



# NAMI GREATER DES MOINES

## AFFILIATE AND SUPPORT GROUP NEWSLETTER

May 2007 – **Mental Health Month**  
**“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>4 P.M.</b> at the <b>NAMI-Iowa Office</b>.</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	
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4. Education											
<p><b>Sunday, May 6</b></p>	<p>The topic is <b>Assertive Community Treatment</b> –the history, the purpose, the present situation and the future of this evidence based practice – our speaker is Nancy Williams, a psychiatrist from the U. of Iowa.</p>	<p><b>Thursday, May 10</b></p>	<p>We will be discussing and planning around 7 topic areas.</p>								
<p><b>Week of May 6-12</b>  <b>Children’s Mental Health Week</b>  <b>May 9 is Childhood Depression Awareness Day</b></p>		<p>The children’s mental health community is asking you to join them in wearing a green ribbon this year to bring awareness to the needs of children with emotional, behavioral, and social disabilities and their families across Iowa. Why green? In the 1800’s, the color green was used to brand people who were labeled “insane”. The children’s mental health community decided to continue using the color green, but with a completely different focus. Green signifies new life, new growth, and new beginnings. Therefore, we wear the green ribbon to raise public awareness, better the lives of children with serious emotional disorders and show our support of these children and their families.</p>									
<p><b>Friday, May 18</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, June 3</b></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></p>	<p>We will be discussing and planning around 7 topic areas.</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.iffchm.org">www.iffchm.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>            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>									

### 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

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!**

**About every 2 hours, a young person kills himself or herself.**

Depression is more than just “feeling blue” or having a bad day. It's different from feelings of grief or sorrow that follow a major loss, such as a death in the family. It's not a personal weakness or a character flaw. Children and teens with clinical depression cannot simply “snap out of it”.

Depression is a serious health problem that impacts feelings, thoughts and actions, and can appear as a physical illness. As many as 1 in 8 teens and 1 in 33 children have clinical depression.

Fortunately, depression in youth is treatable. Know the warning signs. Get help.

**Pay attention if a child or adolescent you know:**

**Is troubled by feeling -**

- really sad and hopeless without good reason and the feelings don't go away
- very angry most of the time, cries a lot or overreacts to things
- feels worthless or guilty a lot
- anxious or worried a lot more than other young people
- unable to get over a loss or death of someone important
- extremely fearful – has unexplained fears or more fears than most kids
- constantly concerned about physical problems or physical appearance
- frightened that his or her mind is controlled or is out of control

**Experiences big changes -**

- does much worse in school
- loses interest in things usually enjoyed
- has unexplained changes in sleeping or eating
- avoids friends or family and wants to be alone all the time
- daydreams too much and can't get things done
- feels life is too hard to handle or considers suicide
- hears voices that cannot be explained

**Is limited by –**

- poor concentration – can't think straight or make up his or her mind
- inability to sit still or focus attention
- worry about being harmed, hurting others, or about doing something “bad”
- need to wash, clean things, or perform routines hundreds of times a day to avoid danger
- thoughts that race – almost too fast to follow
- persistent nightmares

**Behaves in ways that cause problems –**

- uses alcohol or other drugs
- eats large amounts of food then vomits, abuses laxatives or takes enemas to avoid weight gain
- continues to diet and/or exercise obsessively although bone-thin
- constantly violates rights of others or breaks the law without regard for others
- does things that can be life threatening

If there is concern about a child's or adolescent's mental health, it is important to get help as soon as possible.

**Every child's mental health is important.**

**These problems are real, painful, and can be severe.**

**Mental health problems can be recognized and successfully treated. By working together, caring families and communities can help.**

*–courtesy of Iowa Federation of Families for Children's Mental Health*



May is Mental Health Month - Here are reminders why **Children's Mental Health Matters!**

- 5-9% of all children in the USA have a serious emotional disturbance.
- 13% of children between 9 and 17 years old have an anxiety disorder.
- About 4.1% of school age children have ADHD.
- Children with ADHD drop out of school 10 times more than other children. 50% of students with severe emotional disorders drop out of school. **Mental health is essential to learning.**
- 65% of males and 75% of females in the juvenile justice system have at least one psychiatric diagnosis – and rarely receive treatment for it.
- Only about 21% of children in the USA who need mental health services get them.
- Kids who have been bullied are 50% more likely to admit bringing a weapon to school.
- About every 2 hours a young person kills himself or herself.
- 3,000,000 teenagers have considered or attempted suicide in the past year.
- Suicide is the 4<sup>th</sup> leading cause of death for youths aged 10-14, 3<sup>rd</sup> among those between 15 and 24, and 2<sup>nd</sup> among 25 to 34 year olds
- Of those that die by suicide, approximately 90% had a mental disorder, and 40% had visited their primary care doctor within the month before their suicide.
- 1 of 8 adolescents with a mental illness has a substance abuse problem.
- Girls ages 12-17 now match boys in drug and alcohol abuse.
- Untreated youth with co-occurring conditions have high rates of suicide and social cost.
- Youth with co-occurring disorders often are incarcerated rather than treated.
- Childhood depression is a brain disorder that affects acts, thoughts, and feelings.
- Depression in children is treatable with early intervention and proper support.
- Bullied children suffer real pain, affecting their social and emotional growth.
- Some victims of bullying have attempted or completed suicide to escape the harassment.
- Children and youth who cause trouble at home or in school may be suffering from depression.
- Conduct disorder causes kids to act out their feelings or impulses in destructive ways.
- Anorexia affects 1 in every 100-200 girls but a much lesser amount of boys.
- 1 to 3 of every 100 youth experience bulimia.
- Schizophrenia occurs in about 5 of every 1000 children.
- 4% of boys and 6% of girls have signs of PTSD caused by violence endured or witnessed.

