



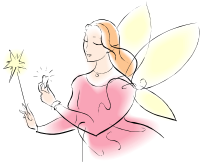
# NAMI GREATER DES MOINES

## AFFILIATE AND SUPPORT GROUP NEWSLETTER

June 2007

*“Support, Education, and Advocacy”*

<p><b><u>Education</u></b> Meetings are generally the 1<sup>st</sup> <b>Sunday</b> of the month from 2 - 4 PM at Iowa Lutheran Hospital, <b>Level B conference room</b>. Dates on Sundays other than the 1<sup>st</sup> Sunday of the month are due to holidays or other special scheduled events. <b>See inside the newsletter for support groups.</b></p>		<p><b><u>Business and Committee</u></b> Meetings are the 2<sup>nd</sup> <b>Thursday</b> of the month at <b>5 P.M.</b> at the NAMI-Iowa Office.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Business</td> <td style="width: 50%;">5. Advocacy</td> </tr> <tr> <td>2. Marketing and membership</td> <td>6. Fundraising</td> </tr> <tr> <td>3. Support</td> <td>7. Special Events</td> </tr> <tr> <td>4. Education</td> <td></td> </tr> </table>		1. Business	5. Advocacy	2. Marketing and membership	6. Fundraising	3. Support	7. Special Events	4. Education	
1. Business	5. Advocacy										
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3. Support	7. Special Events										
4. Education											
<p><b>Sunday, June 3</b> 2 PM</p>	<p>The topic is <b>Social Security Benefits</b> – SSI, SSDI, Medicare Part A &amp; B &amp; D. Our speaker is John Schoeberl from the Des Moines Social Security office.</p>	<p><b>Thursday, June 14</b> 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>								
	<p><b>Thursday, June 7 6:30-9 P.M.</b></p>	<p><b>Visions for Tomorrow class starts</b> – at Orchard Place, 925 South Porter – in the building furthest west on Porter. The class will be capped at 15 participants. To sign up for the class, please contact Diane at <a href="mailto:itsdiane@aol.com">itsdiane@aol.com</a> or <a href="mailto:DLJohnson@magellanhealth.com">DLJohnson@magellanhealth.com</a> or call 240-4854.</p>									
	<p><b>Friday, June 15</b></p>	<p><b>NAMI Walks Volunteer/Committee Meeting</b> at NAMI Iowa office, 5911 Meredith Drive, Des Moines – 1:00 P.M. to 2:30 P.M.</p>									
	<p><b>Friday, June 15</b></p>	<p><b>The Explosive Child Conference</b> at Sheraton Hotel of West Des Moines (located the first intersection east of I-35 at the intersection of University Avenue and 50<sup>th</sup> St.) – The speaker is Ross Greene, PhD – 8 AM to 4:30 PM. For more information, go to <a href="http://www.iffcmh.org">www.iffcmh.org</a> or email <a href="mailto:Lori@iffcmh.org">Lori@iffcmh.org</a> or call 1-888-400-6302. CEU's available. Registration fee \$70.</p>									
	<p><b>June 20-24</b></p>	<p><b>2007 NAMI National Convention</b> - will be held at the <a href="http://www.townandcountryresort.com">Town and Country</a> Resort in <a href="http://www.sandiego.com">San Diego</a>, CA. Find out more at <a href="http://www.nami.org/convention!">www.nami.org/convention!</a></p> <p>Hotel reservations can be made by calling 1-800-772-8527. <u>You must make your reservation by May 18, 2007</u> and tell the reservations clerk you are attending the NAMI Annual Convention to receive this special convention hotel rate.</p>									
<p><b>Sunday, July 1</b> 2 PM</p>	<p>The topic is <b>Therapy Approaches for Children and Adults</b>. Our speaker will be Jo Kinsinger with Advanced Therapy solutions at Res-Care.</p>	<p><b>Thursday, July 12</b> 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>								
	<p><b>Friday, July 13</b></p>	<p><b>NAMI Walks Volunteer/Committee Meeting</b> at NAMI Iowa office, 5911 Meredith Drive, Des Moines – 1:00 P.M. to 2:30 P.M.</p>									
	<p><b>Tues., Wed., and Thursday July 31-Aug. 2</b></p>	<p><b>Iowa Consumer Empowerment Conference</b> at the Best Western Regency Inn in Marshalltown. For more information, direct your inquiries to: Iowa Empowerment Conference, 1 West Grant St., Apt. 109, Marshalltown, Iowa 50158 or call toll free to 1-800-525-2495 pin #00 ask for Kathy.</p> <p>There may be assistance with registration costs so make contact with conference organizers as soon as possible.</p>									
<p><b>Sunday, August 5</b> 2 PM</p>	<p>The topic will be <b>Special Needs Trusts</b>.</p>	<p><b>Thursday, August 9</b> 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>								
	<p><b>Wed., Aug. 15</b> * * * * *</p>	<p><b>Kick Off Luncheon for NAMI Walks</b></p>									
	<p><b>Friday, August 17</b></p>	<p><b>NAMI Walks Volunteer/Committee Meeting</b> at NAMI Iowa office, 5911 Meredith Drive, Des Moines – 1:00 P.M. to 2:30 P.M.</p>									
<p><b>Sunday, Sept. 9</b> 2 PM</p>	<p>We will be inviting someone from the <b>Des Moines Register</b>.</p>	<p><b>Thursday, Sept. 13</b> 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>								
	<p><b>Friday, Sept. 14</b></p>	<p><b>NAMI Walks Volunteer/Committee Meeting</b> at NAMI Iowa office, 5911 Meredith Drive, Des Moines – 1:00 P.M. to 2:30 P.M.</p>									
<p><b>Saturday October 6</b> * * * * *</p>	<p><b>NAMI WALKS FOR THE MIND OF AMERICA</b> Des Moines Waterworks Park – 3 mile walk 8:30 AM check-in 10:00 AM Start time</p>	<p><b>Thursday, Oct. 11</b> 5 PM</p>	<p>We will be discussing and planning around 7 topic areas.</p>								



## Myths & Facts About Mental Health

[http://www.allmentalhealth.samhsa.gov/myths\\_facts.html](http://www.allmentalhealth.samhsa.gov/myths_facts.html)

Often people are afraid to talk about mental health because there are many misconceptions about mental illnesses. It's important to learn the facts to stop discrimination and to begin treating people with mental illnesses with respect and dignity.

[Here are some common myths and facts about mental health.](#)

**Myth:** There's no hope for people with mental illnesses.

**Fact:** There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

**Myth:** I can't do anything for someone with mental health needs.

**Fact:** You can do a lot, starting with the way you act and how you speak. You can nurture an environment that builds on people's strengths and promotes good mental health. For example:

- Avoid labeling people with words like "crazy," "wacko," "loony," or by their diagnosis. Instead of saying someone is a "schizophrenic" say "a person with schizophrenia."
- Learn the facts about mental health and share them with others, especially if you hear something that is untrue.
- Treat people with mental illnesses with respect and dignity, as you would anybody else.
- Respect the rights of people with mental illnesses and don't discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental health needs are protected under Federal and State laws.

**Myth:** People with mental illnesses are violent and unpredictable.

**Fact:** In reality, the vast majority of people who have mental health needs are no more violent than anyone else. You probably know someone with a mental illness and don't even realize it.

**Myth:** Mental illnesses cannot affect me.

**Fact:** Mental illnesses are surprisingly common; they affect almost every family in America. Mental illnesses do not discriminate—they can affect anyone.

**Myth:** Mental illness is the same as mental retardation.

**Fact:** The two are distinct disorders. A mental retardation diagnosis is characterized by limitations in intellectual functioning and difficulties with certain daily living skills. In contrast, people with mental illnesses—health conditions that cause changes in a person's thinking, mood, and behavior—have varied intellectual functioning, just like the general population.

**Myth:** Mental illnesses are brought on by a weakness of character.

**Fact:** Mental illnesses are a product of the interaction of biological, psychological, and social factors. Research has shown genetic and biological factors are associated with schizophrenia, depression, and alcoholism. Social influences, such as loss of a loved one or a job, can also contribute to the development of various disorders.

**Myth:** People with mental illnesses cannot tolerate the stress of holding down a job.

**Fact:** In essence, all jobs are stressful to some extent. Productivity is maximized when there is a good match between the employee's needs and working conditions, whether or not the individual has mental health needs.

