



NAMI – GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

October 2005

“Support, Education, and Advocacy”

Meetings are the 1st Sunday of each month from 2 to 4 P.M.
At Iowa Lutheran Hospital, Level B conference room.

2005 Dates	Event	Activity/Other information
Oct. 2	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines <i>Nominating committee to be appointed.</i>	Glenn Hobin, PACT of Greater Des Moines will be speaking on PACT program (see article pg. 2 of the newsletter).
Oct. 2-8	Mental Health Awareness Week	
Oct. 4	National Day of Prayer for Mental Illness Recovery and Understanding	For more information, go to: www.faihtnetnami.org
Oct. 6	Bipolar Awareness Day	For more information, go to: www.nami.org/miaw
Oct. 11-12	State Mental Health Conference at Scheman Center – ISU – Ames - \$155 for the full conference Keynote: Mike Hogan, Ph.D. Chair of the President's New Freedom Commission on Mental Health Call 254-0417 or 1-800-417-0417 for more information	Principal speakers include: A. Kathryn Power, M.ED, the Director of the Center for Mental Health Services at SAMSHA, and Steve Onken, PhD, the primary author of <i>“Recovery: What Helps, What Hinders.”</i>
Oct. 17-18	Diversity Conference at Scheman Center – ISU – Ames For information or registration materials: www.iowadiversity.org/conference/index.html	Teresa Bomhoff and Cece Arnold (National Catholic Rural Life) to lead a breakout session entitled “Mental Health in the Heartland”
Oct. 29	NAMI-National Walk in Washington, D.C. – An event for NAMI families, consumers, and friends in raising awareness about mental illness and raising funds for NAMI to grow and continue to provide support, education, advocacy, and research.	For more information, call Kara Sweeney at 617-567-1711 or go to www.nami.org/namiwalks (click on DC).
Nov. 6	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines <i>List of candidates for NAMI-GDM will be announced.</i>	Angela Connolly, Polk Co. Supervisor and Lynn Ferrell, Polk Co. Health Services Director will be the speakers
Nov. 11-13	NAMI Annual Winter Leadership conference in Nashville, Tennessee	
Dec. 4	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines <i>Election of officers and Board Members to be held.</i>	Two topics will be discussed. The Value of a Supportive Relationship. Plans for a Less Stressful Holiday Season
Dec. 8-9	NAMI Iowa Fall Conference Four Points Sheraton on Merle Hay Road	<i>More information to come.</i> There will be a presenter in one of the breakout sessions on the Medicare Prescription Drug Coverage.
2006 Dates		
Jan. 8	NAMI-GDM affiliate and support group meeting <i>New Officers and Board of Directors installed</i>	
Feb. 5	NAMI-GDM affiliate and support group meeting	
March 5	NAMI-GDM affiliate and support group meeting	
April 2	NAMI-GDM affiliate and support group meeting will be at an alternative location – “Out of the Shadows” - 1 hour presentation, followed by panel of experts, and dessert.	Reunions for Family to Family classes, Peer to Peer classes, and Visions for Tomorrow classes.

No One is to Blame!

Having a mental illness does not mean that there's anything inherently wrong with you. Having a brain disorder does not affect your worth as a human being

or encapsulate who you are any more than being diabetic would. In spite of their illnesses, **all people are valuable and have much to offer others.**



Don't Miss This!! Sunday, Oct. 2

Glen Hobin from PACT of Greater Des Moines will be speaking about the **Program for Assertive Community Treatment (PACT)**.

The following is information about this essential service.

PACT is a rehabilitation and recovery model providing comprehensive care to the most disabled and vulnerable consumers with chronic and persistent mental illness. The model has been validated by research and is an evidenced base practice. PACT provides the care level of an inpatient psychiatric facility within the consumer's home. The research results show that PACT participants have a higher quality of life and spend less time in hospitals when compared to other treatment models for people with chronic and persistent mental illness.

Unique to the PACT model 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. Services and service intensity increase and decrease according to each consumer's needs and preferences. To foster rehabilitation and recovery PACT provides; symptom education, symptom management, case management, individual supportive counseling, individual therapy, psychopharmacologic treatment, medication monitoring, vocational services, addictions treatment, family education and support, and skills teaching.

