



NAMI GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

April 2007
“Support, Education, and Advocacy”

<u>Education</u> Meetings are generally the 1 st Sunday of the month from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room. Dates on Sundays other than the 1 st Sunday of the month are due to holidays or other special scheduled events. See inside the newsletter for support groups.		<u>Business and Committee</u> Meetings are the 2 nd Thursday of the month at 4 P.M. at the NAMI-Iowa Office.	
		1. Business 5. Advocacy 2. Marketing and membership 3. Support 6. Fundraising 4. Education 7. Special Events	
Sunday, April 1	Recovery and Schizophrenia – and – U. of Iowa Research programs - Speakers will be Nancy Hale and her son, Courtney	Thursday, April 12	We will be discussing and planning around 7 topic areas.
	Wednesday, April 4	“Advocating for Change Day 2007” sponsored by the Governor’s Development Disabilities (DD) Council – at the Iowa State Capitol, Des Moines. For information, call 1-866-432-2846	
	Friday, April 6	Visions for Tomorrow educational class starts – 9 A.M. to 11:30 A.M. – Contact Diane Johnson for more details – work phone is 273-5054 cell phone is: 240-4854	
	Friday, April 13	NAMI Walks meeting at NAMI Iowa office, 5911 Meredith Drive – 1 to 2:30 P.M.	
	Wed-Thurs April 18-19	NAMI Greater Des Moines to provide the Virtual Hallucination machine at the State Targeted Case Manager’s Conference.	
	Thursday, April 19	Autism, Asperger’s and Related Disorders Conference at Cherokee Mental Health Institute – contact Rhonda 712-225-6918 or Jane Campbell 712-225-1696 or Dennis Baugh 712-225-1564	

* * * NAMI Walks * * * * *

For the Mind of America

Location	Waterworks Park Des Moines, Iowa
Date	Saturday, October 6, 2007
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

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.

“IT’S NOT ILLEGAL TO BE MENTALLY ILL”

By Gary Grado, East Valley Tribune (Mesa, AZ) 1- 14-07



Terry stayed still in the spotlight of the police car, one foot on a concrete bench that he had slept under minutes before. He lifted his eyes occasionally toward the Phoenix police officers who huddled close by, deciding what to do with him. Officer Dave Beauchamp

(*It's Not Illegal to be Mentally Ill- cont'd*) approached him, guarded and ready for a possible fight. His line of questioning wasn't about broken laws, though.

"My preference is to get you the help you need," Beauchamp said.

Terry, a lean man in his 20s with short cropped hair, kept his jaw tight between short statements. He had quit taking the medication for his mental illness, he explained, and he now used methamphetamines instead.

"You look exhausted," Beauchamp said. "I'm ready to fall asleep just looking at you."

Beauchamp's partner, Nick Margiotta, made a late-night call to Terry's case manager, who came and persuaded him to enter a detox program voluntarily.

"We're not trying to solve his problem," Margiotta said. "We're just trying to get him to the people who will solve his problem."

Beauchamp and Margiotta are cops with an "extra tool" on the streets: special training for interacting with mentally ill people and navigating the behavioral health system. That training is just one of several new approaches the criminal justice system has taken recently in Maricopa County to adjust to the long-held philosophy of integrating mentally ill people into society rather than institutionalizing them.

Maricopa County has poured millions of dollars into expanding courts and launching programs designed to get mentally ill people treatment and divert them from jail, which authorities say isn't geared for their special needs.

Jail diversion efforts can backfire, though.

The care for indigent mentally ill people falls to state contractor Value Options, which is accused of negligence and medical malpractice in a rash of lawsuits stemming from the deaths of innocent people and police.

The Revolving Door

A social worker, defense attorney, probation officer and court commissioner monitored the life of a 37-year-old Mesa man who had a history of domestic violence, sex offenses and bizarre behavior.

But they couldn't be there at 3 a.m. as he called his probation officer 14 times over the next three hours to rant about his displeasure with her. He had quit taking his medication long before, he said, and stashed about 1,200 pills in his apartment.

"You have overstepped your boundaries," the man said menacingly.

Five days later, his group of caretakers agreed he needed to be committed to a mental hospital and jailed for a while after his discharge.

"He's going to explode in court today," defense attorney Tammy Wray warned, an hour before his proceeding.

There was no fight in him though, only sobs, as two burly deputies stood nearby to arrest him.

Commissioner Michael Hintze of Maricopa County Superior Court warned him that a long prison term was in store for him if he didn't cooperate with him and the other professionals.

"Hopefully, we can give you the tools for your success," Hintze said.

The 37-year-old man is one of more than 18,000 people in Maricopa County who are considered "seriously mentally ill," or SMI in government parlance. They receive state benefits because they have been diagnosed with one of a variety of mental illnesses and

have been incapacitated for a certain period.

Although Hintze threw him in jail, that's not where the commissioner or Maricopa County leaders would prefer him or most other SMI defendants to go.

"Public safety is always paramount, but **there are certain populations that don't need to be in the jail or can be better served outside of the jail,**" said Amy Rex, the county's Justice System coordinator. **"We need to change the way we manage our jail population or we're going to go bankrupt"**

Deinstitutionalization dropped the population of the nation's mental hospitals from 560,000 in 1955 to 100,000 in 1996, according to a U.S. Surgeon General report.

But the nation's jails and prisons housed more than 283,000 people considered mentally ill in 1999, four times the number in state hospitals.