**Myth:** People with mental health needs, even those who have received effective treatment and have recovered, tend to be second-rate workers on the job.

**Fact:** Employers who have hired people with mental illnesses report good attendance and punctuality, as well as motivation, quality of work, and job tenure on par with or greater than other employees. Studies by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) show that there are no differences in productivity when people with mental illnesses are compared to other employees.

**Myth:** Once people develop mental illnesses, they will never recover.

**Fact:** Studies show that most people with mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

**Myth:** Therapy and self-help are wastes of time. Why bother when you can just take one of those pills you hear about on TV?

**Fact:** Treatment varies depending on the individual. A lot of people work with therapists, counselors, their peers, psychologists, psychiatrists, nurses, and social workers in their recovery process. They also use self-help strategies and community supports. Often these methods are combined with some of the most advanced medications available.

**Myth:** Children do not experience mental illnesses. Their actions are just products of bad parenting.

**Fact:** A report from the President's New Freedom Commission on Mental Health showed that in any given year 5-9 percent of children experience serious emotional disturbances. Just like adult mental illnesses, these are clinically diagnosable health conditions that are a product of the interaction of biological, psychological, social, and sometimes even genetic factors.

**Myth:** Children misbehave or fail in school just to get attention.

**Fact:** Behavior problems can be symptoms of emotional, behavioral, or mental disorders, rather than merely attention-seeking devices. These children can succeed in school with appropriate understanding, attention, and mental health services.

## NAMI EDUCATION

### Peer to Peer Education



Peer to Peer is a 9 week course for individuals with severe brain disorders. Each 2 hour session is taught by a NAMI Iowa team of three trained "mentors" who are personally experienced at living well with mental illness.

Participants come away from the course with a binder of hand-out materials, as well as other tangible resources such as: an advance directive, a "relapse prevention plan" to help identify feelings, thoughts, behaviors or events that may warn of impending relapse; information on how to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.

Class topics include: stigma and discrimination, relapse prevention planning, story telling, language, emotions, addictions, spirituality, medication, coping strategies, decision making, relationships, empowerment, and advocacy.

Call the NAMI-Iowa office to sign up for Peer to Peer— 515-254-0417.



**Family to Family Education** - Take the 12 week course (1 night/week for 2-2 ½ hours) NAMI Family to Family educational course to obtain coping skills and information about mental illness. Severe mental illness is traumatic to the entire family - you might consider

asking other family members to attend with you – a friend, a parent, spouse, a sibling, or one of your children (must be at least 14 years old). Topics include brain biology, schizophrenia, major depression, mania and schizoaffective disorder, anxiety disorders, dual diagnosis, basics about the brain, problem solving skills, medication review, empathy and understanding, communication skills, self-care, recovery, and advocacy. Call the NAMI office to sign up – 254-0417 or call Teresa to sign up 274-6876 [tbomhoff@mchsi.com](mailto:tbomhoff@mchsi.com) When at least 12 people have signed up - a class will be scheduled.



**Provider Education**

NAMI IOWA and Magellan Behavioral Care of Iowa offer the Provider Education Course - a 10-week training providing behavioral health practitioners with a penetrating, subjective view of mental illness presented through lecture, discussion and handouts.

The Provider Education Course has been completed at Magellan's offices in Des Moines and at the Mental Health Institute at Independence.

The course helps providers realize the hardships that families and consumers endure and appreciate the courage and persistence it takes to find ways to reconstruct lives.

The Provider Education Course is currently free to participants. CEU's were arranged for social workers, mental health counselors, marital/family therapists, registered nurses, and certified alcohol/drug counselors.

The Provider Course emphasizes the involvement of consumers in the challenging work of provider-staff training. The teaching team consists of five people: two family members trained as NAMI Family-to-Family Education Program teachers; two consumers who are knowledgeable about their own mental illness, have a supportive relationship with their families, and are dedicated to the process of recovery; and a mental health professional who is also a family member or consumer.

The course reflects a new knowledge base, the "lived experiences" of coping with a brain disorder or caring for someone who struggles with this life-long challenge. Including this deeply personal perspective creates an appreciable difference in the program's content. It adds a means of teaching the emotional aspects and practical consequences of these illnesses in addition to the academic medical information in the course.

The Provider Education course is designed for line staff at public agencies working directly with people with severe and persistent brain disorders.

Course components:

- Orientation
- Clinical Bases
- 3 Major Mental Illnesses
- Types/Subtypes of Mood Disorders/Diagnosis of panic Disorder, Obsessive Compulsive Disorder and Co-Occurring Brain and Addictive Disorders, interventions which are effective for Family in Stage 1 Crisis
- Research into the Biological Basis of Mental Illness
- Medication review
- Inside Mental Illness
- Responding Effectively to Families in Stage 2

- Meeting the whole family/problem solving
- Why advocacy?/Helping Families in Stage 3

If you are interested in having the Provider Education course at your business or organization – please go to our website [www.nami.org/sites/NAMIGreaterDesMoines](http://www.nami.org/sites/NAMIGreaterDesMoines) and click on educational courses to reach an application form or call the NAMI Iowa office at 254-0417.



Sign up for the next **“Visions for Tomorrow”** class. It is an 8 week course (1 night a week for 2-2 ½ hours) for **parents, foster parents and other caregivers** of

children and adolescents who have serious emotional disorders. Curriculum includes types of mental illnesses and emotional disorders as well as instruction on coping skills; dealing with schools; communication; medication; rehabilitation, recovery, and transition; and advocacy. There will be a class this summer as well as this fall. Call Diane Johnson to sign up – 255-8157 E-mail: [itsdianej@aol.com](mailto:itsdianej@aol.com)

*Silver Ribbon Dialogue*

I was sitting in a waiting room, at a doctor's office (I must admit, I'm wait in doctor's offices a LOT) and a conversation started with a young woman, also waiting.

I had a poster about the VISIONS class with me. I was asking to post it in the waiting room.

The woman looked at the list of behavior 'challenges' and said, "My son received help through school for an Attention Deficit Disorder. When my husband changed careers, my son couldn't get insurance with our family, due to having this diagnosis".

Question: What does your insurance pay for in mental health needs for you and your family?

June Judge

**Parents and Teachers As Allies**



This 2 hour in-service program is for Teachers and other school professionals, school nurses, social workers, medical residents, education majors at colleges, juvenile probation officers, court appointed advocates – CASA volunteers, and many others.

The program is presented by an education professional who is also a family member, a facilitator/family member, a parent or caregiver of a child with mental illness, and a mental health consumer that experienced the early onset of mental illness.

Components

- Welcome and Introductions
- Early Warning Signs of Mental Illnesses
- Family Response
- Living with Mental Illness
- Group Discussion
- Closing Remarks and Evaluation

**To have this program at your school or organization– please contact Diane Johnson 255-8157 E-mail: [itsdianej@aol.com](mailto:itsdianej@aol.com)**

*Do you know of a conference, school function, wellness fair, or an organization in our community where NAMI Greater Des Moines could make a presentation or attend with resource material?*  
If you have a request or referral, please e-mail Teresa at [tbomhoff@mchsi.com](mailto:tbomhoff@mchsi.com).

At our April educational meeting, Nancy and Courtney Hale gave a presentation and showed a portion of a video. The video was portion of a 5 part series on PBS entitled “Secret Life of the Brain”. If you would like to see the entire series – go to [www.pbs.org](http://www.pbs.org) or go to the library to see if they have copies.

## RESOURCES – RESOURCES - RESOURCES

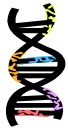
911

**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. When DM Mobile Mental Health Crisis Unit staff arrive, an assessment will be made whether 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.



### Volunteer for Bipolar Genetics Study and Major Depression Study at the Univ. of Iowa

You can contact the U. of Iowa directly by calling Nancy Hale at the toll free number (888) 850-8531 if you are interested in participating in genetic studies for either bipolar or early onset depression research programs.

**Several Schizophrenia Studies are also at the U. of Iowa** Toll free inquiries may be made at 800-777-8442. Ask for Jane Kerr or Tim Holman.