**Early identification and intervention is a must to prevent a downward spiral.**

## 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.



### Names Will Often Hurt You

Excerpt from April 2007 Harvard Health Letter

The children's rhyme denies it, but it may be true. Words are weapons that can cause lasting wounds, especially when wielded by parents against children.

The damage is sometimes more serious and lasting than injuries that result from beatings, say Harvard researchers reporting on a survey of young adults.

All types of abuse – sexual, physical, and emotional (including verbal abuse and witnessing domestic violence) – raised the risk of depression, anxiety, dissociation, and epilepsy-like symptoms. Emotional abuse had as great an effect as the other kinds, and verbal abuse was a particularly strong risk factor for dissociative episodes and epilepsy-like symptoms.

The authors speculate that name calling and threats cause stress that affects the development of vulnerable brain regions or serve as an unfortunate model for adult communication. The effects can be severe, they suspect, partly because verbal abuse may be more continuous and relentless than sexual or physical abuse.

The authors point out that in surveys, 63% of American parents admit that they have sworn at or insulted a child at some time. The authors note that physical child abuse and witnessing domestic violence are regarded as traumatic experiences that create a risk of post-traumatic stress disorder. The study suggest that when verbal abuse is constant and severe, it too creates that risk – although parents should not be concerned that children will be traumatized by an occasional harsh or angry word. – “Sticks, Stones, and Hurtful Words: Relative Effects of Various Forms of Childhood Maltreatment” – *American Journal of Psychiatry* (June 2006).

For assistance in determining your child's rights, your parental rights, and next steps to be taken to improve your child's ability to learn – consult the following resources:

#### ASK Family Resource Center

Parent & Training Information Center of Iowa  
<http://www.askresource.org/pti/index.html>



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)

### EDUCATION ALERT

The schools require science and health education as a part of every child and adolescent's curriculum during their school years. **What is often missing is mental health education as a part of that curriculum.**

Increased awareness among students, teachers, administrators, and parents will help to address:

- ✓ Early diagnosis and treatment for the best possible outcomes
- ✓ Combat the stigma associated with these brain disorders which prevents seeking treatment
- ✓ Reducing the drop out rate in Des Moines area schools

- ✓ Reducing the rate of substance abuse
- ✓ Reducing the suicide rate

What follows are some educational courses which could be utilized to achieve progress on some or all of the above goals.

### For elementary, middle school, and high school students.



### Breaking the Silence

This curriculum meets national health education standards, meets character education and violence prevention goals.

Mental illness has never been more treatable, but there is a deafening silence about it in our classrooms.

People keep quiet about mental illness. They don't talk about their brother who hears voices, their mother who stays in bed because of her depression, or the counting rituals they themselves do before they can leave their house. But they should.

Scratch the surface and you will find that almost everyone has a relative or knows someone who has a mental illness. But few speak out about it out of shame. There is still a terrible stigma which surrounds mental illness, which is reinforced by violent or comic media images.

So our children become hidden victims. Afraid to speak about their illness, or unable to recognize the symptoms, they may deteriorate for years before getting treatment.

**Breaking the Silence** (BTS) is a teaching package that includes lesson plans, games and posters on serious mental illness for three grade levels: upper elementary, middle school, and high school. Through stories and activities students learn the warning signs of mental illness, that mental illness can be successfully treated, and how to recognize and combat stigma. BTS is designed to put a human face on mental illness, replacing fear and ridicule with compassion.

Objectives of the high school course:

1. Identify common fears and misconceptions we have about people who have mental illness.
2. Discuss how stereotypes about mental illness are formed and affect our behavior.
3. Be informed about the nature of schizophrenia: symptoms, possible causes, psychotic vs. psychopathic and numbers and age group affected
4. Discuss the role family, friends, community, and government can play in recovery.

Objectives of the middle school course:

1. Identify stigmatizing words associated with mental illness and discuss the negative impact their use has on people who have mental illness.
2. Be informed about the nature of mental illness: a biologically-based physical illness, a no-fault illness, warning signs of mental illness, and treatable with medication and therapy.
3. Discuss where to turn for help and support.