Using Jails as Mental Hospitals

According to a report this year by Barnes and Associates, there are 300 inmates in Maricopa County jails on any given day who are SMI.

Sheriff Joe Arpaio often boasts about how he keeps costs low in housing inmates - \$62.29 per day per inmate, or about \$22,700 per year.

But a mentally ill person's incarceration costs more. The U.S. Department of Justice estimates it costs about \$50,000 to hold a mentally ill person for a year.

The Maricopa County jail system has the largest psychiatric hospital in the state with 120 beds. The facility is run by Correctional Health Services, whose 2006 budget was \$46 million.

Hintze, who presides over the SMI Probation Violation Court, where more than 600 SMI criminal defendants are monitored on probation at any time, gives the jail psychiatric unit credit for doing its best. But the facility is overburdened.

"Sometimes (SMI inmates) just do not receive the necessary mental health treatment for them to be functional," Hintze said.

Finding Options To Incarceration

In the last 18 months, Maricopa County has implemented a number of jail diversion programs at the suggestion of the Commission of Justice System Intervention for the Seriously Mentally Ill, led by county Supervisor Don Stapley, R-Dist. 2 of Mesa and Scottsdale.

The County Board of Supervisors this fiscal year approved:

- . \$551,880 for the sheriff's office to hire mental health professionals to assist deputies on the streets in determining whether suspects should go to jail or a mental hospital;

- . \$323,218 for a new commissioner and staff to hear cases involving SMI defendants and defendants deemed incompetent to stand trial;

- . \$104,000 for two workers to monitor defendants whose mental competency has been restored and to coordinate SMI cases between the various courts.

- . \$400,000 for a jail program to treat people who are diagnosed with substance abuse and mental-health problems.

Two projects in the planning stages for the county are to link lower courts into the Superior Court's pool of information on SMI defendants and work with the state in building transitional housing for SMI people released from prison. The latter project is expected to require about \$2 million from the state.

One of the biggest changes in recent years has been to establish

(It's Not Illegal to be Mentally Ill – cont'd) the Comprehensive Mental Health Court, which has existed since 2005 and is the brainchild of Judge Barbara Rodriguez Mundell, the county's lead judge.

Mundell said she saw the need for such a court when she was a probate judge. Her many duties included committing people into mental hospitals against their will.

Mentally ill people who are involved in probate court often also have cases in criminal court, where issues of mental competency must be resolved before trial or plea agreements can be reached.

Most of the time, there was no coordination between the psychiatrists, attorneys, social workers and judges assigned to a person's cases in the various courts, leaving the person with fragmented care, Mundell said.

Coordinating Efforts

"I would see a revolving door," Mundell said. "Why do we want for these people to crash and burn before we find them help."

Getting them that help is part of Hintze's job. Under the Comprehensive Mental Health Court, Hintze presides over courts for people who have been declared incompetent to stand trial and another in which he monitors as many 600 SMI defendants who are on probation.

Hintze holds court each Wednesday for this latter group.

During the two hours before he raps his gavel, he meets with the defense attorney and prosecutor assigned to his court, as well as the various probation officers and social workers from the state's behavioralhealth contractor, Value Options, who are assigned to the individual defendants.

Over bagels and juice, they discuss the progress of each defendant scheduled to appear before Hintze later.

These are some of the sickest of the sick, and dealing with the ones who function best is still challenging for the professionals who are gathered around Hintze's conference table.

The objective is to keep them taking their medication, making their doctor appointments, meeting their social workers and probation officers - and most of all, keeping them out of jail.

Stapley said Hintze's probation violation court is an example of how the justice and mental-health systems should work together.

Stapley is chairman of the Commission of Justice System Intervention for the Seriously Mentally Ill, which advises the Board of Supervisors on matters pertaining to the seriously mentally ill in the criminal justice system.

The criminal justice system historically has been ill-equipped to handle mental illness, mostly because there are so many adversarial parties, Stapley said.

Hintze's court puts them all at the same table, where he says information is shared.

"They all have to deal with their piece of the problem," Stapley said.

On The Front Lines

Phoenix police officer Nick Margiotta cackles when he laughs and he laughs a lot, but that is no indication of how serious he takes his job, just how much he loves it.

Margiotta's niche is the mentally ill, developed from 11 years patrolling central Phoenix, where there is a large population of homeless, most of whom are mentally ill.

His job satisfaction is found in the very reason why many people join the police. "They want to help, they want to make a difference," Margiotta, 40, said. Margiotta knows all of the cracks and shadows

on the streets where the homeless seek shelter and he also knows how to navigate Maricopa County's social services network. He imparts his expertise to fellow officers who take a 40-hour class called Crisis Intervention Team, where officers also learn about mental illness and what it is like to be mentally ill.

On the street, he and his partner of nine years, Dave Beauchamp, carry their handcuffs, handguns and traditional police training, but they spend more time trying to get help for those they come in contact with rather than reading them their rights. On an October night, they visited a 54-year-old developmentally disabled man who they found housing, furniture and utensils for after he spent 10 years on the street. The man, sitting in his austere apartment, flicked ashes into his palm as he spoke with them.

"I gotta' get you an ashtray, mister," Margiotta said. And they also said hello to a man in a wheelchair who lived beneath a highway overpass and kept his urine in jugs for some unknown reason. The people he works with leave Margiotta impressed because they still manage to get by despite their extreme barriers. "He's a survivor," Margiotta said, as he left the man in the wheelchair. "This guy will never die."