**The University of Iowa Mental Health Clinical Research Center has multiple studies available:**

To participate, contact Frank Fleming, BS, BSN  
Phone toll free: 1-877-575-2864

**The National Institute of Mental Health (NIMH) also has several studies.** For more information, go to:

<http://www.nimh.nih.gov/studies/index.cfm>

Found a great website – [www.preventmentalillness.org](http://www.preventmentalillness.org)



### Assistance with Prescription Cost

**Polk County residents** without full health insurance coverage can save on prescription drugs under a county sponsored drug discount program. For a complete list of card locations or a list of participating pharmacies, call 286-3895. **and**

**The Partnership for Prescription Assistance** - Call 1-888-477-2669 or visit [www.pparx.org](http://www.pparx.org) to see if you may qualify for a variety of programs available. **and**

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



**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.

### Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. Letters can be sent to: Teresa Bomhoff, 200 S.W. 42<sup>nd</sup> St. Des Moines, Iowa 50312 or E-mail: [bomhoff@mchsi.com](mailto:bomhoff@mchsi.com)

## SUPPORT GROUP MEETINGS

Family members, if you are interested in participating in a family support group, please contact Glenn Hobin [IowaGH@aol.com](mailto:IowaGH@aol.com) or call 210-3118. or contact Grace Sivadge 961-6671.

**First Monday of each month -6:30 – 8 PM** - a support group for parents and caregivers of children 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 or Mary Ann at 883-8014.

**Every Monday evening** – 6:30 – 8:00 P.M. – the Support group meets at the Mercy Franklin West Conference Room (enter West side entrance) – 48<sup>th</sup> & Franklin, Des Moines. This is a support group for both family members and consumers.

**Every Monday evening** – 7-8 PM – Broadlawn's-1801 Hickman – dual diagnosis support group “Double Trouble and Recovery” – in lower level – Sands Kitchen-call Julie at 282-6793

**2<sup>nd</sup> & 4<sup>th</sup> 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](mailto:candlesinthedarkness@mchsi.com)

**Every Tuesday morning** – 11 AM to Noon- A consumer support group – Wellness Recovery Action Planning – meets at the Res-Care Hope Center at 602 E. Grand. Call Deborah 283-1230 for more information.

**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. 24<sup>th</sup> St., Des Moines – Call 266-2346 – Marty Hulsebus.

**Every Thursday** from 1 PM-2PM – Procovery Circle – a support group for persons with severe mental illness – meets at Res-Care Hope Center at 602 E. Grand. Call Gina Shelley 283-1230.

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

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

**Every Saturday morning** – 10 A.M. A group of people who have depression will meet at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175.

**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 – 2<sup>nd</sup> Thursday of each month 6-7:30 P.M. **and** last Saturday of each month 9-10:30 A.M. Meeting place is 525 5<sup>th</sup> 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 Hotline 1-800-273-TALK (8255)**

## BECOME A VOLUNTEER for NAMI Greater Des Moines

These are some of our volunteer needs for 2007. If you see an opportunity to help out, please e-mail [tbomhoff@mchsi.com](mailto:tbomhoff@mchsi.com) or leave a voice mail at 274-6876.

**Teacher or Support Group Facilitator** – would involve a weekend of training to become a teacher as well as teaching at least 2 classes in two years.

- For Family to Family educational classes
- For Visions for Tomorrow educational classes
- For Peer to Peer educational classes
- For Provider educational classes
- Parents and Teachers as Allies team presenters
- Support Group facilitator (involves once a month 2-1/2 hr commitment of time)



### Committee assignments:

- Justice issues – would include VHM (Virtual Hallucination Machine) events – help out with events at organization meetings and locations and conferences – normally a day long commitment at a time
- Legislative issues
- NAMI on Campus – DMACC, Drake
- Education – implementing educational courses in the school systems and colleges on mental illness.
- Where Do I Turn to Now? – assembling information for persons with mental illness (and family members) while hospitalized and for use after release.



### Needed – Your Stories

We would like to compile stories that illustrate mental health issues. These can be anecdotes or human interest stories which help to identify important mental health issues and problems – stigma, lack of access services, your story and struggle in dealing with mental illness, mental health problems of returning soldiers, importance of the right medications, lack of funding, etc – real stories of Iowans.

Copies of your stories should be sent to CeCe Arnold at [ncrlcca@mchsi.com](mailto:ncrlcca@mchsi.com). The person sending the story should “de-identify” information in the story for replication purposes but still provide attached identifying information to Cece in case she needs to contact you. Anyone with writing skills who would like to help with this project should send an E-mail.

### NAMI GREATER DES MOINES

**By paying for a membership to NAMI Greater Des Moines – you help to support all 3 levels of the NAMI organization.**

NAMI Greater Des Moines has a monthly newsletter.

NAMI Iowa has a quarterly newsletter.

NAMI National has a quarterly magazine, the “NAMI Advocate”.

Once a month educational meetings

Support groups - Educational classes - 3 Websites

### 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.

#### **President** and Editor of Newsletter

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E-mail: [itsdianej@aol.com](mailto:itsdianej@aol.com)

#### **Federal Legislative Issues**

[www.nami.org/advocacy](http://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.loebbeck.house.gov/>

#### **Proposals for Mental Health Parity Pit a Father's Pragmatism Against a Son's Passion**

By Robert Pear, New York Times

Published: March 19, 2007

It's Kennedy versus Kennedy as two members of Congress from the same family face off over competing versions of legislation that would require many health insurance companies and employers to provide more generous benefits to people with mental illness.

Representative Patrick J. Kennedy, Democrat of Rhode Island and chief sponsor of the House bill, has criticized as inadequate the Senate bill introduced by his father, Senator Edward M. Kennedy, Democrat of Massachusetts. Representative Kennedy is trying to mobilize mental health advocates to lobby for what he describes as "the stronger of the two bills, the House bill."

Both bills seek to end discrimination against people with mental disorders by requiring insurers and employers to provide equivalent coverage, or parity, for mental and physical illnesses.

That would be a huge change. For decades, insurers have charged higher co-payments and set stricter limits on coverage of mental health services. For example, insurers often refuse to cover more than 20 visits a year to a psychotherapist. And a patient may have to pay 20 percent of the cost for visiting a cancer specialist, but 40 percent or more for a mental health specialist.

The differences between the Kennedys' bills reflect different views about what is possible and what is politically feasible.

Senator Kennedy said he was taking a pragmatic approach and had made a number of compromises to win the support of business and insurance groups. These compromises, he said, greatly increased the chances that a bill would become law, protecting millions of Americans in group health plans.

Insurers and employers had opposed similar proposals in the past, saying the plans would drive up costs. This year, however, Senator Kennedy invited employers and insurers to help write the legislation, along with mental health groups, and they have endorsed the bill that he introduced with Senator Pete V. Domenici, Republican of New Mexico. The bill was recently approved in a Senate committee by a vote of 18 to 3.

The younger Kennedy approaches the issue with the passion of a man who has been treated for depression and drug dependence. He has advocated parity legislation since 2001, but he said his commitment increased when he became "the public face of alcoholism and addiction" last year after a car crash on Capitol Hill.

With a new Democratic majority, Congress appears likely to pass some version of the legislation. President Bush has endorsed the principle of mental health parity, though not a specific bill.

Nearly 60 percent of all House members have expressed support for the House bill, which provides more protections to patients but is not backed by insurers or employers.

"The House bill is everything that we did not like in previous mental health parity bills," said E. Neil Trautwein, a vice president of the National Retail Federation, a trade group.

Speaking to mental health advocates this month, Representative Kennedy declared: "We can't cut any deals with insurance companies. We need to strengthen the Senate bill."

America's Health Insurance Plans, which represents 1,300 insurers, and the American Benefits Council, a trade group mostly of Fortune 500 companies, strongly prefer the Senate version.

The American Psychiatric Association supports both bills, describing them as different approaches to the same goal. Mental Health America, an advocacy group for patients, also supports both bills. But Ralph J. Ibson, the chief lobbyist for Mental Health America, said, "The House bill has greater protections and is therefore a stronger bill."

The House bill is named for Paul Wellstone, the senator from Minnesota who championed similar legislation before he died in a plane crash in 2002. Jeff Blodgett, executive director of Wellstone Action, a nonprofit group that is continuing the Democratic senator's work, said, "The Senate bill is a step forward, but the House version is true to Paul Wellstone's vision."

On behalf of the senator's sons, David and Mark Wellstone, Mr. Blodgett said, he asked the Senate sponsors not to put the Wellstone name on the Senate bill at this time.

