachild.org . Registration fee for entire conference \$220 plus \$25 for non-online registrations plus \$25 if paid after Oct. 12.

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.

Polk County Waiting List Update - More Roadblocks, More Delays

As of the end of July there are now -



- **545** on the waiting list for disability services,
- **330 of the 545** are receiving only non-wait list services
- **389** have mental illness
- **109** have intellectual disabilities (mental retardation)
- **45** have developmental disabilities
- **2** unknown
- **163 of the 545** are at risk of hospitalization and/or homelessness
 - Longest on List: **842 days**
 - Average Time on List: **302 days**
 - Average Time for those admitted: **430 days**
- **109** 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.

Out of the stimulus funds Iowa is to receive, \$10 million was allocated to the Risk Pool for the entire state. Polk County submitted a request for funds to help reduce the waiting list.

Polk County awarded Risk Pool funds but where is the money coming from and when? Will it ever arrive?

Providers in Polk County have been preparing to rapidly put services into place to serve everyone on the waiting list, pending the availability of Risk Pool Funds. On Monday, August 10, the Risk Pool Board awarded \$7.3 million of the \$7.9 million requested by Polk County. BUT, checks to the seven counties receiving Risk Pool awards will not be written September 15, as required by law.

The Roadblock is . . .

The Legislature used Federal economic stimulus money as the source of revenue for the Risk Pool. Medicaid regulations do not allow Federal funds to be used as matching funds. Some of the Risk Pool applications used a portion of the funds as Medicaid match. Less than \$1.5 million of the award to Polk County would have been used to match Medicaid, and other county-funded services could have easily been substituted for those.

The Legislative Services Agency has notified the chairs and ranking members of the State appropriations committees of the problem, which affects a few other pots of money as well. The solution is for the Legislature to exchange the Federal economic stimulus money with state funds used for other things that do not include Medicaid, for example the State Payment Program. The intent is that checks will be sent as soon as the exchange is completed, hopefully in January.

In the meantime -

Polk County Health Services and the Polk County Board of Supervisors are not comfortable proceeding with an aggressive reduction in the waiting list based on the promise of this issue being resolved in January. The Legislature is facing a very difficult budget year, and key leaders have not been able to give assurance that the exchange will happen and that the Risk Pool will remain fully funded

Mobile Crisis Team still on a bumpy ride

In the meantime, negotiations between the Iowa Department of Human Services and Eyerly-Ball Community Mental Health Services for state funding for the Mobile Crisis Response Team have fallen through. Eyerly-Ball requested that Polk County reconsider funding the program, and the Polk County Health Services Board of Directors on August 12 approved that request. A contract amendment will be presented to the Board of Supervisors in the near future.

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 8-09
Ill & Handicap,	3163	1857
AIDS/HIV	56	8
Elderly	12052	0
Intellectual Disabilities (Child)	2851	0
Intellectual Disabilities (Adult)	572	33
Brain Injury	1168	736
Physical Disability	1292	1342
Children's Mental Health	1117	647

Total persons on all waiver waiting lists
4623 (last month 4505)

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."

For now

A budget amendment for Polk County is being prepared that will restore funding for the Mobile Crisis Response Team but will not include funding for eliminating the waiting list or building the reserves in the MH/DD Services Fund. If Risk Pool Funds are received later in the year, the budget will be amended and the work to provide services to individuals on the waiting list will resume.

Polk County is in the same dire circumstance as before. The waiting list continues to grow. Mobile Crisis funding is still winding its way through a circuitous path.

Excerpts from the 2003 President's New Freedom Commission Report

"Americans with mental illness deserve our understanding, and they deserve excellent care. They deserve a health system that treats their illness with the same urgency as physical illness... mental disability is not a scandal—it is an illness. And like physical illness, it is treatable, especially when the treatment comes early."

"After a year of study, and after reviewing research and testimony, the Commission finds that recovery from mental illness is now a real possibility. The promise of the New Freedom Initiative— a life in the community for everyone—can be realized"

"...the commission recommends a fundamental transformation of the Nation's approach to mental health care. This transformation must ensure that mental health services support and actively facilitate recovery, and build resilience to face life's challenges. Too often, today's system simply manages symptoms and accepts long-term disability."

Three obstacles prevent Americans with mental illnesses from getting the excellent care they deserve:

- Stigma surrounding mental illnesses
- The fragmented mental health service delivery system
- Unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance



Be Prepared for the Revolution of Mind & Body Understanding

Open Minds 7-14-09 openminds@openminds.com

This information is from "State of Mind," a weeklong program which was held at the Chautauqua Institution. The program is focused on current research findings related to brain disorders and brain injury—and their implications for human development, health care practice, and social policy.

The opening lecture was delivered by Thomas Insel, M.D., director of the National Institute of Mental Health. Dr. Insel's overarching theme was one of the evolution of scientific understanding and of health care practice. He stressed the "new discoveries" that are shaping practice—while being quick to point out that we are "only 10%" on the way to understanding complex brain functioning.

Dr. Insel reminded the audience how the basic assumptions in psychiatry have changed—due to neuroscience—since he was in medical school. He pointed to a couple 'myths' that have been disproved:

Myth # 1: Brain development is done at birth. Brain development is not complete until age 25. From that point forth, we lose brain cells at the rate of 50,000 or so per day, but the brain continues to generate new brain cells throughout our lifetime.