Some people will cuss at Maricopa County Superior Court Commissioner Michael Hintze. Some will cry, while others will stare blankly at him. Most of these people are medicated with powerful, mindaltering drugs, and some might be under the influence of illegal drugs too.

But Hintze, who has presided over courts specially designed for the mentally ill since 2005, loves his job.

"I'm just absolutely fascinated with the mind," said Hintze, who has spent much of his career working with the mentally ill.

The defendants he sees not only have the extra burden of mental illness to begin with, but, by the time Hintze sees them, they are usually angry at most of the people in the justice and mental health systems, he said.

"I welcome them to the court and try to redirect them," Hintze said. "Having a mental illness doesn't give you a right to be disrespectful or rude."

He's part of the Superior Court's Comprehensive Mental-Health Court, and the courtrooms he presides over aren't necessarily meant for dispensing justice. They specialize in keeping seriously mentally ill defendants who are on probation out of trouble and restoring defendants' rights to stand trial who were previously considered mentally incompetent.

His case load is about 600 defendants, and they are some of the most difficult ones to work with. But the assignment has plenty of gratification. "There's nothing better than seeing someone reconstituted after a severe decompression get back to life," he said.

Hintze's boss, Judge Karen O'Connor, said he brings a boundless enthusiasm, a unique compassion for a person's circumstances and immense patience - a requirement for that court.

"He's very upbeat about an individual's progress or even if they're not making progress, he's very optimistic about their outlook," O'Connor said. "And I think that transcends into their perspective on their situation."

The stigma of mental illness doesn't stop Scottsdale resident Dick Robson from speaking about his. In fact, Robson trains a speakers bureau of mentally ill people known as "In Our Own Voice" to present their experiences to nursing students, new employees of the state's behavioral health provider, state employees and police.

(It's Not Illegal to be Mentally Ill – cont'd) "It's somewhat of a therapy itself talking about the symptoms and disease," Robson said, explaining why he was so at ease talking about his mental illness.

At an August training seminar for police officers held in Mesa, Robson brought with him a man and woman who had both seen "dark days" of mental illness and had bad experiences with police.

The officers, captivated and curious, wanted to know how to better interact with them, what they found insulting and how to calm them down when they are in a crisis.

"If a police officer touched me, I wouldn't appreciate it," the woman said.

"I think asking about medication is a good thing," the man said. "It brings you back to reality."

Police officers are usually stoic at the beginning of the presentations, but they usually are shaking hands and sharing laughs by the end.

"We see we get through to these guys," Robson said.

Robson's authoritative knowledge comes not from just his own mental illness but from his father's and grown son's.

He said his family takes a matter-of-fact approach and tries to separate the person from the illness.

"You've got to accept it. It helps with dealing with it and helps your mental outlook on it," he said. "Our family is much stronger now with mental illness than we were before."

Tools for Police

Matt, a Scottsdale artist, tells a classroom of about 30 cops that he began hearing voices when he was 24. Since then, he's frequently been in and out of jail.

Medication has driven away his belief that spy satellites and an espionage team were watching him, waiting for a chance to beam pain into him.

He believed the police were part of the conspiracy whenever they arrested him.

The officers are curious to know more about the voices, so they ask questions respectfully and gently.

Matt tells them it was "torture" to hear "hostile and intimidating" voices nonstop coming from television sets, vents and car engines.

Much of the time, they made death threats or urged him to kill himself. "Actually, the voices told me to kill a friend, and I told the friend," Matt said. "He got scared."

Matt laughs and the cops laugh with him.

Matt told his story at an August session of Crisis Intervention Team Training, a 40-hour class presented quarterly by Phoenix and Mesa police departments and Value Options. Officers learn about mental illness, how to interact with the mentally ill and how to navigate Maricopa County's mental-health system.

Daily Issue For Police

The class in August was filled with officers from various Valley law enforcement agencies whose experience ranged from a rookie to a 20-year veteran. They were all street cops - the ones who get the call when someone is in the throes of a psychotic episode.

"How many of you thought that when you joined law enforcement you'd be an integral part of the mental-health system," asked Dick Robson, one of the guests who spoke about his personal experiences with mental illness.

Memphis, Tenn., police developed the training after they fatally shot

a mentally ill person. The Phoenix Police Department began its own program five years ago. Mesa police became involved in 2004, a little more than a year after officers shot and killed a suicidal teenager in one incident and a woman with a record of mental instability in another case.

The Mesa shootings were within weeks of each other and sparked an outcry from the public and mental-health advocates for the city to improve its officer training.

Margiotta, who has patrolled central Phoenix for 10 years, and Tom Gussie, Mesa's training coordinator, organize and lead the training. The first thing stressed to the officers who must face the dangers of someone who is wielding a knife and hallucinating is that officer safety is paramount and that the new training doesn't replace their guns, radios or other tools they use for survival.

Lt. Anthony Vasquez, who oversaw the training for more than two years for Phoenix police, said an officer shooting is a "no-win situation," but if necessary, they must put "two to the chest and one to the head."

Although only a microfraction of all police encounters with mentally ill people turn deadly, the officers interact regularly with mentally ill people. These cases are usually misdemeanors and can frustrate an officer.

Joe Prawdzik, a Value Options trainer and a former police officer, said a common way police used to solve problems with the mentally ill was to simply drop them off in another jurisdiction.

Today, police can call Value Options to dispatch social workers to take over a call if it is more of a mental health matter than a police matter. Police also get preferential treatment from the behavioral health provider, so officers can drop off someone at a treatment center and be back on the street within minutes.