One of the biggest differences between the House and Senate bills is that the House version defines the "minimum scope of coverage." Under the House bill, if a group health plan provides any mental health benefits, then it must cover the same wide range of mental illnesses and addiction disorders covered by the health plan with the largest enrollment of federal employees.

By contrast, the Senate bill does not specify what mental conditions or diagnoses must be covered.

James A. Klein, president of the American Benefits Council, said he liked the Senate bill because it "does not mandate the specific benefits that a plan must cover."

But Patrick Kennedy said that was a weakness of his father's bill.

"Congress is covered, under the Federal Employees Health Benefits Program, for the treatment of mental illnesses as defined by the medical community," Representative Kennedy said in an interview. "If it's good enough for members of Congress, it should be good enough for the American public. The Senate bill leaves the definition up to whatever is negotiated between the insurer and the employer."

Representative Kennedy said he feared that some insurers would refuse to cover drug and alcohol abuse, eating disorders, or post-traumatic stress disorder.

A patient's ability to get treatment at an affordable price often depends on state law. The National Conference of State Legislatures says that 42 states have some type of parity law.

The House bill says that federal law will not override "any state law that provides greater consumer protections, benefits," rights or remedies. The Senate bill, by contrast, would "supersede any provision of state law" that establishes standards different from the federal standards for cost-sharing and treatment limits.

Senator Kennedy said he was confident that he and his son could resolve their differences. "We will find ways of working together," he said.



### **Joshua Omvig Veterans Suicide Prevention Act**

*Des Moines Register April 2007*

The House has approved legislation named in Joshua Omvig's honor. Now the Senate is taking up the legislation and is being pushed in the Senate by both of Iowa's Senators Grassley and Harkin. Spec. Joshua Omvig, a reservist from Grundy Center spent 11 months in Iraq. A few months after his return, he shot himself before his mother's eyes. Joshua suffered from post traumatic stress disorder, known as PTSD.

Randy and Ellen Omvig testified at the Senate Veterans Affairs Committee hearing. "Families need a better idea of what to expect and how to react when a relative returns home from war," Omvig said, "It took us too long to find out."

An estimated one-third of all Iraq war veterans who have enrolled in the VA seek help for serious mental health problems. This estimate is probably low because many vets don't obtain treatment.

The bill details are as follows:

- Seek to end the stigma surrounding mental health.
- Require training of employees and other staff members on suicide and suicide prevention.
- Provide family education and outreach.
- Set up peer support programs.
- Provide counseling and treatment of veterans and 24 hour mental health care.
- Help with substance abuse treatment.
- Set up a telephone hot line for help.

It is estimated that there are up to 1,000 suicides a year among veterans within the VA, and as many as 5,000 a year among all living veterans. Newer veterans are showing up who have PTSD as well as traumatic brain injuries, both of which carry a high suicide risk rate.



**Post Traumatic Stress Disorder (PTSD)** claims to Department of Veterans Affairs rose from 120,265 in 1999 to about 233,000 last year.

VA disability payments for PTSD increased nearly 250 percent between 1999 and 2004 – from \$1.72 billion to \$4.28 billion. Compensation for all other disability categories went up by 42% during that time.

An estimated 17 percent to 33 percent of veterans will file a claim for PTSD or other mental-health problem during their lives.

*May 9, Des Moines Register*

Federal officials must do a better job of evaluating disability claims from soldiers who have suffered post-traumatic stress disorder, according to a national report released Tuesday.

Dr. Nancy Andreasen, a nationally known brain researcher at the University of Iowa, led the review for the Institute of Medicine. The report calls for significant changes by the Department of Veterans Affairs, which asked for a review of its practices.

Post-Traumatic Stress Disorder (PTSD) is a mental condition caused by frightening, life-threatening events, such as those seen in battle. The issue has come to the forefront as veterans return from wars in Iraq and Afghanistan.

One of the reports main findings is that troops face crude and inconsistent measurements of how the disorder affects their lives. It says initial evaluations should be done by experienced professionals using scientifically sound methods.

Andreasen said in an interview that the Department's current rating scale is derived from on developed decades ago to evaluate people for schizophrenia and mood disorders.

She also said that the VA is inconsistent in how much effort it puts into rating veterans for disability fro PTSD. Staff members at some centers might evaluate a veteran in 20 minutes, while their counterparts at other centers might take four hours to perform the same task.

Andreasen said she and her colleagues spent a year investigating the matter, but they were hampered by a lack of data. The VA keeps poor track of how often veterans apply for a disability, and how many are rejected.

But Andreasen said the public should be encouraged that VA leaders ASKED for the review. The request shows they are interested in improving their efforts, she said.

Resources for Returning Veterans and Their Families at <http://www.samhsa.gov/vets/>



**STATEMENT OF LISA HALPERN  
ON BEHALF OF NAMI** on SAMHSA  
Reauthorization Before the Senate Committee  
on Health, Education, Labor and Pensions  
MAY 8, 2007

Chairman Kennedy, Senator Enzi and members of the Committee, I am Lisa Halpern. I currently work as Program Director of the Dorchester Bay Recovery Center, Dorchester, Massachusetts to provide peer-directed and operated services, support and education to promote recovery.

I also work at NAMI's Massachusetts affiliate as Manager of "In Our Own Voice", an outreach and support program in which consumers help educate the public on mental illness.

Mr. Chairman, my story – just like that of millions of Americans living with serious mental illness – is unique to me. But what it does share in common is an overriding theme that recovery is possible, if the right systems and supports are in place.

**First, a little background on my personal story:**

Unlike many people living with schizophrenia, the overt onset of the disorder occurred for me when I was already in my twenties and had already completed undergraduate studies at Duke University, having graduated summa cum laude and Phi Beta Kappa, with double majors. I then received two merit-based fellowships to study at Harvard. It was there, in June 1999, that I was first diagnosed with schizophrenia and had two stays at McLean Hospital that year.

This devastating thought disorder had a profound impact on my functioning and resulted in memory loss and the inability to manage even the most basic tasks such as counting change, reading and other activities of daily living.

After one year of medical leave, I was able to return to the Kennedy School of Government at Harvard. I was fortunate to receive extraordinary support from school administrators and faculty (for example, more time for examinations and class credits for summer research). With continuing support through a Kennedy Fellowship and the Paul and Daisy Soros Fellowship for New Americans, I was able to complete my graduate studies in 2001.

After completing my graduate studies, I spent two years at the Office of the Commissioner of Mental Health in Massachusetts. In 2003, I joined a newly created assertive community treatment program in Cambridge run by Westbridge Community Services and worked as the program's first peer counselor.

At Westbridge, I got my first experience supervising and working with other peer specialists, participating in a Wellness Recovery Action Plan (WRAP), offering staff training on mental illness, and providing family and participant outreach, education and therapy for people with severe and persistent mental illness and substance abuse disorders.

Mr. Chairman, at the outset I would like to express **NAMI's strong support for S 558, the mental illness insurance parity legislation** reported by the Committee back in February. NAMI strongly supports this important measure to require employers and health plans to cover treatment for mental illness on the same terms and conditions as all other health conditions. This legislation has been stalled in the Congress for too many years. NAMI applauds your efforts to move this bill forward early in the 110th Congress. We look forward to working with you to move it to the full Senate as soon as possible.

**Reauthorization of SAMHSA**

Before sharing with the Committee NAMI's recommendations on legislation reauthorizing SAMHSA, I would like to echo the sentiments of the President's New Freedom Initiative Mental Health Commission report in noting that our nation's public mental health system remains a "system in shambles."

In March 2006, NAMI released a comprehensive report on the performance of states in meeting the needs of adults with serious mental illness. **Our report "Grading the States"** is the first comprehensive survey and grading of state adult public mental healthcare systems conducted in more than 15 years. Public systems serve people with serious mental illnesses who have the lowest incomes.

NAMI's report makes clear that nationally, the system is in trouble: the report gives the nation a grade of D for its system of care for people with serious mental illness. The report also documents that too many state systems are failing -- only 5 states received a B (Connecticut, Maine, Ohio, South Carolina, and Wisconsin), 17 states received Cs, 19 states got Ds, and 8 got Fs (Iowa, Idaho, Illinois, Kansas, Kentucky, Montana, North Dakota, and South Dakota).