Myth # 2: The brain is static. The brain is adaptable—with new research showing that the hippocampus actually grows when adults engage in new learning.

Not only has neuroscience disproved past thinking, it has already changed treatment—from the use of psychological principles alone to combining knowledge of behavior with knowledge of neuroscience. Dr. Insel suggested three future affects of neuroscience on treatment:

1. Understanding the difference in behavioral/neurological diseases in terms of the death of cells versus the faulty circuitry of cells. A whole group of conditions are related to the death of cells (Parkinson's disease, ALS, Alzheimer's) while others (schizophrenia, bipolar disorder) are a function of faulty communication/circuitry between cells. This understanding will come to drive treatment approaches.
2. Developments in neuroscience will eventually allow us to move 'upstream' in preventing mental illness, much like the treatment of heart disease. New scanning technologies will allow us to detect changes in brain cells earlier—and to intervene to prevent (or delay) symptomatology. There is no predictive testing (via scanning, genomics, or biological testing) now for mental illnesses, addictions, or Alzheimer's disease, but such testing is in the pipeline.
3. The future of treatment is to harness the development of new brain cells. Research shows us that most serious mental illnesses start before human brains are fully developed. The key is to detect and prevent brain development from going off course.

Brain scanning technology is going to be central to 'state of the art' programming for the prevention, diagnosis, and treatment of behavioral disorders.



Volunteers Needed for NAMI Greater Des Moines Partners for Recovery Program

NAMI Greater Des Moines has formed a committee to research and develop working phases for a hospital based program titled "Partners for Recovery". The overarching goal of this program is to develop a comprehensive discharge plan using hospital and NAMI Greater Des Moines members, family members, consumers and other persons of support that may be unique for each individual.

We are very excited and energized about this program. At the same time, we will need much help and are looking for volunteers from our Greater Des Moines NAMI family. We are confident there will be sufficient number of volunteers to join the team to make this project a reality. Please contact Jim Goodrich if you are interested in volunteering for this project – jmrich523@gmail.com or 490-2758.

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

See yourself as a person, not an illness.



Ten Fundamental Components of Recovery

SAMHSA

1. **Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life.
2. **Individualized and Person-Centered:** Individuals identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.
3. **Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing.
4. **Holistic:** Recovery encompasses an individual's whole life. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.
5. **Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.
6. **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
7. **Peer Support:** Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
8. **Respect:** Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery.
9. **Responsibility:** Consumers have a personal responsibility for their own self-care and journeys of recovery.
10. **Hope:** Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them.

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. If you receive our newsletter by e-mail and would rather receive it by snail mail – or if you receive our newsletter by snail mail and would rather receive it by e-mail – communicate your preference to: Teresa Bomhoff, Box 12174, Des Moines, Iowa 50312 or E-mail: tbomhoff@mchsi.com or namigdm@gmail.com
 NAMI Greater Des Moines 277-0672
 NAMI Iowa Office 254-0417 or toll free 1-800-417-0417 M-F 9-4
 NAMI National Help Line 1-800-950-6264–Mon-Fri 10 AM-6 PM EST

Iowa Healing Voices



The “Iowa Healing Voices” campaign – is a speaker’s bureau for persons with mental illness and their families. If you are interested in becoming a speaker for the “Iowa Healing Voices” speaker’s bureau – more information can be found at their website: www.hopetalks.com – contact Mike Wood, 2003 Geneva Street, Sioux City 50113 e-mail: mhasiouxland@aol.com

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

Engebretsen 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

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)

Wellness Recovery Action Planning (WRAP)



There are 5 key concepts to WRAP –
 Hope, Personal Responsibility, Education
 Self-Advocacy, and Support

Using your WRAP Plan and Wellness Toolbox will assist you in your journey to recovery and help manage your illness.

For more information on WRAP – go to
www.mentalhealthrecovery.com

The training involves 18 hours of classroom experience. Class will be once a week for 2 hours at a time. There is some expense involved (about \$50). If interested, contact:

Ron Clayman 279-5710 or bacomentalhealth@aol.com

Diane Johnson 273-5054 or DLJohnson@magellanhealth.com

Shirley Long-Waddell, 494-2759 or lshirl18@yahoo.com

Or James Bremhorst 800-638-8820, ext, 85221

JWBremhorst@magellanhealth.com

For more information on WRAP, go to

www.copelandcenter.com

www.mentalhealthrecovery.com

Would you like to become a **support group facilitator** for a NAMI Connections 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

When one door closes, another opens. But we often look so long and so regretfully upon the closed door that we do not see the one which has opened for us - - *Helen Keller*

SUPPORT GROUPS for Persons in Recovery

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

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

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

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

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

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

Every Thursday 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.DBSAAlliance.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.



NAMI Peer-to-Peer

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

Courses are taught by teams of 3 trained mentors who are experienced at living well with mental illness. 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

Assistance with Prescription Cost



The Partnership for Prescription Assistance -

Call 1-888-477-2669 or visit www.pparx.org to see if you may qualify for a variety of programs

available. **and**

Patients who lack prescription drug insurance and are not eligible for Medicare - call 1-800-444-4106 or visit the [Together Rx Access Web site](http://TogetherRxAccess.com) for the **Together Rx Access™ Card**.