Objectives of the upper elementary course:

1. Be sensitized to the pain caused by making fun of people who have a mental illness.
2. Relate mental illness to other physical illnesses.
3. Be informed about the nature of mental illness; a no-fault illness and treatable with medication and sometimes, therapy.

To get a FREE copy of the Tool Kit and BTS, visit

[www.btslessonplans.org](http://www.btslessonplans.org)

Email: [btslessonplans@aol.com](mailto:btslessonplans@aol.com)

Phone: 516-326-0797

To order one of the 3 sets of lesson plans is \$18 or to order all 3 levels – the price is \$45.00.

If you would like to have ***Breaking the Silence*** in your classroom, please talk to Diane Johnson 255-8157 E-mail: [itsdianej@aol.com](mailto:itsdianej@aol.com)

**NAMI Beginnings**

NAMI Child & Adolescent Center



A **must read** magazine for parents, caregivers, educators, and others concerned with children's mental health issues. Published quarterly, go to:

[http://www.nami.org/Template.cfm?Section=Child\\_and\\_Adolescent\\_Action\\_Center](http://www.nami.org/Template.cfm?Section=Child_and_Adolescent_Action_Center) to sign up for this periodical.

**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

(This is used in the Minnesota Education model featured in the Winter 2006 NAMI Beginnings magazine.)

Cost of the in-service involves the cost of booklets (\$1 each) and printing of other materials.

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



**Schizophrenia and Physical Illness**

In a study, conducted in Iowa, researchers collected medical claims from Blue Cross Blue Shield records for more than 1,000 people with schizophrenia and more than 700,000 controls

over a six year period. Adjusting for age, the schizophrenic patients (average age, 40) had a higher rate of chronic illnesses affecting almost every system in the body.

They were nearly 3 times as likely to be smokers, suffering from low thyroid function (hypothyroidism), and had nearly 8 times the rate of the infectious disease hepatitis C. They were about twice as vulnerable to such disorders as asthma, stroke, peripheral vascular disease, chronic obstructive pulmonary disease, and diabetes. Their rate of coronary artery disease and high blood pressure was only slightly higher than average, possibly because they are correctly diagnosed for these commonly symptomless disorders even less often than most people.

Physical illness becomes chronic in schizophrenic patients partly because they get insufficient treatment. They may not seek treatment themselves, and mental health professionals are not always keeping track of their physical condition. The resulting ill health raises the risk of prolonged hospitalization, suicide, accidents, and drug overdoses. Some disorders, especially hypothyroidism, can exacerbate psychiatric symptoms.

The Iowa study confirms that patients with serious mental illness need to be more effectively monitored for and educated about physical symptoms. – April 2007 Harvard Mental Health Letter

**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.

There may be assistance with registration costs so make contact with conference organizers as soon as possible.

**Des Moines Police have their first graduate from CIT training**



Des Moines Police Officer Kelly Drane recently attended the CIT training offered by the Story County Sheriff's office. That's wonderful to hear. Thanks, Kelly – for taking the CIT training as well as for all the good work you do as the Des Moines Police Dept. liaison for the Mobile Crisis team.

**More graduates!**

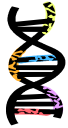


In March, Family to Family teacher training and Peer to Peer Mentor training was held. Des Moines has 3 new Family to Family teachers and 5 new Peer to Peer mentors. Thanks to all of the graduates for volunteering their time.

## RESOURCES – RESOURCES - RESOURCES



Many thanks to Nancy and Courtney Hale for speaking at our April 1 affiliate meeting. The topic was schizophrenia and recovery as well as information on research programs at the University of Iowa. Courtney told the story of his onset of symptoms, losing his friends, the struggle to find the right medication, what led to his recovery, and his recent accomplishments (he's been accepted into a master's program). Nancy told her story from the perspective of a mother (to Courtney) and actively becoming involved in research on mental illnesses.



### 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>



### 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.togetherRx.com) for the **Together Rx Access™ Card**.



### Positive Alternatives to Hospitalization (PATH)

Positive Alternatives to Hospitalization (PATH) is a community based support program at Broadlawns.

PATH works with individuals and their families to help them manage their psychiatric disabilities and improve the quality of their lives. A multi-disciplinary team helps individuals make self-determined choices, establish and achieve their personal goals, increase skills, and develop a better understanding of community resources. For further information or to make a referral, call 515-282-6770 or 282-6750.



### Program for Assertive Community Treatment (PACT)

**PACT** provides the care level of an inpatient psychiatric facility within the consumer's home.

PACT is a multi-disciplinary team of mental health professionals, including a psychiatrist, nurses, social workers, mental health professionals, vocational and addiction specialists that provides care to people where they live. PACT services are intended to be long term. PACT is available to its consumers 24 hours a day, seven days a week for crisis intervention. Office hours are Monday through Friday 8 a.m. to 8 p.m. and 8 p.m. to 4:30 p.m. weekends

and holidays. To make a referral or to learn more about the local PACT team please contact the Team Leader, Darla R. Krom, LMSW at 235-8846.