Each state grade is based in part on a "take-home test," in which survey questions were submitted to state mental health agencies. All but two states responded. Colorado and New York declined. They have been graded "U" for "Unresponsive." Based on the surveys and publicly available information, states were scored on 39 criteria. Consumer and family advocates also provided information through interviews that contributed to state narratives.

The report also included a "Consumer and Family Test Drive," a unique, innovative measurement. NAMI had consumers and family members navigate the Web sites and telephone systems of the state mental health agency in each state and rate their accessibility according to how easily one could obtain basic information. The report contains a narrative for each state that also includes a list of specific "Innovations" and "Urgent Needs" to help advocates and policymakers further define agendas for action. An overall list of innovations provides an opportunity for states to learn from one another. As the grade distribution in the report demonstrates, our nation still has a long way to go to achieve a "New Freedom" for people living with serious mental illness - **a freedom based on recovery and dignity.**

NAMI is planning a follow-up report in 2008 and we hope to see long overdue improvements in the results.

As this Committee moves forward on SAMHSA reauthorization legislation, NAMI would urge you and your colleagues to keep these goals of recovery and independence foremost in mind. Along those lines, NAMI would make the following recommendations:

**Establishment of State Outcome Measures and Accountability:**

SAMHSA should be required to establish outcome measures for states, building on previous initiatives such as the National Outcomes Measures initiative (NOMS), the State Pilot indicator Grant Project, and other related initiatives. In consultation with providers, consumer and family organizations, and state mental health agencies, SAMHSA should be directed to develop measures that will provide consistent reliable information on state systems and services.

Obviously, state and local public mental health systems will need some time to adopt and implement such measures. However, as a nation we need to set ourselves toward reaching a goal for meaningful outcome measures that allow us to assess the performance of state mental health agencies and local public sector programs. In NAMI's view, the most effective means of achieving this is to have SAMHSA require every state, as a condition of receipt of funding for services and supports from the mental health block grant, Transformation State Incentive grants, and child mental health systems of care grants, to report on all outcome measures developed by SAMHSA.

It is also worth noting that while some reporting on the types of services provided is required under current law, **these reporting requirements are not generally linked in any way to evidence-based practices** that are designed to deliver measurable outcomes in terms of recovery such as integrated treatment for individuals with co-occurring mental illness and substance abuse, assertive community treatment (ACT), peer counseling and

supports, multi-systemic therapy for children and adolescents, and family psycho-education, to name just a few.

Despite years of discussion in the mental health field about evidence-based practice, we are still falling short on uniform data on the availability of these services across states or regions or the degree to which programs that provide these services achieve fidelity to standards developed by SAMHSA itself. SAMHSA authorization provides us with an important opportunity to make progress toward this objective.

**Establishment of Federal Interdepartmental Task Force on Mental Health.**

NAMI supports the creation of a Federal Interdepartmental Task Force on Mental Health that should include involvement from the vast array of federal agencies that administer programs that touch the lives of children and adults living with mental illness and substance abuse disorders. This should include the Secretaries of Housing and Urban Development, Labor, Education, Veterans Affairs, Health and Human Services (including CMS, SAMHSA, CDC, NIH and HRSA), the Social Security Administration) and the Attorney General. The goals of this Task Force should include:

1. improved coordination of mental health policy in the operation of pertinent federal programs;
2. identification of policies and practices that contribute to fragmentation in care-delivery and barriers to care-integration;
3. development and implementation of interagency demonstration programs to foster mental health promotion, early intervention, and recovery-focused services; and
4. an annual report to Congress from the respective Secretaries which shall include recommendations for fostering improved collaboration and coordination of mental health policy, financing and management of recovery-focused service-delivery.

**Program Sustainability through Consumer and Family Engagement:**

SAMHSA has made enormous progress in recent years integrating the views of consumers and families into every major activity at the agency. This is a tremendous step forward. Unfortunately, this progress is not always mirrored at the state and local level. In order to jump start this process at the state and local level, SAMHSA and CMHS should be granted the authority to require state and local government recipients of SAMHSA funding above a specific threshold to allocate at least 5% of such funds to one or more not-for-profit organizations that represent consumers and families, to ensure that such organizations are able to participate in all aspects of planning and implementation of the SAMHSA grant or program.

**Reducing the Use of Seclusion and Restraint:**

When SAMHSA was last reauthorized by Congress in 2000, this Committee included a new Part H that contained requirements pertaining to the rights of residents of hospitals (private and public), nursing facilities, intermediate care facilities, or other health care facilities that receive federal funds, including restrictions on the use of restraints and seclusion.

NAMI supports expansion of these requirements through establishment of a new training and technical assistance center to focus on the prevention of seclusion and restraint in public and private facilities that provide mental health services to adults and children.

Such training and technical assistance should include assisting states in facilitating the use of psychiatric advance directives for consumers in the community and the implementation of PADs by facilities. It must also be pointed out that although the Children's Health Act of 2000 required that regulations be promulgated to give

effect to Part H within one year of enactment, these regulations have never been issued by SAMHSA.

Although some progress has been made in reducing the inappropriate use of restraints and seclusion, **far too many children and adolescents continue to die or suffer serious injuries resulting from the inappropriate use of these aversive measures.** Thus, we urge the Committee to include in statute specific standards pertaining to restraints and seclusion in facilities and programs covered under Part H. At a minimum, these should include:

Requiring that thorough and comprehensive face to face evaluations of all individuals placed in restraints or seclusion be conducted by a physician or licensed independent practitioner within one hour of the time that these measures are instituted. Continuous monitoring of individuals in restraints or seclusion, either face to face, or using video and audio equipment. Debriefing of staff involved in the use of restraints or seclusion after each incident, preferably involving the individual subjected to these measures as part of the debriefing process. Debriefing has been shown to be very effective in sensitizing staff to alternative, less draconian measures for deescalating crises. Limits on the length of orders authorizing the use of restraints and seclusion to one hour for individuals under 18 and two hours for adults.

Requirements that all deaths and serious injuries that occur within one week of the time restraints or seclusion are used must be reported by the facility in which these measures were instituted to the designated Protection and Advocacy agency located in the state in which these deaths or serious injuries occur. Additionally, all deaths and serious injuries that occur beyond one week of the time restraints or seclusion that can reasonably be assumed to be related to the use of these measures should be reported as well.

#### **Separate Legislative Proposals for SAMHSA Reauthorization**

NAMI recommends that this Committee consider amending any SAMHSA reauthorization bill to add separate legislation that would improve the performance of our nation's mental health system and benefit the most vulnerable children and adults living with mental illness.

#### **Reauthorization of the Garrett Lee Smith Memorial Act --**

Suicide remains the third leading cause of death for those between the ages of 10 and 24 and the second leading cause of death for American college students. Programs under the Garrett Lee Smith Act (first authorized by Congress in 2004) have been highly successful helping states and localities, as well as colleges and universities address this epidemic. This Committee should reauthorize and expand this highly successful program.

**Keeping Families Together Act (S 382)** – Every year, thousands of families across the country are forced to give up custody of their children to the child welfare and juvenile justice systems to secure mental health services. The Keeping Families Together Act – introduced by your colleague Senator Susan Collins – is an important effort to keep children with mental illnesses who are in need of services at home and in their communities and most importantly, with their families. It encourages states to build effective systems of care for children with mental illnesses and their families and move away from costly residential and institutional services that too often require families to transfer custody of their children to the state to access these costly services.

**Services for Ending Long-Term Homelessness Act (S 593)** – In order to make continued progress toward the national goal of ending chronic homelessness by 2012, it is critical for HHS and

SAMHSA to step up and increase investment in services in permanent supportive housing that are needed to help people with mental illness and co-occurring substance abuse disorders from falling back into chronic homelessness. SELHA – introduced by Senators Richard Burr and Jack Reed – achieves this critical goal and should be a part of SAMHSA reauthorization legislation. Thank you for giving me this opportunity to provide input to the Committee.