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

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)



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.

Mental Health First Aid Training

http://www.mhfa.com.au/program_overview.shtml

This 12-hour course is designed to give members of the public some skills to help someone developing a mental health problem or in a mental health crisis situation. The philosophy behind the course is that mental health crises, such as suicidal and self-harming actions, may be avoided through early intervention with people developing mental disorders. If crises do arise, then members of the public can take action to reduce the harms that could result.

If you are interested in having Mental Health First Aid Training, or would like more information, please contact Diane Johnson at 273-5054 or DLJohnson@magellanhealth.com. We will be having a presentation on Mental Health First Aid Training at our educational meeting on Sunday, Sept. 13.

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.

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

Other NAMI Teaching Moments

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

SUPPORT GROUPS for Family Members

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

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

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

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

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

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

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

We make a living by what we get, but we make a life by what we give. – *Winston Churchill*



Family to Family – a free 12 week class for family members of adults with mental illness – There will be 2 classes this fall.

Where: **Mercy Franklin**, 1818 48th St., Des Moines
Starts Tues., **Sept. 1** and will be held every Tues., until Nov. 17.
6:30 – 9 PM in the west conference room just off the entrance from the west parking lot.

Contact: Theresa Stiner at 263-0452 or lstiner@msn.com
Or Mary Kline-Misol at 457-9155 or smkmisol@mchsi.com

Where: **Des Moines VA Hospital**, Behavioral Health Building 6M,
6:30 to 9 PM in the new building along Douglas near the corner of Lower Beaver. Starts Tuesday, **Sept. 8** and will be held every Tuesday until Nov. 24. Contact person at the V.A. to register for the class is Steve Halverson 515-669-2660.

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

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NAMI Beginnings - Summer 2009

Issue #13 of our Beginnings magazine focuses on the intersection between the juvenile justice system and schools.
<http://www.nami.org/template.cfm?template=/ContentManagement/ContentDisplay.cfm&ContentID=81635&Istid=275>

The next **Visions for Tomorrow** teacher training is the weekend of Sept. 18-20 or Nov. 13-15. The training starts on Friday at 6 PM and ends on Sunday at 2 PM. If you are interested, please contact Jackie Elfmann at 515-254-0417 or 1-800-417-0417
namiowa@mchsi.com

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.



iPods may help Asperger's kids navigate life

A Minneapolis center is experimenting with the devices, and parents are hopeful.
By Maura Lerner, *Star Tribune* July 25, 2009

Sue Pederson knows that the teenage boys in her treatment program have trouble making conversation. They may not know what to talk about; or once they get started, when to shut up.

That's one of the striking features of people with Asperger's syndrome: they struggle with the social skills that come so naturally to others.

But about a year ago, Pederson, a psychologist, and her colleagues at the Fraser Child & Family Center in Minneapolis found a new way to reach these students -- right through their headphones.

They're using iPods, which play music and videos, to teach them how to fit in.

It may have started out as a form of entertainment, but Pederson says this kind of technology is turning into an unexpected boon for children and teenagers with special needs. The devices, it turns out, can be crammed with the kind of information they need to get through the day. While it's still experimental, she said, "I think it's going to spread like wildfire."

With Asperger's, a form of autism, people lack the inner voice that tells them what is, or is not, appropriate behavior. At Fraser, Pederson's staff came up with the idea of programming iPods to act as an electronic substitute for that missing voice.

In this case, the staff helped students create a series of short videos and slide shows on how to behave in different social settings. Some are barely 30 seconds long: How to carry on a conversation ("Let the other person talk AND change the topic..."); how to respect other people's boundaries, and think before they speak ("Use your filter!")

In the world of special education, these scripts are known as "social stories," used to teach basic social skills. "It's a mental checklist for things to think about when you're interacting with other people," explained Mandy Henderson, who works with Fraser's Asperger's program.

As part of the Fraser project, the students can transfer the videos onto their iPods, and replay them over and over, to drive the lessons home.

Little videos replace signs - Jack O'Riley, of Eagan, said it's just what his 15-year-old son P.J. needed. "This really hit the mark," he said. Like many kids with Asperger's, P.J. is baffled by the normal rhythms of social interaction: in conversation, he may blurt out too much information, or say nothing at all, his father says.

At the same time, P.J. is easily distracted and has a hard time staying on task, another common trait of Asperger's. For years, O'Riley posted laminated signs around the house to remind his son how to get through the day -- take a shower, brush his teeth, get ready for school.

Now, with the videos developed at Fraser, "we can plug this stuff into his little 'extended memory,'" O'Riley said. P.J. is building a library of videos on his iPhone, so they'll be at his fingertips. "He can pull up a topic on his 'to do list' and find everything he needs to know," his father said.

Sixteen-year-old Myles Lund of Lakeville, another student in the Fraser program, said he's learned to use the iPod to help control his emotions by playing his favorite music. "It helps take my mind

off of it," he said. At the same time, Myles, who says he rarely initiates a conversation, agrees the videos can help in social situations. "I just pull out my iPod and go through a list of things to talk about."