PACT of Greater Des Moines serves residents in Polk and Warren County. Our mission is to facilitate recovery, foster symptom management skills and promote high quality of life through evidence based practices within a PACT model. These services have been offered to the local community since January of 2000. The program was a result of grass roots community interest that was effectively advocated by NAMI of Greater Des Moines.

Most consumers currently in our program are funded through Title 19. Priority is given to persons living with schizophrenia, bipolar disorder, and other psychotic disorders. They often have significant functional impairments in daily living with high service needs, high use of psychiatric hospitals or emergency services, coexisting substance abuse, high risk or recent history of criminal justice involvement and difficulty maintaining employment or a homemaker role. Title 19 currently requires that PACT referrals funded by Title 19 have a history of at least two psychiatric hospitalizations in the past two years, and have attempted treatment in a less intense treatment program.

Currently, the PACT Team of Greater Des Moines serves 61 consumers and is staffed and funded to serve up to 70 consumers. 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.



Medicare Prescription Drug Coverage – Part D

Persons with mental illness who are receiving both Medicaid and Medicare (dually eligible) will be receiving letters in the mail that are very critical. These persons will need to choose the best drug plan based upon the medications that they use. It is very important the consumers not throw away any letters. Families and friends should reinforce this. A mental health worker or trusted person should help consumers choose the plan. This new drug coverage is one of the most significant changes by the Social Security and Congress in many years. The subject is complex and if consumers do not choose their own plan the government will do it for them. It is in the best interest of the consumer to choose and not have something chosen for them.

There will also be a breakout session on this topic at the NAMI-Iowa Fall Conference on Dec. 8 & 9.



States' Preferred Drug Lists Causing Patients Unnecessary Distress, Pain

(excerpt from Health Care News)

By John Valentine (R-Orem)—President of Utah State Senate)

In early August 2005, the Utah legislature's Appropriation's Committee declined to institute a Preferred Drug List policy that would require Medicaid recipients to use drugs on a discount list or go through a prior authorization process....

In 2001, Maine implemented a PDL policy – one of the first in the nation. 8 months ago, the MaineCare Advisory Committee submitted a report to the state DHS, that scrutinized Maine's system and found what it characterized as "disturbing trends". According to the report:

- Emergency room visits have increased.
- Hospital admissions and patient referrals to specialists have increased;
- Many patients have experienced a worsening of their medical conditions as they jump through hoops to get medications not on the PDL;
- Many patients have been forced to go to the doctor multiple times to get the right medicine;

- Medical staff time and attention have been diverted from patient care to handle “voluminous paperwork” and increased calls from patients;
- Doctors have cut off or are limiting the number of Medicaid patients they accept because of the increased administrative burden; and
- Quality of care has decreased, with patients suffering painful consequences.

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

(Please note Iowa is establishing a PDL list.)

I found those concerns to be compelling.

As a taxpayer and legislator, I would like nothing more than to save money in our Medicaid program. The bottom line for me, however, is that I am unwilling to conduct medical experiments on our most vulnerable residents.

Some have asked why we don’t just approve a limited program to see how it would work. The answer is simple. We imagine that we might well save a significant amount of money in the short term, as have Maine and the other PDL states. Short-term savings, however, are only part of the equation.

Let’s look at the dynamics that would be set in motion. A limited program is likely to generate quick positive numbers, while the long term impact and human cost would remain unquantifiable for several years.

Stories of frustration and tragedy would have a difficult time competing with clear financial data that would build political momentum in favor of PDL’s, to the injury of a population that is already striving to overcome immense challenges.

In other words, this train has no brakes. I do not want it to start rolling down the mountain when we know there are people on the tracks below.

Maine is currently investigating the administrative problems caused by its PDL program. At some point in the future, Maine plans to try to quantify the human damage caused by the program to determine if the money it saved was worth the cost.

At this point, I am unwilling to plunge Utah into a similar experiment. Perhaps we can revisit the issue when the bugs are worked out of the PDL system.