The website for Polk County Health Services is [www.polk.ia.networkofcare.org](http://www.polk.ia.networkofcare.org).

### Intensive Psychiatric Rehabilitation (IPR)

IPR is a 2 year recovery based rehabilitation program. This is a voluntary program for persons with mental illness who want to focus on building skills and working on long term goals in their recovery. Clients and staff meet for 4 to 10 hours per week in group settings as well as individually with a practitioner.

Recovery is characterized by growth beyond the effects of the mental illness. Recovery is a complex and time consuming process.

People who are in a recovery process are recovering from more than just the symptoms of mental illness. The examination of loss plays a major role in recovery as clients try to rebuild social networks and role identities.

The experience of recovery is an individual's experience of living successfully with a mental illness. IPR believes in each person's inherent capacity to grow. For more information, call Shannon Evers at 515-241-0982 or her direct line 515-235-8830.



### 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 leave a message with Teresa 274-6876.

### 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: [tbomhoff@mchsi.com](mailto:tbomhoff@mchsi.com)

## RESOURCES – RESOURCES - RESOURCES

### SUPPORT GROUP MEETINGS

Family members, if you are interested in participating in a support group, please contact our Vice-President – Dr. Bobby Dickerson  
 Work phone: 288-1914 Cell phone: 979-8390  
 E-mail: [bdickerson@paccdisciples.org](mailto:bdickerson@paccdisciples.org) – The next support group meeting is Sunday, May 20, from 2-3:30 PM at Park Ave. Christian Church – 3219 SW 9<sup>th</sup> St., Des Moines.

⊙ **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)**



**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.



**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.

### 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.

**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 [nclcca@mchsi.com](mailto:nclcca@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**

<b>When dues are paid to NAMI Greater Des Moines</b> – you have NAMI GDM membership, a state membership, and a national membership (3).		
NAMI-National	NAMI-Iowa	NAMI-GDM
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
When dues are paid to NAMI Iowa – you have a state membership and a national membership.		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	Yes	<b>No membership</b>
If you pay dues directly to NAMI-National– you only have a national membership.		
NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	<b>No membership</b>	<b>No membership</b>

**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

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**Silver Ribbon Dialogues**

I was having copies made of Recovery and Veterans, at a local business. As I was paying for the copies, the manager saw my Silver Ribbon and saw the subject...veterans and PTSD. He told me that he had been a medic in Vietnam.

He told me that he has been having rages...and he recently had to leave his groceries in the check-out line, and leave the store. The man standing in front of him was Asian and the veteran was having a serious flash-back. He said he got in his car and wanted to ram into cars all the way home but he got home safely.

He called his wife. She came immediately from her work and took him to our local VAMC. He was helped. He has to be vigilant once again. He thought it was over, but the constant war news has brought PTSD back to him, again. - -June Judge

## 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.loeb sack.house.gov/>

### Wounded Warrior Assistance Act Passes the House

March 29, 2007- New York Times

Reacting to shabby treatment of wounded service members at Walter Reed Army Medical Center, the House created a coterie of case managers, advocates and counselors for injured troops returning from Iraq and Afghanistan.

The Wounded Warrior Assistance Act, approved 426 to 0, also establishes a hot line for medical patients to report problems in their treatment and demands an end to the red tape that has frustrated disabled service members as they move from Pentagon care to care by the Veterans Affairs Department.

The bill would affect some of the more than 25,000 American service members wounded in hostile action since military operations began in Iraq and Afghanistan.

The bill requires Senate action before it goes to the president.

Under the bill, the defense secretary would be required to provide disabled service members being separated or retired from active duty with a written plan for transition to V.A. programs.

Several amendments directed that more attention be paid to the mental health of returning combatants.

### Worries Grow Over Mental Health of Soldiers

March 28, 2007 - Reuters



WASHINGTON, D.C. - Retired U.S. Navy medic Charlie Anderson twice thought about committing suicide: once when he feared he would be sent back to Iraq in 2004 and again last year when a friend and fellow veteran killed himself.

"I can't say that I can't go because we don't do that, I also can't go because I'm putting people in danger if I do," he said of his first brush with suicidal thoughts, which came while he was awaiting his second deployment.

In the end, Anderson was not deployed but it sparked a two-year effort to get help for post-traumatic stress disorder (PTSD), one of thousands of soldiers returning from the wars in Iraq and Afghanistan facing a battle to re-enter everyday life.

While much of the attention has been on physical wounds like traumatic brain injuries, as well as squalid living conditions for recovering soldiers, doctors, families and lawmakers are expressing growing concerns that veterans are not getting the right mental health help.