The staffers at Fraser came up with the idea after they noticed how students with Asperger's would use iPods as a calming device, to block out noise or other distractions. "We just started thinking how else can we use this technology," said Pederson. They got a \$7,500 private grant to buy the iPods and other equipment, and started experimenting.

They're not alone.

Jim Ball, an adviser to the Autism Society of America, said similar projects are popping up around the country. Some people are designing adaptations for smart phones, Palm Pilots and other devices to fill the same need, he said.



WRAP Workbook for Kids

http://www.mentalhealthrecovery.com/wv_children.php

West Virginia and Mary Ellen Copeland have spearheaded an initiative entitled "A Wrap Workbook for Kids". Now the mental health professionals are in the process of introducing [A WRAP Workbook for Kids](#) to children in schools, after-school programs, and communities throughout West Virginia. Interested youth will receive one-on-one support and encouragement for completing their own WRAPs. In addition, families will be encouraged to be a natural support network for the children as they go through the workbook.



Seeds of Hope Books

Finding My Way – A Teen's Guide to Living with a Parent Who Has Experienced Trauma

I'm Not Alone – A Teen's Guide to Living with a Parent Who Has a Mental Illness.

To order, visit www.seedsofhopebooks.com Or call 1-800-901-3480

Disability.gov Launched

Disability.gov is not just for Americans with disabilities, but also for parents of children with disabilities, employers, workforce and human resource professionals, veterans, educators, caregivers and many others.

Disability.gov features comprehensive information from 22 federal agencies, as well as educational institutions, non-profit organizations and state and local governments. Topics covered on the site include: benefits; civil rights; community life; education; emergency preparedness; employment; health; housing; technology; and transportation.

True or False? The Top 10 Myths About Bipolar Disorder

by: John McManamy

HealthCentral's Bipolar Connection at www.bipolar-connection.com

Like many mental illnesses, the commentary surrounding bipolar disorder is saturated with myths--it's hard to tell what's true and what's not. Below you'll find the real story.

1. Everyone has their ups and downs, so mine aren't that serious.

Yes, everyone has good days and bad days, but when these ups and downs seriously interfere with your ability to work, relate to others and function effectively, it is advisable to seek out a psychiatrist.

2. Bipolar disorder is a mood disorder.

Half true. Bipolar disorder certainly affects mood, but it also affects cognition and the ability to perform mental tasks. Some days we can out-think Stephen Hawking. Other days we make Forrest Gump look like an intellectual.

3. Yes, but bipolar disorder is still a mood disorder.

Granted, but for most of us it is also part of a package deal that may include anxiety, substance and alcohol abuse and sleep disorders. Also, researchers are finding smoking guns linking the illness to heart disease, migraines and other physical ailments.

4. Bipolar disorder is characterized by mood swings ranging from severely depressed to wildly manic.

Not necessarily. Most people with bipolar disorder are depressed far more often than they are manic. Often, the manias are so subtle that they are overlooked by both patient and psychiatrist, resulting in misdiagnosis. People with bipolar disorder can also enter long periods of remission.

5. Mania is like being on top of the world—if you could only put it in a bottle and sell it.

You wouldn't want to with most manias. True, some forms of mild mania are characterized by feelings of elation, but other types have road rage features built in. More severe mania turns up the heat, resulting in different kinds of out-of-control behavior that can ruin your career, relationships and reputation.

6. Bipolar disorder is caused by a chemical imbalance of the brain.

This is the simpler explanation—what you tell your family and friends. What you need to know is our genes, biology and life experience make us extremely sensitive to stress. Various stressors, such as personal relationships and financial worries, have the potential to trigger a mood episode if not effectively nipped in the bud.

7. Medications are all you need to combat bipolar disorder.

False. While medications are the foundation of treatment for bipolar disorder, recovery is problematic without a good lifestyle regimen (diet, exercise and sleep), effective coping skills and a support network. People with bipolar disorder also benefit from various forms of talking therapy and religious/spiritual practice.

8. Medications don't work for me.

For some people this may be true, but we all need to give our meds a chance. Treatment guidelines anticipate initial failures, and while no two guidelines are in agreement they are all based on the premise that eventually you will find a medication or combination of medications that will help you.

9. Lower quality of life and sluggish cognition are fair trade-offs for reducing mood symptoms.

False, big time. In the initial phase of treatment, meds overkill may be justified to bring your illness under control. But full recovery is based on improving your overall health and ability to function, not just eliminating mood symptoms. Over time, the side effects of medication tend to go away, so patience is advised. You may choose to live with minor side effects such as mild hand tremors. But if major side effects persist, you should work with your psychiatrist in adjusting doses or switching to different meds. The onus is on you to alert your psychiatrist to major side effects and to insist he or she take appropriate action.

10. Once you've been diagnosed with bipolar disorder, you can forget about leading a normal life.

False. Living with bipolar disorder is a challenge, and you may have to change your expectations, but you should never give up on living a rewarding and productive life.

Treating Dual Diagnosis: Mental Illness Plus a Drug or Alcohol Problem

12-14-08 – Healthy Place.com

Why is it important to treat both the psychological disorder and the alcohol/drug use?