"This other side of the table is reaching over to us," Margiotta said, pointing to Prawdzik.

Dilemma for Patrol Officers

But when people aren't a danger to themselves or others, neither the state nor police can force them into treatment.

And if no crime is being committed, then officers can't throw a mentally ill person in jail.

"It's not illegal to be mentally ill," Margiotta said.

Officers don't just learn the ins and outs of Value Options and the law in the special training. They also learn about the various mental illnesses.

An officer who knows certain behaviors of someone in a psychotic state can mean the difference between jail or treatment.

For example, an officer interacting with someone exhibiting echolalia - behavior in which someone repeats someone else's words - might believe that a person is simply being obnoxious and uncooperative, Margiotta said.

Most of Margiotta's and Beauchamp's work involves the homeless, most of whom are either mentally ill or developmentally disabled.

But many of the homeless don't want help, so police must strike a balance between the public's interest of cleanliness and order and the homeless populations' living needs.

On a chilly October evening near the bright lights of the Arizona State Fairground, Margiotta and Beauchamp came across a homeless man who called himself "Mr. Smith" sleeping on private property. The doorway of the business and a shopping cart packed with his possessions served as shelter for the cot on which he lay.

Mr. Smith's feet were left as stumps from some untreated ailment or

(It's Not Illegal to be Mentally Ill – cont'd) injury, and his body odor was tangible.

Margiotta knelt down to speak with the man and noticed his foot twitching, a mannerism he says people in a psychotic state will exhibit when scared.

"He's having a real hard time even though we're being gentle," he said.

Mr. Smith declined their offers to get him social workers and doctors to see him. He wasn't committing any crimes and there were no signs prohibiting trespassing, so they leave him.

"An officer could easily get frustrated with him," Margiotta said. "But is that a guy you want to put in jail?"



Read this and weep -

ever since they had a surveillance camera on his cell. A few minutes into watching it, I wondered why in the world I was watching something so horrifying. It's not like I don't already know what goes on in our jails with persons with MI. I figured out today why I watched it--because it will make me a better advocate for persons and their families unnecessarily suffering with this painful illness. I wrote a letter to 60 Minutes (I hope they read it) and referred to Pete Earley's book, "Crazy".

We don't have to go through this journey alone. We have one another. But, we need to reach out to the general public more and tell our stories and stop the abuse.

Here is the written version of one man's tragic story:

<http://www.cbsnews.com/stories/2007/02/08/60minutes/main2448074.shtml>

The Death Of Timothy Souders

Scott Pelley - On The Plight Of The Mentally Ill Behind Bars

You wouldn't imagine these days that a mental patient could be chained to a concrete slab by prison guards until he died of thirst, but that's how Timothy Souders died and he is not the only one.

Souders suffered from manic depression. And like a lot of mental patients in this country, he got into trouble and ended up not in a hospital, but in jail. It was a shoplifting case and he paid with his life.

As correspondent Scott Pelley reports, no one would have been the wiser, but a medical investigator working for a federal judge caught wind of Souders' death and discovered his torturous end was recorded on videotape. The tapes, which are hard to watch, open a horrifying window on mental illness behind bars.

Six months ago, Tim Souders was in solitary at the Southern Michigan Correctional Center. He was 21, serving three to five years. Though an investigation would show he needed urgent psychiatric care, Souders was chained down, hands, feet and waist, up to 17 hours at a time. By prison rules, all of it was recorded on a 24-hour surveillance camera and by the guards themselves.

The tape records a rapid descent: he started apparently healthy, but in four days Souders could barely walk. In the shower, he fell over. The guards brought him back in a wheelchair, but then chained him down again. On Aug. 6th, he was released from restraints and fell for the last time. Souders had died of dehydration and only the surveillance camera took notice.

His short life began in Adrian, Mich. Souders was a kid whose

troubles didn't start until late in his teenage years. It was then, his mother, Theresa Vaughn, told *60 Minutes* that he began acting strangely.

"It was January in the wintertime. And you know, he was running around outside with his clothes off, thinking he was a knight, fighting dragons. You know, it's...you lose touch with reality," Vaughn remembers.

"So, he went to the hospital and what did the doctors tell you?" Pelley asks.

"They then diagnosed him with bipolar, and put him on several different medications," Vaughn says.

Still, he was troubled by anxiety and depression, often in and out of the hospital. After one hospital stay, he was caught shoplifting two paintball guns. He grabbed a pocket knife, threatened employees, and then begged a cop to shoot him. Instead, he was stunned with a Taser. No one was hurt.

"He was trying to get money to pay his rent, so that he would not be evicted from his apartment," says Vaughn. "He had gotten to the point where his thinking wasn't straight, and he was suicidal. And he should've never went to jail."

In jail, Souders tried to kill himself three times. He pled to resisting arrest and assault, for waving the pocketknife, and ended up in a Jackson County prison complex, with 5,000 inmates. It's a troubled place—prisoners filed suit there in the 1980's and since then, their welfare has been monitored by a federal judge.

When Souders arrived he was part of a national trend: there are 300,000 mental patients behind bars nationwide. That's because starting in the 1960's many mental hospitals have been closing. And as patients ended up in jail, prisons became the new asylums.

"They became de facto mental hospitals and the prisons are ill equipped to handle it," says Robert Walsh, a clinical psychologist working inside Michigan prisons for the past 25 years.

Walsh is an insider. He was a deputy warden and director of psychological services at the prison where Souders died. He retired six years before Souders arrived.