Those worries come as President George W. Bush has ordered almost 30,000 more troops to Iraq. Already 1.5 million soldiers have been deployed in the U.S.-led war on terrorism, with one-third serving at least two combat tours, which increases the chances of PTSD.

Despite finally receiving treatment, Anderson finds himself in the middle of a divorce and still constantly on edge, jumpy at loud noises, and always eyeing the exits of rooms.

"I have triggers every day, but I'm learning how to deal with them," he said.

The Department of Veterans Affairs estimates 12 percent to 20 percent of those who served in Iraq suffer from PTSD. A 2004 Army study found 16.6 percent of those returning from combat tested positive for the disorder.

Individuals suffer from PTSD if they relive the trauma, experience emotional numbness, isolation, depression, substance abuse, and memory problems. These often lead to job instability and marital troubles.

"I see a range of people coming in from a level of having PTSD but not being severely handicapped and dysfunctional, then I see other people who are really, really handicapped and dysfunctional," said Dr. Wayne Gregory, a psychologist at the Central Texas Veterans Healthcare System.

Two studies in the last month have shown more than 30 percent of soldiers serving in Iraq and Afghanistan met the criteria for a mental disorder, with the American Psychological Association (APA) finding at best that 40 percent sought help.

"Now people are getting out of the service and they're beginning to seek help," said Dr. Paul Hicks, professor of psychiatry and behavioral medicine at Texas A&M's Health Science Center College of Medicine.

"We don't know when or if that will level off. It's got to level off at some point, but we haven't reached that point," he said.

A study published by the Archives of Internal Medicine found 13 percent of almost 104,000 veterans evaluated suffered from PTSD. Mental illness "threatens to bring the war back home as a costly personal and public health burden," it said.



### Battle Fatigue

My dad had 'battle fatigue'. He was in Korea. He was a Lt. Col. He came back home to us, so very, very ill. My mother put me 'in charge' of him. She didn't know what he might do. I was 12 years old.

My dad took the car for drives throughout the Iowa countryside for hours and hours. I was with him in the front seat. He eventually recovered but it took about 4 years. No meds in those days. He had had a series of ECT's at Fitzsimmons before he was released home.

As he recovered, he said to me - one of the first things that brought him 'back' was a little voice beside him saying "I'm here, Daddy, you can talk to me."

He did recover and returned to his job as Superintendent of a small Iowa school system. He returned to teaching Army Reserves. He was ALWAYS there for other vets who returned to our small Iowa town who 'were haunted'.

That was Lt. Col. Dinsmore Brandmill, my father. I worshiped him.

June Brandmill Judge

### Recovery from the Trauma of War

These are the ways veterans have identified which aid in the recovery from the trauma of war:

1. Loving spouse and family
2. Spiritual – prayer, miracles, meditation.
3. Be busy (jobs, work)
4. Forgiveness of self and others.
5. Medications for sleep, anxiety, and depression.
6. Service to others.
7. Relationships with comrades and friends.
8. Humor
9. Avoid sensationalism of the news media.
10. Pets

### State Legislation

Here are 4 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)

#### Here are the legislators and officials to contact for Polk Co.

Senator Charles Grassley

Senator Tom Harkin

House District 3 – Leonard Boswell (D)

Governor of Iowa – Chet Culver (D)

Lieutenant Governor – Patty Judge (D)

#### Polk County State Senators      Polk County House Representatives

District 30 – Pat Ward (R)

District 31 – Matt McCoy (D)

District 32 - Brad Zaun (R)

District 33 – Jack Hatch (D)

District 34 – Dick Dearden (D)

District 35 – Larry Noble (R)

District 42 – Geri Huser (D)

District 59 – Dan Clute (R)

District 60 - Libby Jacobs (R)

District 61 – Jo Oldson (D)

District 62 – Bruce Hunter (D)

District 63 – Scott Raecker (R)

District 64 – Janet Petersen (D)

District 65 – Wayne Ford (D)

District 66 – Ako Abdul Samad (D)

District 67 – Kevin McCarthy (D)

District 68 – Rick Olson (D)

District 69 – Walt Tomenga (R)

District 70 – Carmine Boal ®

**We ask that you join us in talking to legislators about the following issues – again and again and again:**

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

Taxpayers ought to be outraged that we are squandering taxes to support jails and prisons as our mental hospitals instead of funding effective treatment and support systems. Are we really that inhumane to keep throwing medically ill people in the closet?

Mental health jail diversion is a priority of NAMI GDM, NAMI Iowa, and the Mental Health Advocacy Coalition

The Justice Reform Consortium recommendations are:

1. *Mandate treatment* rather than prison for those people who commit crimes attributable to being addicted to drugs/alcohol, to being severely mentally ill or both.
2. *Legislate and appropriate drug courts and mental health courts* or alternative programs for diverting offenders from prison.
3. *Appropriate adequate community substance abuse and mental health treatment funding* for people to be treated in the community rather than sent to prison.
4. *Provide funds for re-entry programs* that connect mentally ill people with treatment and resources for continuing their medications which begin before they ever leave prison.
5. *Provide funding for in-patient beds for the mentally ill* rather than more funding for more prison beds.