When neither illness is treated, one illness can make the other worse. When only one illness is treated, treatment is less likely to be effective. When both illnesses are treated, the chances for a full and lasting recovery are greatly improved, and it is easier to return to a full and productive life.

How does recovery from dual disorders occur?

- Recovery must be the individual's choice. People cannot be "pushed" into giving up substances. Over time they can learn to manage both their illnesses and to get on with their lives in personally meaningful ways.
- The process of recovery begins as soon as someone enters a dual disorders treatment program or becomes committed to managing their illnesses.
- Recovery takes time, hope, and courage. For most people, recovery occurs over months or years.
- People in integrated dual disorders treatment programs learn to manage two long-term illnesses and build a new meaningful life without drugs. This process requires time, support, education, courage, and skills.
- You can help. Everyone in your loved one's life can help by offering support, hope, and encouragement.

What treatment is available for dual diagnosis?

Despite much research that supports its success, integrated treatment is still not made widely available to consumers. Those who struggle both with serious mental illness and substance abuse face problems of enormous proportions. Mental health services tend not to be well prepared to deal with patients having both afflictions. Often only one of the two problems is identified. If both are recognized, the individual may bounce back and forth between services for mental illness and those for substance abuse, or they may be refused treatment by each of them. Fragmented and uncoordinated services create a service gap for persons with co-occurring disorders.

Effective integrated treatment consists of the same health professionals, working in one setting, providing appropriate treatment for both mental health and substance abuse in a coordinated fashion. The caregivers see to it that interventions are bundled together; the patients, therefore, receive consistent treatment, with no division between mental health or substance abuse assistance. The approach, philosophy and recommendations are seamless, and the need to consult with separate teams and programs is eliminated.

Integrated treatment also requires the recognition that substance abuse counseling and traditional mental health counseling are different approaches that must be reconciled to treat co-occurring disorders. For instance, it is not enough merely to teach relationship skills to a person with bipolar disorder. They must also learn to explore how to avoid the relationships that are intertwined with their substance abuse.

Dual diagnosis services include different types of assistance that go beyond standard therapy or medication: assertive outreach, job and housing assistance, family counseling, even money and relationship management. The personalized treatment is viewed as long-term and can be begun at whatever stage of recovery the person is in. Positivity, hope and optimism are at the foundation of integrated treatment.

Self-help may also be useful.

Self-help groups, such as Alcoholics Anonymous or Double Trouble, are valuable to some people; it may be added to integrated dual disorders treatment, especially when the person has started on a path of recovery. Self-help groups such as Al-Anon, can be valuable to family members.

Why is it important to stay clean and sober when getting treatment?

Mixing alcohol or drugs with medication can have serious and dangerous effects. Many medications, including over-the-counter medications, interact with alcohol or drugs in harmful ways. It is also unlikely that you will benefit from talk therapy if you are under the influence.

What can family members and significant others do when a loved one is dealing with dual diagnosis or co-occurring disorders?

- Get support for yourself. Join a family support group and attend self-help groups.
- Support your loved one's efforts in their recovery process.
- Be clear that you care about your loved one, but that you can set limits around disruptive behaviors.
- Understand that relapse is part of the recovery process.
- Recognize that your loved one's self-esteem and understanding about the effects of substance use will improve with the recovery process.
- Have patience. Dual recovery may take months or years.
- Listen. Be positive. Do not criticize.
- Get information for yourself. The more you know, the more you will understand recovery and the more helpful you can be.
- Use your information and personal experience to advocate for dual disorders treatment.
- Work with your loved one's dual disorders team. Your loved one's recovery process may benefit from your hopeful support.

For a list of dual diagnosis treatment centers in Iowa, go to:

<http://www.hopelinks.net/dual-diagnosis/iowa.html>

Federal Legislative Issues

www.nami.org/advocacy

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

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

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

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

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

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

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

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

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

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.

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

See yourself as a person, not an illness.



Mental Health Issues Among Veterans Increase Dramatically

July 17, 2009 – from Kaiser Daily Health

A new study finds more veterans being diagnosed with mental health issues. The study was posted on the web site of [The American Journal of Public Health](#).

[The New York Times](#) reports: "A new study has found that more than one-third of Iraq and Afghanistan war veterans who enrolled in the veterans health system after 2001 received a diagnosis of a mental health problem, most often post-traumatic stress disorder or depression. The study by researchers at the San Francisco Department of Veterans Affairs Medical Center and the University of California, San Francisco, also found that the number of veterans found to have mental health problems rose steadily the longer they were out of the service. The study, released Thursday, was based on the department health records of 289,328 veterans involved in the two wars who used the veterans health system for the first time from April 1, 2002, to April 1, 2008."

The Times reports: "The researchers found that 37 percent of those people received mental health diagnoses. Of those, the diagnosis for 22 percent was post-traumatic stress disorder, or PTSD, for 17 percent it was depression and for 7 percent it was alcohol abuse. One-third of the people with mental health diagnoses had three or more problems, the study found. The increase in diagnoses accelerated after the invasion of Iraq in 2003, the researchers found. Among the group of veterans who enrolled in veterans health services during the first three months of 2004, 14.6 percent received mental health diagnoses after one year. But after four years, the number had nearly doubled, to 27.5 percent. The study's principal author, Dr. Karen H. Seal, attributed the rising number of diagnoses to several factors: repeat deployments; the perilous and confusing nature of war in Iraq and Afghanistan, where there are no defined front lines; growing public awareness of PTSD; unsteady public support for the wars; and reduced troop morale" (Dao, 7/16).