"Given what you see in the Souders videotape, what should have been happening?" Pelley asks.

"What should have been happening was right away, mental health staff should have been consulted and reported to the scene, and they should have intervened. Given that he wasn't assaultive against anybody," says Walsh.

But there was no mental health staff to consult—the psychiatrist was on a seven-week leave.

"Then he should have been replaced. It's too critical a situation," Walsh remarks.

This situation started when Souders took a shower without permission. That landed him in solitary. When he broke a stool and used his sink to flood his cell, the chains came out—what the prison calls "top of bed" restraints.

"Approximately 15 minutes ago, the prisoner began flooding his cell. His water is being shut off even as we speak. And we're going to place the prisoner in top-of-bed restraints," an officer could be heard on the videotape.

Walsh did an extensive study of Michigan prisons and found that the staff often tries to punish psychotic inmates into better behavior. (*The Death of Timothy Souders*) Incredibly, he found in a number of cases, the staff insists inmates are not mentally ill, despite profound insanity.

"One man, he enucleated his eyes, cut 'em out, because he felt

(60 minutes – cont'd) they were offending God. These were men that were, claimed to be manipulative, malingerers and non-mentally ill," says Walsh.

"Wait a minute. Did I just understand you to say that the department of corrections declared those men not mentally ill?" Pelley asks.

"The staff did. That's correct. The psychiatric and psychological staff considered, considered them to be malingerers and manipulators that went to extremes," Walsh says.

"Now can that be? You have a man who gouges his eyes out?" Pelley asks.

"Exactly," Walsh says.

"And he's not mentally ill?" Pelley asks.

"Or a man that disembowels himself," says Walsh. "Yes. Yeah. He's manipulating."

After his arrest, a state psychologist said Souders was trying to manipulate the staff when he stabbed himself seven times in the stomach in a suicide attempt. Months later, in solitary, there was no psychiatric intervention, even when Souders was raving.

A social worker wanted him transferred to a hospital, but the paperwork never got done. The guards resorted again to chains, which the federal judge overseeing the prison criticized as "punitive restraints."

"We do not actually use punitive restraints. We use restraints," says Patricia Caruso, the director of Michigan's prison system. "Punitive implies restraints for punishment. Restraints are never used for punishment. Restraints are used for protection. They are used for the protection of the prisoner of harming himself, or for the protection of others who are being harmed by the prisoner."

But Tim Souders wasn't harming anyone and a prison report shows it was his attempt to break the stool and flood his cell that led to the authorization to put him in top-of-bed restraints.

"It depends on you how long you're in these, okay? Can't flood your cell, can't do that type of stuff. We put you in restraints to kind of control your behavior," an officer told Tim.

"We've seen cases where people have been in restraints on and off, day after day after day. And I have not found a mental health expert who has told me that that's a good idea," Pelley tells Caruso.

"It is on and off. People are removed from restraints. Even prior to that, people [are] removed from restraints at a maximum of every two hours. And would get up and walk around," she replies.

Two hours? *60 Minutes* checked the surveillance tape. Souders was up some of the time, but *60 Minutes* found he was restrained for stretches of 12 hours, 16 hours, and 17 hours.

Tim Souders had bed sores and on the third day in restraints, he resisted for the first and only time, complaining bitterly about the hours in chains.

"I'm tired of this. Eighteen hours is not justified," Souders could be heard saying on the videotape.

Recently, Michigan's corrections director Patricia Caruso suggested limiting the total time in restraints to six hours.

"Federal judge describe that as trading six hours of evil for unlimited evil. Evil is evil, he's saying. You're smiling," Pelley remarks.

"No. I'm...I don't—," says Caruso.

"Surely you take that seriously," Pelley asks.

"I absolutely take that seriously. Prison is a difficult environment. I have correctional officers, who become accustomed to having urine

and feces thrown on them by prisoners, who have prisoners who are so injurious that they will open their bodies to remove organs from others. And so we have to rely on our responsibility to keep people safe," says Caruso.

But Michigan prisons have not been safe for mentally ill prisoners who have died needlessly. At least one starved to death, and others died of dehydration like Souders. Jeffrey Clark, a paranoid schizophrenic serving time for robbery, died of thirst in solitary. His sister, Bonita Clark-Murphy, pored over investigative reports of his death.

"There are reports that he had his mouth up against the plexiglas window, begging and pleading for water and air, and for someone again, to turn a deaf ear and a blind eye to that, that's why I say Jeffrey was tortured," she says.

Clark-Murphy filed suit against the state; she claims the warden told the family that her brother died of an infection.

"We buried Jeff, not even knowing what happened," says Clark Murphy.

"It seems that the prison officials expected to tell you that this was natural causes, and that you'd just leave it alone," Pelley asks.

"Absolutely. And they were so wrong," she replies.

Jeffrey Clark was locked in solitary in the heat of the summer with his water turned off. And four years later, the heat index in solitary was over 100. Souder's was also water turned off.

"That is steam, I'm afraid," one officer said. "Oh yeah, because it's so hot in here," another officer remarked.

He became delusional, refusing water when offered. But not even that was a medical emergency to the staff. "Souders has refused. Officer asked him if he needed water. He replied, 'No,'" an officer could be heard on the tape.

After Souders' death, federal Judge Richard Enslin, who oversees the prison, wrote that inmates are exposed to an "unauthorized death penalty at the hands of a callous and dysfunctional health care system that regularly fails to treat life-threatening illness."