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

We have been warned how this will affect Polk County. Mental health services are poised to be cut. Not only is there a waiting list but 1000 people have been notified their services will be reduced or

eliminated. The list continues to grow. The funding of mental health services is in crisis.

- ✓ **Expanding mental health parity.**

Eating disorders, panic and anxiety disorders including post traumatic stress disorder, diagnoses for children and adolescents and substance abuse should be covered.

Expanding mental health parity is a priority of NAMI GDM, NAMI Iowa, and the Mental Health Advocacy Coalition

- ✓ **Address mental health workforce shortages.**

What's more basic than having enough mental health professionals when assistance and treatment is needed? Iowa's Mental Health Workforce is an in-depth analysis of seven categories of licensed mental health workers. It documents factors that signal potential shortages in several health professions:

[http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/mentalhealth\\_0306.pdf](http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/mentalhealth_0306.pdf). Iowa is 46<sup>th</sup> in the nation in psychologists and 47<sup>th</sup> in the nation for number of psychiatrists.

Addressing mental health workforce shortages is a priority of NAMI GDM, NAMI Iowa, and the Mental Health Advocacy Coalition

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

#### 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?

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

This is an evidence based practice that is cost neutral with high consumer and family satisfaction. There should be a reliable stream of funding and expansion of these services.

- ✓ **Retain "open access" for mental health drugs.**

In an explicit warning to Medicaid state programs and the managed care industry, CATIE III states: "Treatment decisions must be based on the clinical situation of each individual patient. This study clearly **would not justify** policies that would unconditionally restrict access to any particular medication or that would thoughtlessly force patients or doctors who are satisfied with a current treatment to change to a treatment just because it might be less expensive."

CATIE III notes that second generation drugs "have primarily changed side effects, rather than clinical efficacy." But it is important to understand that in terms of side effects, the choice of first generation drugs runs the risk of permanent, untreatable, debilitating and stigmatizing movement disorders.

**.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)

By the time you read this newsletter, the 2007 legislative session will be over – please see the legislative recap at [www.infonetiowa.com](http://www.infonetiowa.com). We will have summaries in the June newsletter regarding progress on NAMI Greater Des Moines legislative priorities.



## Did the legislature pass an improved mental health parity bill?

Did this bill pass? A mental health parity improvement bill – expansion of coverage of more mental illnesses, includes substance abuse and covers all insurance policies or contracts issued by an employer with more than 50 employees. At the writing of this newsletter, the Senate was ready to pass it – the House was having difficulty getting the needed votes.



### Mental illness is something to be treated, not feared, say experts

By: Ruth Webster - Staff Writer  
NC Times, San Diego, CA

Ann Cummings of Vista started her adult life with hopes and dreams. A freshman on a scholarship to Stanford University, she was smart, talented and hardworking. On the outside, she seemed to have everything.

But with her mental breakdown the first year, all those hopes and dreams came to an abrupt end.

Cummings is among the one in four of all Americans over 18 who suffer from mental illness, according to the National Institute of Mental Health. But unlike many who go through their lives undiagnosed and without treatment, Cummings has regained control of her life with the right combination of medication and support.

Many mental disorders manifest in the early 20s or earlier, in adolescence. In fact, half of all lifetime cases of mental illness begin by age 14, according to the National Institute of Mental Health.

Particularly for young adults, it may be difficult to recognize the symptoms, know the language to describe them, or seek help.

"That's why parents who start children on antidepressants need to be really on top of it," said Cummings. "They need to pay extra attention, take courses and have therapy to help kids express their feelings without self-medicating with drugs and alcohol."

Cummings is chairwoman of consumer programs for the National Alliance on Mental Illness. She speaks often to civic groups to encourage people to step out from under the shame of mental illness and find treatment for their disease, which experts now consider a biological brain disorder ---- an illness, just like diabetes or heart disease.

#### 'It took me decades'

When Cummings sought help at the student health clinic back in the '70s, tranquilizers were prescribed. "I thought I was lazy, inept, stupid," she said. "It took me decades to be diagnosed, to be treated and to face up to it."

Cummings believes severe and persistent depression runs in her family. Her grandfather committed suicide by jumping off a 14-story building in Seattle. Her father did the same by leaving the Veterans Hospital in La Jolla and lying down behind a big rig, where he was crushed to death. And her 13-year-old son hanged himself on a tree in their front yard.

These days, Cummings keeps a large plastic box of prescription pill bottles in the back of her car. Some are antidepressants and anti-anxiety drugs; other drugs minimize their side effects. Every day, 365 days a year, she must take the correct mixture of medications to live a full and productive life.

"I hate the idea of taking medication my entire life," she admitted, "but they help me to become who I should have been.