[Forbes](#) reports: "Curiously, the researchers from the San Francisco VA Medical Center found that most mental health diagnoses were not made in the first year that a veteran entered the VA health-care system, but several years after. This finding supports the recent move to extend VA benefits to five years of free health care, which allows VA doctors the time to detect and treat more mental illness in returning combat veterans, the researchers noted."

Forbes notes: "Women had a higher risk for depression, but men had more than twice the risk for drug use problems, the researchers found. Since the start of the Iraq war, mental health problems increased more than fourfold among active-duty personnel and sevenfold for members of the National Guard or Reserve, [lead researcher Dr. Karen] Seal said. Age also played a role in the risk for PTSD, Seal said. While younger active-duty veterans had a higher risk for PTSD, 'among Guard and Reserve members, those over 40 were at significantly higher risk for PTSD than their colleagues under 25,' she said. Moreover, active-duty enlisted veterans in the Army rather than other service branches, or who had multiple tours of duty, thus more combat exposure, were at greater risk for PTSD, Seal said. This was not seen in National Guard and Reserve personnel, she noted" (7/16).

[Bloomberg](#) reports on the study noting: "The high number of mental health disorders puts the U.S. at risk of 'an epidemic of chronic mental illness, as occurred with Vietnam veterans,' the study's authors wrote. A study published in 1990, Trauma and the Vietnam War Generation, found almost 1 million men, or about 31 percent of the soldiers who served in Vietnam, were diagnosed with post-

traumatic stress disorder. More than one-fourth had symptoms of the illness up to 20 years after their active-duty service" (Olmos, 7/17).

[The Los Angeles Times](#) reports: "The newest study correlates closely to a 2008 report by the Rand Corp., based on a much smaller sample of Iraq and Afghanistan veterans. In that study, about 14% met the criteria for PTSD and 14% for depression" (Chong, 7/16).

Army's Study on Suicide

The largest study ever on suicide will be conducted over the next five years with the help of active, Guard and Reserve soldiers.

Volunteers are needed because a team of scientists, psychiatrists and researchers from four academic and medical institutions chosen by the National Institute of Mental Health is going to dig into soldiers' lives in a way never done before.

Protocols to protect the identity of individuals who participate in the study are in place and plans are to produce reports every six months. The researchers were chosen from the University of Michigan's Institute for Social Research, Columbia University, Harvard Medical School and the Uniformed Services University of the Health Sciences in Bethesda, Maryland.

The team will study people and records to gain a picture of their mental health, psychological resilience, suicide risk and suicide-related behavior using information collected from soldiers in basic training, mid-career soldiers and those who have committed suicide. They will collect blood and saliva when possible and, in some cases, with the permission of the soldier, contact the soldier's family.

The \$50 million Army study is the most high-profile effort yet in the Army's war against suicide. The Army reported 140 suicides in 2008 and is on track to supercede that number this year. (AP)

Service Dogs for Veterans Act

The Service Dogs for Veterans Act was introduced to the Senate on July 2. It will set up a pilot program within the Department of Veterans Affairs to pair service dogs with veterans who have physical or mental wounds, including PTSD.

The Franken-Isakson Service Dogs for Veterans Act will -

1. Pair a minimum of 200 veterans and dogs, or the minimum number necessary to produce scientifically valid results on the benefits of the use of the dogs (whichever is greater).
2. Ensure that 50 percent of veterans participating in the pilot program will be those who suffer primarily from mental health disabilities, and fifty percent those who suffer primarily from physical injuries or disabilities.
3. Direct VA to partner exclusively with non-profit agencies who do not charge for their animals, services, or lodging.
4. Require VA to provide seed money to pay for the first 50 service dogs, and match its non-profit partners' contributions for the rest of the service dogs.
5. Continue the pilot program for at least three years; the Secretary of the VA must make annual reports to Congress on its implementation; the National Academies of Science is directed to study and report on the program's effectiveness at the end of three years.
6. The scientific study of the pilot program will study both the therapeutic benefits to veterans, including quality of life benefits reported by the veterans; and the economic benefits of using service dogs, including savings on health care costs, such as reduced hospitalization and prescription drug use, and productivity and employment gains for the veterans.

**Coping with Post Traumatic Stress Disorder (PTSD)
A Guide for Families**

Cheryl A. Roberts, McFarland and Company, 2003

Post-Traumatic Stress Disorder develops as a result of a traumatic event and may involve a variety of symptoms including nightmares, flashbacks, anger, and emotional numbness. These symptoms can be difficult, even devastating, but PTSD sufferers and their loved ones can find healthy ways to cope. It is even possible for unexpected strengths to develop in those who live with the disorder.

This book describes PTSD: causes, symptoms, effects, and coping strategies. It analyzes the effect of PTSD on the couple and the family, explains how the disorder is diagnosed, and describes mental health approaches to treatment. A conclusion suggests effective strategies for living with PTSD and indicates directions for future research.