#### For Consumers and Non-consumers **10 Things We Can Do to Fight Stigma** *"Telling is Risky Business" by Otto Wahl*

1. **Go beyond the stereotypes of mental illness.**  
Avoid prejudging those with mental illnesses on the basis of societal and media stereotypes. Resist the negative stereotypes that often cloud our thinking about mental illness.
2. **Learn more about mental illness.**  
The more informed we are, the better we are able to evaluate and resist the inaccurate negative stereotypes that are so common.
3. **Learn more about stigma and discrimination.**  
There is substantial literature on stigma. Use it to learn as much as you can about fighting discrimination.
4. **Listen to people who have experienced mental illness.**  
Those with mental illness are in the best position to describe what they find as stigmatizing, what they would like us to know about life with mental illness, and how they would like to be viewed and treated. Many are writing their personal stories and are being published in journals, newsletters, and books.
5. **Monitor media and respond to stigmatizing material.**  
Mass media have substantial power to influence public thinking – that is, either to perpetuate or to reduce misconceptions about mental illness. When we encounter misrepresentation we need to let the media know our concerns about their material.
6. **Speak up about stigma.**  
Tactfully let someone know when they have misused a psychiatric term. When someone is disrespectful or tells a joke that ridicules mental illness, let that individual know how hurtful it is and how offensive we find it. Speaking up is empowering to you and educates others.
7. **Watch our language.**  
We can all be guilty of using terms and expressions related to mental illness that perpetuate stigma.
8. **Talk openly about mental illness.**  
The more mental illness remains hidden, the more people believe it is shameful and needs to be concealed. We need to let others see real people with mental illness – people who do not fit the stereotype – it is a powerful way to fight stigma.
9. **Provide support for organizations that fight stigma.**  
Many organizations are devoted to education, research, and advocacy concerning mental illness. They rely on the passion and efforts of their volunteer members.
10. **Demand change from your elected representation.**  
Policies that perpetuate stigma can be changed if enough people let their representatives know that they want such change.



#### **More facts about NAMI Walks for the Mind of America**

- Started with just 12 sites
- In 2007, 70 communities will host the Walk
- NAMIWALKS is in 44 states
- Over 1,000 businesses sponsor our Walks Across America
- 55,000 individuals walked last year
- This is the first year we will have a walk in Des Moines.

### 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/> - Also has the latest on legislation and the progress of the Mental Health Redesign.

<http://www.legis.state.ia.us/>  
[www.nami.org/advocacy](http://www.nami.org/advocacy)

.Call – visit in person – write a letter – write an e-mail – please talk to your legislators to make systemic changes to Iowa’s mental health system. See Iowa’s “F” grade at [www.nami.org](http://www.nami.org)

**Previous issues of our newsletter will explain what we are concerned about with each of our legislative priorities.**



This following information was excerpted from [www.infonetiowa.com](http://www.infonetiowa.com) and from information disseminated by DHS Director Kevin Concannon. NAMI Greater Des Moines legislative priorities are in the boxes - with information below the boxes on whether progress was made to address our issues in the last state legislative session.

✓ **Appropriate more state dollars for MH/MR/DD/BI or change how the limitation in property taxes is applied.**

Progress is being made to restore the 2001 cuts to county mental health funds.

Allowed Growth for county-administered mental health and disability services - **A total of \$16 million was appropriated to fill the growing \$23 million hole** the county administered mental health and disability services system, an amount that may avoid most of the anticipated cuts in services, but does nothing to address growing needs and growing waiting lists for services.

On a positive note, legislators are no longer in denial. They have set up an extensive review process over the summer to determine how to change the system and better fund it.

Legislators made the following appropriations this year to address the projected \$23.7 million shortfall in county-administered mental health and disability services funding (called MH/MR/DD Allowed Growth):

- ☒ Added \$4.4 million for new growth in fiscal year 2008 (2% increase). No changes were made in how these funds are distributed.
- ☒ Added \$3.1 million to the fund to carry forward last year’s increase (*the legislature forgot to fix the base for this year’s appropriation, leaving the 2006 \$3.1 million increase out of the pot – this fix cannot be counted as an increase*). As above, the distribution of these funds does not change.
- ☒ Added \$12 million in new growth funds to begin to reinstate the cuts made in 2001. These new funds will go out to the counties most in need – those levying the maximum (or at 90% levy capacity and with a levy rate over \$2) and with ending fund balances below 15%. Forty-three counties qualify for these funds. Many counties will continue to struggle to avoid cuts, but are hopeful they can cobble together enough funds to avoid cuts. However, there is simply not enough money in these troubled counties to address waiting lists and serve new people coming into the system.
- ☒ Provides \$460,000 in risk pool funds for counties experiencing a mid-year crisis. Risk pool applications are made simpler, and counties are allowed to apply for funds immediately, rather than waiting until January. While this is not much money,

legislators have asked the Risk Pool Board to report all requests for risk pool dollars, so they can begin to track how much demand there is, and look at a potential supplemental to give counties more money to avoid cuts mid-year.

- ☒ Allows counties to use other funds to pay for mental health and disability services. Counties can transfer funds from other funds, including gaming dollars if available. Polk County is allowed to use some of its child welfare decategorization money to pay for Day Care for Exceptional Children, a child care facility in Des Moines that provides child care to 80 kids with special needs, many of whom would need institutionalization if the service was eliminated.
- ☒ Established an extensive process for reviewing the system and developing alternatives to make sure cuts are avoided and the system receives the resources it needs to serve people with disabilities fairly and simply. Review the bill description (it’s a long one!) for HF 909 for details!

✓ **Develop state-wide diversion programs to reduce the number of individuals put in jails and prisons instead of treatment programs.**

Good News - Costing the state \$6 million, it would be matched by the federal government by \$16 million to fund a national demonstration program targeted at individuals with mental health diagnoses who are exiting the Iowa correctional system. The purposes of such funds are to demonstrate the effects of providing job counseling, health care insurance (Medicaid), mental health treatment and ongoing prescription drug coverage to help these individuals secure employment and remain employed in the community. This is a joint venture with the Iowa Dept. of Corrections, Iowa Workforce Development, the University of Iowa, and Vocational Rehabilitation.

#### Disappointment

Mental health courts - Much lip service has been given to the need to address the number of people with mental illness in our criminal justice system, whether it be in county jails or state prisons. One such proposal – to create specialized mental health courts – would have helped make sure people with mental illness are tried by judges that understand their needs and their situation, and are given appropriate treatment options in lieu of being tossed in a jail. Unfortunately, the bill authorizing a demonstration project was never discussed.

✓ **Expanding mental health parity.**

#### Disappointment

Mental health parity - Mental health advocates were dealt a blow this year when legislators were unable to pass a full mental health parity law, which would have required health insurance plans to pay for the treatment of all mental illnesses, not just the limited few described as “biologically-based.” Lawmakers say they will come back next session with a renewed commitment to passing a full parity law.

✓ **Address mental health workforce shortages.**

#### Disappointment

I’ve not been able to locate any funds/legislation to address this problem, but there is a movement to increase the ranks of psychiatric nurses and physician assistants specializing in psychiatry.

What’s more basic than having enough mental health professionals when assistance and treatment is needed? Iowa is 46th in the nation in psychologists and 47th in the nation for number of psychiatrists.

If you know of any progress/steps being taken to alleviate mental health workforce shortages – please send me the information via e-mail – [tbomhoff@mchsi.com](mailto:tbomhoff@mchsi.com).

✓ **Address the critical lack of inpatient psychiatric beds and recovery centers**

Disappointment

Nothing was addressed. Ill persons are still only hospitalized for an average of 3 days, when a longer period of time would help address stability, finding the most helpful medication and obtaining information and education about their illness.

Psychiatric crisis beds in Des Moines

Broadlawn's 24-26 (lower level is used for storage)  
 Mercy Franklin – 24  
 Iowa Lutheran – 60 beds (34 for adults)  
**110 crisis beds?** – Am I missing any?

**Polk County's population is 401,066**

1% of the population has schizophrenia – over 4000  
 1.2% of the population has bipolar - - close to 5000  
 5-10% have depression – over 30,000

Does anyone see a shortage of health services here?

✓ **Retain “open access” for mental health drugs.**

Good news. Open access to mental health drugs is being retained for persons in the Medicaid system.

✓ **Make ACT a Medicaid reimbursable service in Iowa.**

Cautious optimism – this could be addressed in the evidence based practices workgroup listed below.

**To help cure the “F” that Iowa received for its mental health system**

In mental health and behavioral health care, the DHS proposal for restructuring and strengthening Iowa's mental health care system received the strong support and endorsement in both legislative bodies.