"I hadn't laughed since I was 15, and there I was in a room ----

laughing. I had not experienced that joy for so many years. I have finally found myself. I can pay my bills and go shopping. I can go to a football game, which used to be too stimulating. And although I don't have those hopes and dreams I had before, I am creating new ones."

#### 'A lot of shame'

Today, Cummings supervises a number of support programs for the mentally ill and their families through the National Alliance on Mental Illness chapter in North County. Called consumer programs, they serve people with severe and persistent mental illness and their families.

She's particularly proud of the Peer to Peer Recovery Education course and In Your Own Voice, which encourages people to speak about their own experiences with mental illness. By sharing experiences, journeys and stories, participants hope to open minds and change public attitudes. Eradicating the stigma surrounding mental illness is the hope.

"You don't feel like you're a bad person if you have high blood pressure or a thyroid condition," said Dr. Alvin Mirow, medical director of Tri-City Medical Center's Outpatient Behavioral Health Services and Cummings' psychiatrist. "But with mental health disorders, they threaten the core of who we are. It goes to identity, and there is a lot of shame for what others can think of as a lack of control.

"Mental illness has been seen as a kind of character deficiency, so I'm not that surprised by the stigma, but it has been improving," said Mirow. "There is more sophistication on the part of the general population, and it has been accepted in many quarters now. You see celebrities admit they have some sort of mental health issue.

"Yes, the stigma is still a huge problem, no question. But it is getting better slowly."

#### Many are affected

Much of the public recognizes schizophrenia, bipolar disorder and severe depression as mental illnesses. But other conditions, including anorexia and bulimia, autism, post-traumatic stress disorder, Alzheimer's and phobias are also mental illnesses, according to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition.

According to the National Alliance on Mental Illness, the most serious mental conditions affect 5 million to 10 million adults (2.5 to 5.4 percent) and 3 million to 5 million children ages 5 to 17 (5 to 9 percent) in the United States. But many people have conditions in varying degrees along the continuum.

"I would not hesitate to say that every family deals with mental illness on one level or another," said Aaron Byzak, assistant public affairs officer for Tri-City Medical Center. "It's not just the stereotypical view of people with mental illness, but people with obsessive compulsive disorder, panic attacks and others."

"Every family" includes that of Debbie Divis of Vista. As she grew up, she said, her upper-middle-class family appeared unexceptional. Divis, however, has suffered from bipolar 2 disorder for most of her life and left a wake of chaos until she began treatment. Able to work full time now, she is also a presenter in the In Our Own Voices program. She said it wasn't until her brother was killed by a drunken UC Santa Barbara student in 2001 that she started to come to terms with her mental illness.

"The news networks came to our house and put a microphone in my face," she recalled after her brother's death. "Everyone at my job knew I was depressed. I had to go behind the racks and cry all of the time."

Please detach, complete, attach check, and mail to NAMI-GDM Treasurer – Don Jayne, 1291 16<sup>th</sup> St., West Des Moines, Iowa 50265



Please make the check payable to NAMI GDM

\_\_\_\_\_ For Renewal of NAMI GDM dues  
\_\_\_\_\_ To Become a NAMI-GDM member

**IT'S TIME**

Dues paid now will cover the 2007 calendar year

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Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

GDM dues include local, state, and national membership

(please check one)

\_\_\_\_\_ \$35.00 Individual/Family

\_\_\_\_\_ \$3.00 Consumers/Limited Income

\_\_\_\_\_ \$50.00 Professional

\_\_\_\_\_ Gift \$ \_\_\_\_\_

*Be part of a movement to create awareness of the facts of mental illness – it is a human issue, a health issue, a community issue. At our meetings, you can meet, share, and care with others who are living with mental illness, as well as obtain information about mental health resources, meet speakers knowledgeable about mental illness, have access to informational resources and legislative issues.*

*(Mental illness is something to be treated, not feared – cont'd)* It was not until she tried to commit suicide in Hawaii years later that she sought medication and therapy, and she had to face down her fears to do it. "I saw 'One Flew Over the Cuckoo's Nest,'" she said, referring to its negative depiction of mental hospitals.

Divis' father was diagnosed late in life as bipolar also. An alcoholic, he died in his aunt's guesthouse at age 57. His body wasn't discovered for five months ---- too late to determine the cause of death, though Divis believes it was probably suicide.

**Delaying treatment**

Though public attitudes have improved, many people are still reluctant to reveal they have a mental illness. The U.S. National Institute of Mental Health has found there are often delays --- sometimes decades long --- between the onset of symptoms and when people seek treatment.

"One of the problems I often run across is that people don't make the distinction between drugs of abuse and medication for a disorder," said Mirow. "'I don't want to be on drugs,' they say ---- as if they are going on (drugs) for the purpose of getting high instead of for the purpose of getting well."

Many of today's medications for serious mental illness are highly effective. According to the National Alliance for the Mentally Ill, between 70 percent and 90 percent of individuals have significantly reduced symptoms and improved quality of life from medicine and therapy.