Appendices include the definitional criteria for PTSD, a list of resources for PTSD survivors, and information about veterans' benefits. A bibliography is provided as well as a filmography of motion pictures that include PTSD as a theme.

Cheryl A. Roberts is an associate professor of TESOL/Applied Linguistics at the University of Northern Iowa. She has taught courses on the Vietnam War and is currently consulting editor on the *Vietnam War Generation Journal*. She also co-chaired Vietnam 2000, a conference held in Ho Chi Minh City. She is married to a Vietnam veteran and lives in Waterloo, Iowa.



Grace After Fire

Grace After Fire is a national nonprofit organization designed by women veterans to serve women veterans, launched July 1st, giving our nation's women warriors their much needed 'voice.'

From Post Traumatic Stress Disorder, general medical and mental health issues, and Military Sexual Trauma, *Grace After Fire* provides a forum for women veterans to connect and heal with their sisters-in-arms who often struggle silently with similar issues.

Grace After Fire is dedicated to serving the needs of women veterans of all eras and military branches. To learn more about this mission, read the voices of women veterans, or donate your help, go to www.GraceAfterFire.org.

Military Pathways

<http://www.mentalhealthscreening.org/military/index.aspx>

Military Pathways offers service personnel and their families the opportunity to take anonymous, mental health and alcohol use self-assessments online, via the phone, and through special events held at military installations across the world. The program is designed to help individuals identify their own symptoms and access assistance before a situation becomes serious. These free assessments, which are available online 24 hours a day, identify symptoms associated with mental health disorders such as posttraumatic stress disorder (PTSD), depression, generalized anxiety disorder, alcohol use, and bipolar disorder.

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

Check out their great newsletters online.

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



Seattle's Mental Health Court celebrates 10 years

By Scott Gutierrez, Seattle PI, 6-17-09

Seattle's Municipal Mental Health Court celebrated its 10th anniversary Tuesday, marking a decade of getting offenders with mental illness into treatment instead of jail in an effort to prevent future crimes.

It was the fourth mental health court nationwide when it launched in 1999, but the first undertaken by a municipal court system. It followed King County's program, which was the second such program in the country.

Unlike a traditional adversarial system, the court is set up so that all sides work toward rehabilitating the client. The judge, prosecutor and defense attorney work with a mental health professional, social worker and specialized police officers in identifying how best to treat the defendant and protect the community. A defendant who is eligible agrees to enter an intensive, closely monitored two-year treatment and housing program.

More than 70 percent of offenders who graduated from the program in 2006 had no new criminal charges 18 months after completion, according to Mental Health Court officials.

"There are some who have succeeded and they remain stable and healthy and they developed productive lives," said Municipal Court Judge Judith Hightower, who oversaw the pilot program in 1999. "Even if they haven't turned things completely around, now there are people who are receiving services they need so they're not committing crimes."

Mental health courts began as an alternative means to break the cycle of mentally ill offenders winding up in jail because they lacked access to treatment. With community-based mental health services under-funded and overworked, many offenders with mental illness turned to crime, drugs or alcohol instead of getting help.

"When I talk about mental health court, I usually start with where we went awry --when well-meaning people decided to open the doors at Western State Hospital, except they didn't fund for community-based treatment. And there were all these poor souls who were cast adrift," Hightower said.

Officials in King County and Seattle launched their courts following a task force created after a Seattle firefighter was fatally stabbed near the Kingdome in 1997 by a mentally ill man who was released from jail, despite a history of violent crimes.

Basics about the Seattle Mental Health Court

The Mental Health Court (MHC) is a dedicated court, with an assigned presiding judge, mental health professional, and probation staff with mental health expertise, prosecutor and public defender.

Mental Health Court is a voluntary program. Referrals come from judges, defense attorneys, prosecutors, jail staff, and others.

The key issue for the MHC is whether the alleged criminal activity is related to or caused by mental illness. MHC defendants may have any type of charge, except Driving Under the Influence, presently excluded because of the way in which those sentencing obligations are currently supervised. They may have any type of serious mental illness, be developmentally disabled, have a brain injury, or suffer from dementia. The defendant may be a first time offender or have a lengthy record.

Coming this fall on PBS

"When Medicine Got it Wrong" – a documentary how a small group of parents in 1974 became the first in the nation to publicly refuse blame for causing their children to have schizophrenia.

Special Courts: A growing movement

From a presentation by Dr. Ira Katz,, Dept of Veterans Affairs
Nationally-

- Veterans courts
 - 9 operational
 - ~ three dozen being planned
- Mental Health courts
 - > 300 operational
 - Alternatives include
 - MH presence for all courts (CT)
 - MH programs for probation
- Drug courts
 - > 2000 operational

Substantial Proportion of Inmates Entering Jails Have Serious Mental Illness; Females at Double the Rate of Males

More than 14% of recently admitted male and female jail inmates had serious mental illnesses (SMI) in a multi-site, multi-year study. The 31% SMI rate for female inmates was more than double that of male inmates, which was 14.5%.

The full text of "Prevalence of Serious Mental Illness Among Jail Inmates" was published in July 2009 by *Psychiatric Services*. An abstract may be accessed on-line at:
<http://psychservices.psychiatryonline.org/cgi/content/abstract/60/6/761> (accessed August 6, 2009).