Investing in effective community mental health services saves families, lives and dollars.



The Purpose of Medications in Treating Mental Illness

(NAMI-In Our Own Voice)

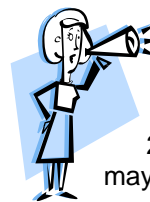
“If you have a heart disorder, you have to take medication. If you have diabetes, you have to take insulin. It’s a very common thing.” This is an honest matter-of-fact approach to the need for medicine. A similar approach can be used when treating mental illness.

Since there is no cure for mental illness, the goals of medical treatment are to:

- eliminate or reduce symptoms
- minimize side effects of medication
- prevent relapse and hospitalizations, and
- enable people with these illnesses to resume social, work, and school activities.

Because serious mental illnesses are primarily disorders involving brain chemistry, medication is necessary to correct the brain’s chemical malfunctioning. Medications are the foundation of treatment and are critical to achieving positive results for people working on recovery.

Additional treatments and coping skills can help consumers manage their illnesses, however, if taking the right medication(s) at the right dose – consistently – is not part of your treatment plan, other attempts to deal effectively with mental illness may not be enough to keep you healthy.



Partnership for Prescription Assistance

If you need help paying for medicine, call toll-free 1-888-4PPA-NOW (1-888-477-2669) or visit www.pparx.org to see if you may qualify.



Action Alert Reminder

NAMI is urging you to reach out to members of Congress this fall to tell them programmatic changes and proposed reductions to Medicaid could have an enormous impact on beneficiaries living with mental illness.

Most mental illness support services are deemed “optional” for state Medicaid programs, including prescription drugs, intensive case management and assertive community treatment (ACT). Congress must **NOT** make cuts to these “optional” services as part of the planned \$10 billion in reduction to Medicaid. Remind your representative that Medicaid is the largest and most important source of funding for public sector mental illness treatment services.

The U.S. Capitol switchboard is 202-225-3121 if you want to ask for your Representative’s office.

*Please see the September newsletter for other important legislative actions.

E-mail tbomhoff@mchsi.com for a copy.



Thanks to Des Moines Police Officer Kelly Drane for meeting with us at the August 7 NAMI-GDM meeting. She is a committed individual working with families and police officers every day in mental health crisis situations. We appreciate her active voice looking for ways to facilitate more communication and information between consumers, families, and the police dept. NAMI-GDM would be honored to help this process in any way requested.

The Waterloo Police Dept. (CIT) recently met with NAMI representatives and participated in the demonstration of the VHM machine. The user experiences a (virtual reality) hallucination. It helped officers to understand what a person in crisis may be experiencing and helped to reinforce the CIT training principles of de-escalation and need for medical attention.

NAMI-GDM would be happy to arrange for a similar demonstration of the VHM for Des Moines Police Dept. training.



Fast Fact!!

Crisis Intervention Team (CIT) police departments in Iowa are located at Waterloo, Ames (Story County Sheriff's Dept) and Sioux City. Are there others anyone is aware of?

Sioux City also has a mental health court.



Thanks to Larry Hejtmanek, Director of the Des Moines Mobile Mental Health Crisis Unit for his informative visit with us at our Sept. 11 NAMI-GDM affiliate meeting. Larry and his staff team of 10 are also dedicated individuals seeking to make mental health crisis situations safer for consumers, families, and law enforcement.

The mobile crisis team is housed in the Des Moines Police Dept. facilities. This has helped to facilitate more formal and informal consultations with law enforcement personnel.

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.

This is the 4th year of the mobile crisis team and 8000 trips have been made in the Des Moines metropolitan area. DM suburbs also use the mobile crisis team services – their dispatchers make the decision whether or not the mobile crisis team is called.

2 mobile crisis unit staff are on duty for each shift. There is no coverage between 2 A.M. and 6 A.M. The coverage area is all of Polk County and DM suburbs – a population of approximately 388,000.

Keep in mind 1% of the population has schizophrenia and 1.2% of the population has bipolar – or at least 8500 individuals in Polk County. The number of persons with mental illness is much higher when you add in those afflicted with other types of mental illness such as major depression. Then take 2.5 times the number of ill persons for an idea of family members who could also be potentially traumatized in crisis situations.