"I understand that it's easy to take individual cases and to sensationalize them, and you know, relentlessly replay the facts of an individual case. But I also think it's unfair," argues Caruso.

"But director, fair to say, people starve to death and die of thirst in your prisons?" Pelley asks.

"Any death, any incident like that in our custody is a tragedy. I will not deny that. It is not...that certainly isn't something that, you know, we set out...I mean, we have people come to us dying," she replies.

"They don't come to you dying of thirst and dying of starvation. How can that happen under your custody?" Pelley asks.

"I'm not gonna address cases that are under litigation. I cannot do that," the prison system director replies.

The Souders case is under litigation. His mother, Theresa Vaughn, is suing. She says the prison never told her how her son died. She found out in the "Detroit Free Press."

Vaughn has seen the videotapes of her son's last days and says they give her nightmares. "I cannot believe anyone would treat another human being that way at all. That they can watch over a four day period, slowly declining, slowly dying before their eyes," she says.

Asked if she thinks the guards meant to kill her son, Vaughn tells Pelley, "I don't believe anybody meant to kill Tim. I don't believe that they meant to hurt Tim. But they did. They did hurt him. And he

(The Death of Timothy Souders – cont'd) did die. He's not comin' home. He's not comin' back. And he is gone. And he was only 21 years old."

After Souders died, a prison nurse was fired for failing to recognize his condition was becoming critical. In November, Judge Enslin used the word "torture" to describe those restraints and banned them. The state is appealing his decision.

In part because of the death of Timothy Souders, a federal judge in the case of Hadix v. Caruso ordered wide-ranging reforms in the prison mental health care, including an end to the in-cell use of mechanical restraints in most circumstances. Hadix is a federal civil rights class action involving the medical care, mental health care, fire safety and protection from excessive heat at three prisons in Jackson, Mich., the Egeler Correctional Facility, the Southern Michigan Correctional Facility (JMF), and the Parnall Correctional Facility. These three prisons contain thousands of prisoners, including a concentrated population of medically fragile prisoners at JMF.

My letter to the folks at 60 Minutes:

Scott Pelley and others at 60 minutes,

I would like to personally thank you for airing the Timothy Souders story last night--February 11th. I work in the mental health field at an organization called the National Alliance on Mental Illness (NAMI). You can learn more about our national organization at www.nami.org and the affiliate that I work for at www.namitexas.org.

I became involved with NAMI first, as a person diagnosed with schizoaffective disorder looking for support and second as an advocate to help others reach a level of wellness so that they have the opportunity to enjoy a productive, meaningful and happy life.

It is because of this excellent organization that I have a life that everyone wants: a job, friends, self esteem and a safe place to live. Not only have I found wellness that I never thought possible, I have learned skills and found a place in this big world to help others achieve the life they were meant to have.

It was personally difficult to watch the tragedy that Mr. Souders and his family endured. As someone with a mental illness, I have experienced the stigma and shame of mental illness. Truly it is an illness just as any physical illness. Yet, it is often untreated due to insurance disparity, underfunded public mental health systems, the person's inability to seek help due to lack of insight and the stigma that surrounds this illness.

Mr. Souders should have never been in jail in the first place. He should have been in a hospital to receive treatment, to be cared for, to be kept safe from himself and others. He could have had the chance at recovery that thousands of persons have had due to good medications and supports in the community. If he would have received proper treatment, he would be alive right now. He could be living the life as a functioning young man.

Tragedies such as his are happening all over this country--in jails everywhere. A wonderful resource on this issue--the criminalization of the mentally ill--is a book by Pete Earley, a former Washington Post reporter and a father of a son with mental illness. The book is titled, "Crazy: A Father's Search Through America's Mental Health Madness." The next time that you research a topic on mental illness for your show, I hope you will refer to Pete Earley as an excellent resource (and a great writer).

Please continue to air segments on your show (and other CBS news shows) about mental illness. The general public NEEDS to know what is happening out there. They NEED to know that mental

illness can be treated successfully. They need to know that Mr. Souders death was indeed preventable. And NAMI members throughout the country need the support of others in our communities.

Thank you again.

Diana Kern

Cedar Creek, Texas

HOW YOU CAN HELP –

Write to CBS – and to your Congressmen

Federal Legislative Issues

www.nami.org/advocacy

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

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

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

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

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

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

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

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

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

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

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 42 – Geri Huser (D)

District 31 – Matt McCoy (D)

District 59 – Dan Clute (R)

District 32 - Brad Zaun (R)

District 60 - Libby Jacobs (R)

District 33 – Jack Hatch (D)

District 61 – Jo Oldson (D)

District 34 – Dick Dearden (D)

District 62 – Bruce Hunter (D)

District 35 – Larry Noble (R)

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. Iowa is 46th in the nation in psychologists and 47th 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



[Treatment Advocacy Center Editor's Note: **The continued reduction of inpatient psychiatric hospital beds is a national disaster reinforced by outdated thinking and a misunderstanding that inpatient beds are unnecessary.** The

problem is further exacerbated by a legacy of federal Medicaid legislation that discriminates against the sickest by funding care only in general hospitals or nursing homes, where the quality of care is likely lower, and not in dedicated psychiatric facilities.

For those who think federal policies have little to do with what happens to real people with severe mental illnesses in their community, the residents of Harris County, Texas, have something to say.]