Judges Order California To Cut Prison Population To Address Inmates' Health

California Health Line 8-5-09

On Tuesday, a panel of three federal judges ordered California officials to devise a plan to reduce the state's prison population by more than 40,000 over the next two years, the [Sacramento Bee](#) reports.

The judges argued that the cramped prison conditions resulted in a level of health care that amounted to "cruel and unusual" punishment under the Eighth Amendment of the U.S. Constitution.

Currently, the California prison system houses 150,354 inmates, nearly double its original design capacity of 79,828.

Although the order will not compel the state to immediately release any of the inmates in its 33 adult facilities, the judges said officials must develop a plan within 45 days to reduce the prison population.

Impetus for the Order

In their 184-page order, the judges said California officials had failed to comply with previous orders to reduce overcrowding and improve the prison health care system.

They wrote that overcrowding was the primary driver of inadequate health care in the prison system. They said the cramped conditions often led to violence and contributed to the spread of infectious diseases.

In addition, persistent overcrowding "worsens many of the risk factors for suicide among inmates and increases the prevalence and acuity of mental illness" according to the judges.

The judges wrote, "The medical and mental health care available to inmates in the California prison system is woefully and constitutionally inadequate, and has been for more than a decade."

They added, "Tragically, California's inmates have long been denied even (a) minimal level of medical and mental health care, with consequences that have been serious, and often fatal".

The panel noted that since mid-2005, "a California inmate was dying needlessly every six or seven days".

A National Action Plan for Workforce Development in Behavioral Health

Michael Hoge, PhD - Yale University School of Medicine and several others who compiled and wrote this report

Across all sectors of the behavioral health field there has been growing concern about a workforce crisis. Difficulties encompass the recruitment and retention of staff and the delivery of accessible and effective training in both initial, pre-service training and continuing education settings. Concern about the crisis led to a multi-phased, cross-sector collaboration known as the Annapolis Coalition on the Behavioral Health Workforce.

With support from the Substance Abuse and Mental Health Services Administration, this public-private partnership crafted *An Action Plan for Behavioral Health Workforce Development*. Created with input from a dozen expert panels, the action plan outlines seven core strategic goals that are relevant to all sectors of the behavioral health field:

- expand the role of consumers and their families in the workforce,
- expand the role of communities in promoting behavioral health and wellness,
- use systematic recruitment and retention strategies,
- improve training and education,
- foster leadership development, enhance infrastructure to support workforce development, and
- implement a national research and evaluation agenda.

Detailed implementation tables identify the action steps for diverse groups and organizations to take in order to achieve these goals. The action plan serves as a call to action and is being used to guide workforce initiatives across the nation. To see a copy of the report, go to:

http://www.annapoliscoalition.org/pages/default2.asp?active_page_id=61

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Anorexia Nervosa

Harvard Mental Health Letter August 2009

Anorexia nervosa affects nearly one in 200 Americans in their lives (three-quarters of them female). The term "anorexia" is derived from two Greek words, usually translated as "without appetite" – but that is something of a misnomer. Patients with this disorder do not lose their appetite; they struggle to subdue it. They are simultaneously afraid of gaining weight and convinced they are too fat, even when significantly underweight. As a result, they starve themselves to the point that they put their lives at risk.

In the most severe cases, patients develop life-threatening complications, such as cardiac arrhythmias, kidney failure, and liver failure. This is one reason that anorexia nervosa is one of the most deadly psychiatric disorders, killing 5.6% of patients for every decade that they remain ill. Treatment is challenging because starvation not only severely damages the body, but also harms the brain – causing changes in thinking, emotions, and behaviors that may be difficult to reverse.

It may develop from age 8 onward, most often beginning between ages 15 and 18.

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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.

Childhood Depression

Red Flags Education program

Until recently, it was believed that children did not experience depression. We now know that even infants can suffer from depression. Depression can make a child's life miserable, impair normal development, and even result in death in children who become suicidal. While many factors can trigger depression, such as stressful or traumatic events or an inherited vulnerability, researchers now believe that all depression can be linked to biochemical changes in the brain.

Symptoms in adolescents:

- Sudden drop in grades or change of behavior.
- Self destructive behavior, including drug and alcohol use.

- Difficulty with relationships.
- Anti-social or delinquent behavior
- Inattention to appearance or grooming
- Risk taking behaviors with little thought of consequences.
- Extreme sensitivity to rejection or failure.
- Slowed physical responses or increased physical agitation
- Social isolation

Facts About Childhood Depression

- More children die from depression related suicide than from any other childhood disorder.
- Depression is a brain disorder attributed to a chemical imbalance in the brain.
- While depression can occur at anytime across the lifespan, it has a higher occurrence during adolescence.
- 80% of depressed children go undiagnosed and untreated.
- Untreated depression may disappear after 7-9 months, but it is more likely to return in more severe episodes.
- Children with untreated depression are at high risk for substance abuse.
- Treatment for depression has an 80% success rate, higher than heart disease or diabetes.
- Early intervention is a key to effective treatment and the prevention of long term problems.
- The symptoms of depression are recognizable and treatable.

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

See yourself as a person, not an illness.