Still, the mentally ill as well as their families often deny the illness. It's all in their head, they say.

According to a recent survey by the National Mental Health Association, 55 percent of those who have never been diagnosed with depression know that depression is a disease and not something people should "snap out of." In a 1991 survey, only 38 percent saw depression as a disease.

"My husband used to tell me to 'Buck up,'" remembered Dawn Sizemore, 40, a divorced mother of two sets of twins from Carlsbad, who said she suffers from bipolar disorder. Diagnosed at age 23, she went off her medication for a time and suffered psychotic episodes almost immediately. Sizemore said she was even jailed overnight when her husband called the police during one episode.

Today, she said, it is somewhat of a relief to come to terms with her illness, said Sizemore, who said she used to own her own business and work in retail management, and now cleans houses for a living.

The psychotic episodes, though she doesn't remember all of them clearly, woke her up.

"I know now I have to do this ---- medications, therapy. And group (therapy) has helped. I suppressed my anger and my feelings for so long, growing up. Now I'm just happy to be able to do the little things ---- get out of bed, iron and be there for my kids."

**Public understanding**

With education and awareness, the public is increasing its understanding of mental illness.

Joyce Kistler, a registered nurse and health and psychology teacher at Carlsbad High School, has taught a unit on mental health for many years. She said that she used to bring health professionals in to talk to the students, but she also has had students and family members come in to discuss their experiences with mental illness.

"We have parents come in and share," she said. "I think they realize the stigma and in their own small way, are more open and accepting ... a lot of them have been in therapy, and that used to be such a stigma too, but they realize they're not crazy and that it helped them."

Kistler is also in charge of a peer advocate program on campus where students go through a long interview process and more than 200 hours of training before speaking with other students suffering with mental health issues.

"I see them come in to talk with their peers because the room is right next to mine," she said. "I see these kids with their shoulders slumped, their hoods on and dressed all in black, and they come out with a smile. It is working. They have security that it is other kids they are speaking to, and everything is confidential. We don't give advice, but we refer them to help."

Charlene Moore, community liaison coordinator for Tri-City Medical Center's outpatient behavioral health services, said the hospital has been working toward adding services for the community, including a walk-in mental health assessment center for adults that would operate 24/7; adding crisis beds; and expanding Psychiatric Emergency Response Teams, which train police to recognize those suffering from mental illness and assess the level of care they need.

"I don't think we need more institutions," she said, "just more support and help so people can take care of themselves. I think everyone wants to do that. They don't want to be taken care of ---- some just need help to live an independent lifestyle."

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 others. 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).

**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
- Walks are in the top 35 media markets
- Over 1,000 businesses sponsor our Walks across America
- 55,000 individuals walked last year

If you haven't signed up for the walk yet – you can fill out a walker registration form (available at the NAMI Iowa office and at NAMI Greater Des Moines monthly meetings) or go to the website – <http://www.nami.org/namiwalks/IA> to sign up on-line.

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

How to raise \$500 in 7 days!		
#1	Sponsor yourself first.	\$ 25
#2	Ask 4 family members to sponsor you for \$25 each.	\$100
#3	Ask 5 co-workers to contribute \$15 each.	\$ 75
#4	Ask 5 friends to contribute \$20 each.	\$100
#5	Ask 5 neighbors to sponsor you for \$15	\$ 75
#6	Ask your boss for a company contribution of \$50	\$ 50
#7	Ask 3 businesses you frequent for a donation of \$25 each	\$ 75
<b>AND YOU'VE DONE IT!</b>		

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?

*A sampling of events where we have had a chance to talk about NAMI and mental health issues and needs.*

**March 26-27 – Iowa Association of Women Police Conference**  
Volunteers helping with the Virtual Hallucination Machine event at the conference were Diane Johnson, Kevin Lind, and Teresa Bomhoff. Charles Tomlinson (Janssen Pharmaceutica) brought the VHM machine and a resource table of materials was provided.

**April 3 – DMACC Urban Campus** – NAMI GDM was invited to present a program at the Urban Campus to staff and students on mental illness. Volunteer Glenn Hobin took the lead and was assisted by Diane Johnson and Diane Banasiak. The “Out of the Shadows” documentary was shown, a panel of 4 persons gave their personal testimony, and a resource table was provided.

**April 4 was Advocacy Day at the State Capitol**  
More than 800 people with disabilities attended – talking to their legislators and letting them know about the issues of importance to them. For the first time in the history of the event, the governor attended.

**April 3-4 – State Public Health Conference** – NAMI member Cece Arnold gave a presentation in one of the workshops.

**April 12** – Teresa Bomhoff gave a presentation to social workers in the Mercy Health system.

**April 18-19 – State Targeted Case Manager’s Conference**  
Volunteers helping with the Virtual Hallucination Machine event at the conference were Diane Johnson and James Bremhorst.

*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).