BEDS FOR HEADS: MEDICAID CUTS ELIMINATE 20 PERCENT OF HOUSTON'S SCARCE HOSPITAL BEDS FOR MENTALLY ILL PATIENTS

Editorial - HOUSTON CHRONICLE, February 20, 2007

Forty years ago, admission to a psychiatric hospital often meant admission of despair. A Houston resident suffering a mental breakdown could be housed for years in a facility in Arkansas. That's how few the placement options were in these parts - and how weak the tools for treatment.

This scenario helps to explain the 1960s law banning Medicaid payments for stand-alone psychiatric hospitals. Stays were too long and medical success too rare for Medicaid to fund.

Now revolutions in medication, brain science and understanding of mental illness have transformed that landscape. It's urgent that Congress acknowledge these tectonic changes - and swiftly update the Medicaid rule now creating chaos in Harris County.

Why the sudden sense of crisis over a law established 40 years ago? Until this year, Harris County had a waiver that allowed companies to use Medicaid funds to pay for hospital care at psychiatric facilities. But in January, Medicaid ended managed care's role in paying hospitals.

On Feb 1, Medicaid stopped reimbursing free-standing psychiatric hospitals for inpatient care. The cutoff hits all of Houston's six psychiatric hospitals, which treat an estimated 75 patients every day.

In all, the cutoff will whisk away 85 psychiatric beds in Harris County. The outcome, mental health advocates, psychiatric and surgical hospitals say, is nothing short of disastrous.

The cutoff comes at a time when successes - and needs - for treating mental health have never been greater. Timely professional treatment can return patients with major illnesses to their families and former lives, and it does so in much less time: Area mental hospitals treat their inpatients an average of eight days.

Yet even before the Medicaid cutoff, 76,000 adults with severe mental illness were unable to get the treatment they needed in

2005, according to the Mental Health Needs Council. For those patients unable to get access to treatment, prospects may be as bleak as they were back in the 1960s.

The situation is cruel and dangerous. Because many untreated sufferers will end up in jail, the Medicaid law burdens local taxpayers with the expense and occasional danger of picking up where mental hospitals were forced to leave off.

According to state officials, stand-alone psychiatric hospitals are for Medicaid. The federal government, though, says past payments through managed care violated Medicaid policy and can't continue.

In the end, sorting through the nuances of legislation from another era misses the point. The effectiveness and need for mental health care can't be disputed. Medicaid exists to make sure poor Americans get health care to keep both them and those around them safe. Mental health is part of that compact.

Congress needs to update its Medicaid provision for psychiatric hospitals immediately. Until it does, many Harris County residents run risks that properly belong in the last century.



[Treatment Advocacy Center Editor's Note: One natural result of fewer inpatient beds is that more and more jail and prison beds are filled with prisoners with severe mental illnesses, like Aaron George. In George's case, as in so many others

making recent news, it isn't that he is getting sub par treatment while awaiting indictment, but no treatment at all.

And in Grimes County, Texas, those affected include not only George, but the local sheriff and district attorney, whose resources are already stretched thin.]

THE STATE OF TEXAS' MENTAL HEALTH CARE: IT'S CRIMINAL

By Steve Snyder, THE NAVARRO EXAMINER (Texas), 2-23-07

Aaron George sits in the Grimes County Jail, deteriorating every day, becoming less and less functional, less and less himself, less and less "human" as a human being, all while leaving the sheriff and jail staff frustrated and helpless.

Sheriff Donald Sowell, through no fault of his own, is in an unenviable position. District Attorney Tuck McLain is left to potentially prosecute a case he'd rather not, even as the wheels of the judicial system grind so slowly George's case has not even gone before the grand jury yet for possible indictment.

It's criminal.

Whether Aaron George is a criminal now, or was in 1992, it's criminal that a bipolar schizophrenic sits in a county jail cell rather than a state mental hospital.

It's criminal that he sits there without proper medication, literally beating himself against the walls because voices and compulsions tell him to do so.

It's criminal that Donald Sowell, a small-county sheriff has to deal with cases like George's because jails like his become dumping grounds for mentally ill people who may commit crimes because of inadequate treatment.

It's criminal that the state mental health system leaves them stuck there, sometimes for a year or more.

It's criminal that mental illness, besides any actual crimes committed by a mentally ill person, still has a quasi-criminal taint to it, whether in Grimes County or anywhere else in the state.

It's criminal that many people may still think mental illness issues can just be swept under the rug.

It's criminal that state officials believe this enough that the prison system faces another serious lawsuit, this one from advocates for mentally ill inmates.

It's criminal that the Mental Health Mental Retardation budget gets slashed year after year.

It's criminal that MHMR doesn't have more state hospitals and beds, along with halfway houses or group homes.

It's criminal that more and more of the functions of Child Protective Services get privatized to untrained people by Gov. Rick Perry and the Texas Legislature.

Literally criminal, as in the case of a young girl in south suburban Dallas, where I used to work, who died while under the oversight of a privatized foster care oversight agency.

It's criminal that addiction and rehabilitation services were similarly privatized due to ideology, again to private agencies often lacking adequate training, by our previous governor and previous legislatures.

It's criminal that more people don't know about how bad these problems are.

It's criminal that some may not even care.

It's criminal that the mentally ill, the drug and alcohol addicted, and the children who come from homes filled with sexual or physical abuse, aren't reached before they start becoming criminals.

Even looking at this from a purely financial angle, residents of Grimes County who think they are saving so much in state tax dollars by sitting idly by, or worse, while current politicians continue to slash MHMR, privatize CPS and otherwise pass the buck on mental health care and child protection, **AREN'T**.

Stretching Sheriff's Office manpower, and budget, for the special caretaking of mentally ill prisoners, refutes that right there.