With the recent passage of the *State's Mental Health Systems Improvement Bill* there are major sections in the legislation that require that the Department of Human Services (DHS) Division of Mental Health and Disability Services (MHDS) form planning workgroups. These workgroups are to make recommendations to the MHMRDDBI Commission, to the DHS Director, and the legislature. The legislation states:

*“In order to build upon the partnership between the state and counties in providing mental health and disability services in the state, the workgroups established for purposes of this subsection shall engage equal proportions representing the department, counties, and service providers. The county and provider representatives shall be appointed by the statewide associations representing counties and community providers. In addition, each workgroup shall include a representative of the commission, the mental health planning and advisory council, consumers, and a statewide advocacy organization.”*

In response to this initiative, MHDS is forming six (6) workgroups that will meet and report their recommendations to a Steering Committee over the coming months. The workgroups are:

WORKGROUPS	TIMELINES	
		Due to Legislature
<b>PHASE I</b>		
Alternative Distribution Formulas		1/31/08
Community Mental Health Center Plan		1/31/08
Core Mental Health Services		1/31/08
MH and CSA Standards & Accreditation		1/31/08

Co-Occurring Disorders 6/1/08  
 Evidence-based Practices 1/31/08

**PHASE II**

Comprehensive State Plan 12/15/08

**Other good news**

We received a “first in the nation” Federal waiver through Iowa Medicaid authorizing the strengthening of Community Mental Health Centers (CMHC's) and inpatient psychiatric hospitals through **cost-based reimbursement** rather than a set dollar fee for service.

Legislators added \$2.2 million to reduce the number of children waiting for services on the children's mental health waiver **The Children's Mental Health waiver was increased by more than 100% in the form of state funding.** This will allow us to serve all current children plus the full waiting list. This represents, again, further progress for providing access to mental health care to children without demanding those children and families access such care through the CINA process.

Additional funds for our **PALS program** for young people in state custody who turn 18 and who may receive help with both ongoing education and independent living through this grant period. These additional funds are intended to cover this next group of young people who will be turning 18 this coming year, along with the existing young people from previous years.

The **Medicaid program eligibility for parents was expanded**, albeit modestly, for the first time since the early 90's. Accordingly, we will be able to cover, with medical care, an estimated newly eligible 6,500 parents whose children are eligible for Medicaid or hawk-i but who themselves were previously ineligible, income-wise. Funds have been included to cover additional health insurance through Medicaid and hawk-i for 10,750 children in our state who are currently eligible but not receiving those services. They will join the 200,000 children currently in Medicaid or hawk-i. Iowa already ranks as one of the highest percentages of children in the U.S. with health insurance. This will further that goal of moving us closer towards being able to cover all Iowa children with health insurance.

Additional State funds were appropriated to cover Iowa's share of the first year of our **“Money Follows the Person”** \$50 million, five year initiative to support the most appropriate, least institutional community placement for lowans currently residing in ICF/MRs.

New funds were appropriated for **substance abuse treatment** at Eldora and Toledo juvenile homes.

Bullies will no longer be tolerated in Iowa's schools, thanks to new **anti-bullying legislation** passed this year. Students with disabilities can be the target of bullying in Iowa's schools, so this legislation should go a long way toward making Iowa's schools a safer and healthier place to learn.

Iowans will have access to the services of a substitute decision maker thanks to the newly funded **Office of the Substitute Decision Maker.** The Office was created last year, but not funded. Many lowans have no one to help them make decisions about their care, and such decisions are often left up to the provider. This will make sure these lowans have access to an unbiased advocate to help make sure their needs and choices are considered in long-term care decisions.

The Legislature made a significant investment (\$500,000) in establishing a Commission to review and recommend various options for implementation of **universal health care** next year.

## Teachers



The latest free supplement from the National Institute for Health is entitled “**The Science of Healthy Behaviors**”. It is a comprehensive, interactive teaching unit. It is aligned to state standards in science, math, English language arts, and health. It was developed by leading scientists and educators.

“The Science of Healthy Behaviors” helps students understand how behaviors influence the development of chronic diseases such as heart disease and diabetes. Everything you need to teach each supplement, including interactive Web-based activities and assessment tools, is included in one resource.

This teaching unit is available for **free**. To request this free, teacher-ready module go to <http://science.education.nih.gov/n3a>

## WATCH



### The Iowa Empowerment Conference 2007 **Joining Hands to Help Keep Hope Alive**

The Consumer Conference for individuals with mental illness will be held Tuesday through Thursday July 31-Aug. 2 at the Best Western Regency Inn in Marshalltown, Iowa. For more information, direct your inquiries to:

Iowa Empowerment Conference,  
1 West Grant St., Apt. 109, Marshalltown, Iowa 50158  
or call toll free to 1-800-525-2495 pin #00 ask for Kathy.

### Registration Costs

- \$230 for registration, meals, lodging
- \$150 for registration and meals, no lodging
- \$100 for one day only with meals

Can you raise the money on your own? Look into alternative sources for funding. Will your county CPC (Central Point Coordination) or other community organization pay for the conference? If you are denied funding from other sources, there are a limited number of stipends available. These stipends require a \$30.00 co-payment. Contact the Office of Consumer Affairs at 1-877-338-2767 or email < [jholvec@dhs.state.ia.us](mailto:jholvec@dhs.state.ia.us) > for more information.



### **NAMI Connection Recovery Support Group**

Launched in April 2007, NAMI Connection is a 90-minute weekly support group run by persons who live with mental illness for other persons with any diagnosis who also live with mental illness.

The NAMI Connection program is a national, phased initiative to implement mutual support groups in communities across the country.

The NAMI C.A.R.E. (Consumers Advocating Recovery through Empowerment) model, operational in limited communities, forms the basis for NAMI Connection, but with some changes. Under the revised model, groups will meet weekly for 90 minutes and there will likely be many groups in an area instead of one or two. The Principles of Support, the foundation for the program, as well as some of the tools and materials, have been improved to more accurately reflect the values of NAMI Connection.

Iowa is in one of the first groups of states to initiate this program.

Training for NAMI Connection peer facilitators in the Des Moines area took place the weekend of May 18-20.

We will advertise in this newsletter as well as on our website the day of the week, place, and time of each NAMI consumer support group that is established

## NAMI Walks For the Mind of America

Location	Waterworks Park Des Moines, Iowa
Date	<b>Saturday, October 6, 2007</b>
Distance	3 miles
Check-in	8:30 A.M.
Start Time	10 A.M.

The Walk  
Manager is  
Jay Brewer  
[515-321-8051](tel:515-321-8051)

Each walker who raises at least \$100 will receive a free T-shirt.

We would love to have you join us on Saturday, Oct. 6. The walk will be an anti-stigma event as well as a fundraising event. Can you feel the goose bumps on the back of your neck envisioning hundreds of people openly showing their support by walking together?

Visit the website for more details:  
<http://www.nami.org/namiwalks/IA> [NAMIWALKSIAMGR@aol.com](mailto:NAMIWALKSIAMGR@aol.com)

### HOUSE calls for NAMI

*NAMI E-news - April 26, 2007*

The hit television drama **HOUSE** is helping NAMI.

At a packed press conference on the Los Angeles stage where the show is produced, cast crew and producers launched a promotion this week to benefit the National Alliance on Mental Illness (NAMI) and its work in education, support, and advocacy for individuals and families affected by mental illness.

Right now—for a limited time only—T-shirts from the show are being sold on-line for \$19.95 at [www.housecharitytees.com](http://www.housecharitytees.com). They are emblazoned with the phrase “Everybody Lies,” one of the best-known “House-isms” often uttered by the brilliant, but cynical diagnostician Dr. Gregory House, played by Hugh Laurie, the star of the show.

All proceeds from the sale of the t-shirts, as well as from the online auction, will be donated to NAMI.

“Mental illness is stigmatized and misunderstood in our society, and we’re trying to do something about that,” said **HOUSE** executive producer Katie Jacobs. “We’re very fortunate to be celebrating an extremely successful third season for **HOUSE**, and we’d like to give something back to a cause we feel is both worthy and overlooked.”

“**HOUSE** is making an enormous contribution to public education by lending the show’s celebrity profile to raise funds,” said NAMI executive director Mike Fitzpatrick. “On behalf of every individual and family who live with major depression, bipolar disorder, schizophrenia and other mental illnesses, NAMI thanks the show and cast. They are making a difference in people’s lives.”

Did you know that 1 in 4 hospital patients are admitted with a mental health or substance abuse disorder?