Those who were involved with the establishment of the Des Moines Mobile Mental Health Crisis Unit are to be applauded for their vision to address this critical health care and community issue.

We appreciate that officers are now given yearly refreshers on de-escalation and sorting out problems. We still haven't let go of the idea of full fledged CIT training for law enforcement. Law enforcement personnel are a critical link in this whole process. Yes, it's 40 hours of intensive training, but the pay-offs are tremendous for everyone involved.

Think of the **widespread coverage** possible if 20% of the 700 Polk county law enforcement officers (140) were CIT trained. It is a win-win situation for everyone.

Training can be given to patrol officers, dispatchers, jailers, emergency response units, and others responding to mental health crises.

Would the Des Moines Mobile Mental Health Crisis unit still be needed? Yes. Yes. Yes. Their ability to administer medications – at the scene – is invaluable as well as their professional expertise and qualifications to make good decisions.

It appears that the mobile crisis unit is stretched to the max. Additional units are needed and a more regional approach taken so all units of government are contributing to this much needed health service for an exceedingly fragile population.

There is talk of forming a metro area mobile mental health crisis unit to cover Dallas, Warren, and Polk counties – for a total population of 476,561. Good move!

NAMI will have a web based resource center on CIT at the nami.org website by 1-15-06. For more information on CIT – go to www.nami.org – in the search option – type in CIT – or e-mail SAMCIT@memphispolice.org

There will be a National CIT conference in Orlando in May 2006. By July 2006, there will be a model CIT curriculum on the nami.org website.



So – what happens if the mobile crisis unit arrives, the assessment is made the ill person needs to be hospitalized – and there's no space available?

Another related issue in crisis situations is the lack of sufficient psychiatric beds. How many are available in Des Moines?

The criteria to be admitted to the hospital is the ill person must be a danger to themselves or to others. There are other situations which also merit a safe haven for ill family members. Extreme disorientation would be one. Exhaustion or traumatized family members unable to adequately continue the 24 hour care is another. There are others.



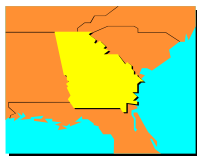
The University of Iowa recently issued a retrospective report on the Des Moines Mobile Mental Health Crisis Unit model. We plan to ask for a copy of the report.

In a survey of the 700 law enforcement officers in Polk County– 80% returned the survey. Yes, they see it as a valuable service, too.

One aspect of the report is missing. The perspective from families about their experience with the response to the 911 call made for help. In attempts to contact respondents for their perspective – many were unwilling to recall the experience.

Feedback on such an important program is essential to know if adjustments need to be made – and to get reinforcement for the helpers for things that go well. If you would be willing to share your thoughts about your experience – please send me your name and phone number – or – send me an E-mail or a letter. We will make the appropriate phone calls to arrange for you to provide your feedback.

We might also figure out a format at the affiliate meetings where this information can be shared with the appropriate personnel. Keep tuned for those plans.



Georgia is embracing the Crisis Intervention Team (CIT) training on a state wide basis. They formed a collaboration between NAMI, the Bureau of Investigation, Association of Chiefs of Police, Sheriff's Association, Dept. of Human Resources – Mental Health, Development Disabilities, and Addictive Diseases Division, and the Georgia Public Safety Training Center. Others on their advisory board are from Emory University, the Carter Center, Dept. of

(Georgia cont'd) Education, Dept. of Corrections, Pardons/Parole Board, Grady Hospital, Atlanta Police Dept., Behavioral Health Link/Single Point of Entry, University School of Medicine, Dept. of Juvenile Justice and others.

The CIT Advisory board coordinates the design, scheduling, and implementation of the course, and also coordinates and approves grant funding for the program.

Their vision is “A Georgia where individuals with mental illness and other brain disorders receive medical treatment, not criminal incarceration.”

Their mission is “Equip Georgia law enforcement officers with the skills to assist people with mental illness and other brain disorders in crisis, thereby advancing public safety and reducing stigma.”