Looking for books to help children better understand their parent’s mental illness? Go to:

[www.seedsofhopebooks.com](http://www.seedsofhopebooks.com)



### Worried or anxious? Tips for coping

Harvard Medical School

Everyone worries or gets frightened from time to time. These are normal, even healthy, responses to threatening situations. But if you feel extremely worried or afraid much of the time, or often feel panicky, consider talking with your doctor.

Anxiety can make you so uneasy around people that you isolate yourself, missing out on social events and potential friendships. It can fill you with such obsessive thoughts or inexplicable dread of ordinary activities that you cannot work. Anxiety disorders can be mild, moderate, or severe, but overcoming them generally takes more than just "facing your fears." Many people need help in dealing with these problems.

There has long been a stigma surrounding getting help for anxiety. People are ashamed to admit to phobias and persistent worries, which seem like signs of weakness. Add to that the tendency of people with anxiety to avoid others, and you have perhaps the biggest obstacle to relief and recovery. Without treatment, many individuals become more fearful and isolated. In extreme cases, they are so imprisoned by their anxiety that they are unable to leave home.

Sigmund Freud regarded anxiety as the result of inner emotional conflict or external danger. While these factors often contribute to anxiety, scientists now know that anxiety disorders are biologically based illnesses. Sophisticated brain imaging enables scientists to trace the neural pathways of fear and anxiety. In the process, they've discovered certain brain abnormalities in anxiety sufferers. Research also suggests that genes may contribute to these abnormalities. This growing knowledge about anxiety has already led to safer, more effective treatments.

Anxiety disorders, which include panic attacks and phobias, affect about 19 million American adults and millions of children. For every individual with an anxiety disorder, many more are affected by it, including spouses, children, other relatives, friends, and employers.

The good news is that there are many therapies to help control anxiety and improve quality of life for sufferers. Medications can, in many cases, reduce or eliminate symptoms. Several types of psychosocial therapy, especially cognitive-behavioral therapy, also help by teaching people to adopt more positive thought and behavior patterns. Some medications under development may even help prevent anxiety disorders in people genetically predisposed to them.

### **Proposed NAMI Policy on "Application of Less Lethal Weapons\* by Law Enforcement Officers"**



Use of a Less Lethal Weapon is only an alternative to the use of a Lethal Weapon. It must never be used in any other circumstance.

The National Alliance on Mental Illness (NAMI) believes that the use of less Lethal Weapons by law enforcement officers should be permitted only if the responding officer concludes that a less painful and hazardous intervention is not likely to be effective and/or is likely to be hazardous to the officer(s) or a third party. Less Lethal Weapons should not be deployed when other means or methods of de-escalations are appropriate, available, and suited for the crisis event.

NAMI further believes that states should include, in statute, a requirement for the development and enforcement of standards and minimum training requirements for all law enforcement, corrections and related personnel who use or potentially use Less Lethal Weapons in the performance of their duties. This mandatory

training must include information about effective methods of responding to people with mental illness in crisis and verbal and non-verbal crisis de-escalation techniques. Verbal and Non-verbal Training is in addition to recommended training requirements suggested by Less Lethal Weapons vendors/producers. NAMI recommends and encourages specialized training to accommodate a safe conclusion for all parties.

NAMI calls upon the states and the federal government to fund and promote research on both the short term and long term physical and psychological effects on targets of Less Lethal Weapons. This research also should determine the potential dangers associated with risk factors, including but not limited to age and pre-existing medical conditions,

\* The term "less lethal weapons" as used in this policy refers to weapons that temporarily incapacitate individuals without fatal or permanent injuries and includes stun guns, Tasers, impact delivery systems, and other similar devices.



### **Depression During and After Pregnancy**

A new booklet on depression during and after pregnancy (perinatal depression) released today by the Health Resources and Services Administration (HRSA) contains tips on identifying the condition in mothers and offers six steps to help treat it successfully. Perinatal depression includes a broad range of physical and emotional symptoms that many women face during pregnancy or within a year following the birth of a child.

Called "Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends," the 22-page booklet is designed to increase awareness among women and clinicians of perinatal depression's impact and pervasiveness. As many as 80 percent of women experience some type of depressive symptoms during pregnancy or soon after the birth of a child; most symptoms begin two to three days after birth.

Perinatal depression can be mild, moderate or severe, with symptoms such as sadness, irritability, anxiety or excessive worrying, and loss of interest in personal appearance. The mother's depression may impact her baby's health as well. Babies also may have problems in learning and behavior as they grow older. Perinatal depression prevents many women from taking part in everyday activities and participating in the things they enjoy.

The booklet includes six simple steps a woman can take if she believes she is at risk of, or is experiencing, perinatal depression. They are:

- Lean on family and friends;
- Talk to a health care professional;
- Find a support group;
- Talk to a mental health care provider;
- Focus on wellness, especially diet and exercise; and
- Take medication as recommended by your health care or mental health provider.

The new booklet also contains information for family members and a list of print and Internet resources. Go to the Web site - [www.mchb.hrsa.gov/pregnancyandbeyond/depression](http://www.mchb.hrsa.gov/pregnancyandbeyond/depression),

### **Do you want to become a member of NAMI Greater Des Moines?** Dues are:

\$35.00 Family/Individual
\$ 3.00 Limited income
\$50.00 Professional

Send to: Don Jayne, Treasurer

1291 16<sup>th</sup> St.

West Des Moines, IA 50265

Please make the check payable to

NAMI GDM

National Alliance for the Mentally Ill  
of Greater Des Moines  
5911 Meredith Drive, Suite E  
Des Moines, Iowa 50322-1903

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NAMI Greater Des Moines' website is [www.nami.org/sites/NAMIGreaterDesMoines](http://www.nami.org/sites/NAMIGreaterDesMoines) – from which you can reach the NAMI Iowa and NAMI National websites as well as a host of other websites. Call NAMI Iowa (515-254-0417) or visit their office library at 5911 Meredith Drive, Suite E, Des Moines, IA 50322-1903. Polk Co. Health Services' website is [www.polk.ia.networkofcare.org](http://www.polk.ia.networkofcare.org).

## NAMI Walks For the Mind of America

You can participate in the Walk in a variety of ways –

- Form a walk team
- Join a walk team – *check out Team Brainiacs!*
- Walk as an individual

And/Or You can help support the walk by –

- Sponsoring a walker
  - Being an event sponsor
  - Donations
  - Volunteer to serve on a committee
- Volunteer to help the day of the event

One of the questions you will be asked is what affiliate you are participating on behalf of – we would be honored if you would indicate NAMI Greater Des Moines. If we aren't designated, we will not receive a portion of the funds for our efforts.

With your help we can move forward on more of our goals to improve the lives of people affected by brain disorders.

**Visit the website for more details:**  
<http://www.nami.org/namiwalks/IA> [NAMIWALKSIAMGR@aol.com](mailto:NAMIWALKSIAMGR@aol.com)

**Please join us!**

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For their assistance in helping us print this newsletter.



### Iris the Stigma Fighting Dragon

[www.iristhedragon.com](http://www.iristhedragon.com)

Iris the Dragon Inc. publishes illustrated children's books that educate and comfort children about mental health disorders. Each book addresses a different mental health disorder told through the genre of a fairy tale and is illustrated to reflect the emotions experienced when dealing with a mental illness.

Believed to be the first of its kind in its approach to educating caregivers and children about mental illness, Iris the Dragon Inc. books have been successful for educators and mental health professionals in beginning a dialogue with children about what often can be a difficult topic.

Each book takes children on a journey experiencing different mental illnesses and provides education to those that do not suffer and comfort and hope to those that do. For instance -

"*Catch a Falling Star*" provides readers with a variety of symptoms that could be considered red flags in a child's emotional and social development. This book is intended as an introduction to the topic of mental health in addition to educating children about the importance of sharing their thoughts and worries with a caregiver.

"*Lucky Horseshoes*," illustrates through its images and words the feelings and thoughts of an ADHD child. The book provides children with ADHD an opportunity to identify with their thoughts, feelings and actions through the young character in the book. For caregivers, "Lucky Horseshoes" has an informative epilogue about ADHD from a renowned psychiatrist in the ADHD field.

Iris the Dragon Inc. was started by a mother/daughter team who wanted to educate the general public about mental health disorders and de-stigmatize the topic of mental health. Mother, Gayle Grass, is the author of the book series while daughter, Jessica Grass, also a teacher, develops curriculum to be used with the books.