One of their major goals is to train and certify 20% of all Georgia law enforcement officers in CIT by the year 2007- or 3000 officers.

CIT local community volunteer instructor professionals, through education, decriminalize brain disorders and demonstrate these are illnesses like any other and therefore encourage understanding and reduction of stigma, the number one cause of people not seeking and receiving treatment.

Trained CIT officers (20% of the department – as volunteers) share this “understanding” in their departments and, as leaders, in their communities.

They will have standardized state Police Officer Standards Training (POST) certification to ensure statewide program fidelity.

For more information – call Pat Strode, Education Director 770-234-9347 or go to <http://www.ganet.org/gbi/CIT/index.html>

Fast Facts



Between 28 and 30% of the U.S. population has a mental health disorder, substance abuse disorder or both.

Parents in 19 states surrendered custody of a total of nearly 13,000 children in 2001 to get their kids the mental health treatment the parents could not afford.

People with high rates of medical service use have 4 times the prevalence of depression and anxiety disorders. Effective treatment of mental illnesses, especially depression, is associated with improved outcomes for chronic physical disorders.

In a typical workplace with 20 employees, four will likely develop a mental illness this year.



Information for Educators
“Breaking the Silence”
 (from BTS brochure)

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 an innovative teaching package that includes lesson plans, games and posters on serious mental illness for three grade levels: upper elementary, middle school, and high school. BTS meets national health education standards. 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.

BTS recently received funding to write and disseminate a manual that includes successful outreach strategies for bringing BTS and mental illness education into schools nationwide. The Tool Kit and a limited supply of BTS for training purposes are now available FREE of charge at www.btslessonplans.org.

The Tool Kit includes:

- Suggestions for organizing and funding a BTS educational outreach project
- Rationale for mental illness education
- Strategies for recruiting and training volunteers
- Suggestions for approaching colleges and universities
- Scripted dialogue useful with hesitant school personnel
- Mental illness facts, BTS testimonials, and other useful information.

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

www.btslessonplans.org

Email: btslessonplans@aol.com

Phone: 516-326-0797

Who would like to take the lead to approach Des Moines Schools to participate in this program?

We'd like to form a committee to explore how to move forward with this initiative. We have downloaded a copy of the toolkit from the website and have purchased a complete set of the lesson plans for all 3 levels – elementary, middle, and high school. Let Teresa know via E-mail – tbomhoff@ia.usda.gov or call 515-274-6876 if you are interested.



Useful Sources of Information on Mental Health

Schizophrenia Digest – subscribe at www.szdigest.com

Bp Magazine (Bipolar) – subscribe at

1-888-834-5537 – Each is \$20 per year for 4 issues.

Harvard Mental Health Letter 877-649-9457

Subscription is \$72 per year.

Treatment Advocacy Center Catalyst newsletter

E. Fuller Torrey, M.D. – President 703-294-6001

Web site: www.psychlaws.org

E-mail: info@psychlaws.org



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. Call the NAMI office to sign up – 515-254-0417.

Early diagnosis and treatment of mental health problems can help children reach their full potential.

VFT classes are being held at 3 locations in Des Moines, and also in Mason City, Iowa City, Fort Dodge, and the Women's Prison in Mitchellville.



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). Call the NAMI office to sign up – 254-0417.

This year, Family to Family classes are being held in Ames, Cedar Rapids, Clarinda, Davenport, Des Moines, Dubuque, Fairfield, Iowa City, and Linn County.

Timetable for the next Family to Family class in Des Moines will be March 2006. With enough participant interest and teachers – more than 1 class and location will be offered.

“Visions for Tomorrow” Teachers Needed



Applications are being accepted for a teacher training session in Carroll, Iowa. Class will begin Friday, Oct. 21 at 6 P.M. till Sunday, Oct. 23 at 2 P.M.

Teachers are volunteers who are parents, extended family, or foster parents who have experience raising a child or adolescent who has a behavioral disorder or mental illness. They attend a weekend training session, expenses paid by NAMI-Iowa; and they agree to teach the course twice in two years, materials provided by NAMI-Iowa. Call 254-0417 or 1-800-254-0417 (outside of Des Moines) to obtain an application.



2006 Family to Family Teacher Training

Watch upcoming issues of this newsletter for details on Family to Family Teacher training to be held the 1st weekend in March and the 2nd weekend in July, 2006.



Provider Training

NAMI’s Provider Education Course consists of a series of classes for line personnel at public agencies who work directly with persons with mental illness.

It is designed to help the providers learn to understand the day-to-day hardships of brain disorders; and to use this as a basis in developing staff skills and competency.

It is a 10 week course for 3 hours per session. The course costs \$7500 or \$300 per person and is arranged through a contract agreement.

NAMI believes that line staff are “family” to the individuals they serve in the community; like us, many staff members learn “on the job” and suffer setbacks when the system lets them down. Through learning of the bio-psycho-social aspects and developing understanding of clinical intervention and strategies of secondary intervention, a mutually beneficial empowerment structure is demonstrated to all. The Provider Education Program materials are copyrighted by NAMI.

The participating agency can issue Ceu’s for completion of the course. Des Moines Area Community College staff have completed this course.

ADDITIONAL SUPPORT GROUP MEETINGS!!

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

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.

Mental health problems are real, common, and treatable. Seeking help is not a sign of weakness – taking care of yourself is an act of strength.

Do you want to receive this newsletter by E-mail rather than by mail? Let us know – we’ll adjust our database. Send your E-mail address to Teresa.

Timetable for NAMI-GDM business

October – President appoints a nominating committee to select candidates for officers for the following year. The president is an ex-officio member of this committee.

November – Nominating committee announces list of candidates.

December – Members vote for candidates at the regular monthly meeting.

January – Installation of new officers

February – On a bi-annual basis, the organization shall file for renewal of its report for an Iowa non-profit corporation required by the Iowa Code chapter 504 A with the Secretary of State. This was last done 2-05. It will need to be done again 2-07.

March – Deadline for organization dues to be paid. Dues shall be sent to NAMI-Iowa, and will cover state and NAMI National dues.



Please join us in thanking Elke Langweg for her efforts to deliver NAMI brochures to libraries, doctor’s offices and other places of interest. Elke, keep up the good work!

What a wonderful volunteer! What a smile!



HEY MEMBERS!

Our motto is “*Each one Reach one*”. Invite a friend or family member to attend our meetings, become a member or take up the cause to combat the stigma of mental illness. The more people find out the facts and release old myths, the more that wall will crumble.

<u>NAMI –GDM dues are:</u>	
Family/Individual (\$15 local, \$10 state, \$10 national)	\$35.00
Open Door Membership (Limited Income)	\$ 3.00
Professional	\$40.00

Membership

Please help to support us – whether it is through payment of dues or attending meetings or both! If you wish to become a member, please send your check (made payable to NAMI-Greater Des Moines)

To: Frances Ramsey, Treasurer
200 Bell Avenue, Des Moines, IA 50315-192

- 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.
- Be part of a movement to eliminate stigma.
- It's your chance to market to the public to invest in this public health issue.
- A chance to meet, share, and care with others who are living with mental illness.
- A chance to visit with speakers on mental health topics of interest at affiliate meetings.



Fast Facts

The treatment success rates for such disorders as depression (more than 80%), panic disorder (70-90%) and schizophrenia (60%) surpass those of other medical conditions, such as heart disease (45-50%).

Recovery is possible. With the right treatment and support, you can lead a full and productive life.

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. 42nd St.
Des Moines, Iowa 50312

Or E-mail: tbomhoff@mchsi.com

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“Our actions must show that mental illness does not create insurmountable distances, nor prevent relations of true Christian charity with those who are its victims. Indeed, it should inspire a particularly attentive attitude. . . integrate them in a community of faith and life where they feel accepted, understood, supported; in a word, worthy to love and to be loved.” – Pope John Paul II

To learn more about mental illness, call NAMI Iowa (515-254-0417) or visit their office library at 5911 Meredith Drive, Suite E, Des Moines, IA 50322-1903. Check out the online resource NAMI website, www.nami.org, for information on research, disorders, treatments, medications and other topics.

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