Don Sowell's work as sheriff gets affected the thinner and thinner he gets stretched. Ask him. He'll tell you.

District Attorney Tuck McLain, even if he disagrees with Beverly George on what happened at Aaron's house in 1992, doesn't like prosecuting a case like this. His staff gets stretched thinner, and more county-level budget spent on it, because voters are penny-wise and pound-foolish in supporting governors and legislators that won't adequately fund mental health care and the other two legs of state care.

It's criminal, when McLain says the state could use at least four times as many mental health beds, to continue to cut funding for state mental health services.

It's criminal when George has to wait three months or more for his case to go to a grand jury due to the county having just one-third of a district court in two different court jurisdictions.

Even if you don't personally know someone with a history of mental illness - or a child abuse victim, or a drug or alcohol past or present history - you are still affected by how these people impact our society.

And, they are people, not statistics. And, they are people, not less than human.

It's criminal for society to see them, and treat them, otherwise.

This isn't a "conservative" or a "liberal" issue; it's a humanity issue, as any religious or philosophical beliefs you hold will tell you. Period.

It's not just criminal, it's inhuman and immoral.

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 – The next support group meeting is Sunday, April 15, from 2-3:30 PM at Park Ave. Christian Church – 3219 SW 9th 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) – 48th & 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

2nd & 4th Mondays of each month – 7 P.M. – For depression and anxiety disorders only – WestView Church, 1155 SE Boone, in Waukee. Call Julie at 710-1487 or E-mail at candlesinthedarkness@mchsi.com
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. 24th 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 24th 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 – 2nd Thursday of each month 6-7:30 P.M. and last Saturday of each month 9-10:30 A.M. Meeting place is 525 5th Avenue, Suite H. Victim Services Phone: 515-286-3600



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

Suicide Hotline 1-800-273-TALK (8255)

911

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

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

The first people to arrive to the situation will be Des Moines police officers. When DM Mobile Mental Health Crisis Unit staff arrive, an assessment will be made whether transport to a medical facility is necessary, and medication can be administered if necessary. A psychiatrist is always on call to help make those determinations and authorizations.

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

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 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](#) 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.

RESOURCES – RESOURCES - RESOURCES

The website for Polk County Health Services is 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.


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:

The Legal Center for Special Education

ASK Family Resource Center
317 East 6th St., Des Moines, IA 50309-1903
Telephone: 515-309-0033
Toll free: 866-250-4545
Fax: 515-309-0035
E-mail: advocates@tciowa.org

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. Call the NAMI office to sign up – 515-254-0417 – **the next class starts Friday, April 6.**

 **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. 42nd St. Des Moines, Iowa 50312 or E-mail: tbomhoff@mchsi.com

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.



Provider Education

– The 10 week course (1 day/week) NAMI Provider educational course is for personnel at agencies or organizations who encounter or work with persons with mental illness. The course can be CEU accredited.

The course is taught by a team of 2 Family to Family teachers, two consumers and a family member or consumer professional.

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

Call the NAMI office to sign up – 515-254-0417. There are 3 programs underway at the Independence Mental Health Institute, Magellan Health, and the University of Iowa.



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.

Office on Disability has new website

The Office on Disability (OD) is pleased to announce the launch of a completely redesigned website at www.hhs.gov/od. The new website provides comprehensive yet easy-to-access information supporting the seven domains; housing, education, information technology, transportation, health, employment, and community integration; identified by the President's New Freedom Initiative - plus, information on advocacy, entitlements, and emergency preparedness.

HOW YOU CAN MAKE A DIFFERENCE

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 nrlcca@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.

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>



2007 NAMI National Convention

The 2007 Annual NAMI Convention will be held at the [Town and Country](#) Resort in [San Diego](#), CA June 20 – 24. Online registration is now open. Find out more at www.nami.org/convention/

Hotel reservations can be made by calling 1-800-772-8527. You must make your reservation by May 18, 2007 and tell the reservations clerk you are attending the NAMI Annual Convention to receive this special convention hotel rate.

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 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.



NAMI Walks – October 6, 2007

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.

- <http://www.nami.org/namiwalks/IA>

Your help will be most appreciated. Thanks.

NAMI GREATER DES MOINES

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

NAMI Greater Des Moines has a monthly newsletter.

NAMI Iowa has a quarterly newsletter.

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

Once a month educational meetings

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

Support groups - Educational classes - 3 Websites

Be on the Watch at the State Legislature



Senate File 382 is a mental health parity improvement bill – expansion of coverage of more mental illnesses, directs the insurance commissioner to establish definitions as per the most recent DSM IV. The bill also includes substance abuse and covers all insurance policies or contracts issued by an employer

with more than 50 employees.

_____ For Renewal of NAMI GDM dues
 _____ To Become a NAMI-GDM member



Please make checks payable to NAMI Greater Des Moines

IT'S TIME

GDM dues include local, state, and national membership

(please check one)

Dues paid now will cover the 2007 calendar year
 Name _____

_____ \$35.00 Individual/Family

Address _____

_____ \$3.00 Consumers/Limited Income

City, State, Zip code _____

_____ \$50.00 Professional

Phone _____ E-mail _____

_____ 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.

- President** and Editor of Newsletter
 Teresa Bomhoff 274-6876
 E-mail: tbomhoff@mchsi.com
- Vice-President** – Dr. Bobby Dickerson 979-8390
 E-mail: bdickerson@paccdisciples.org
- Treasurer** – Don Jayne 225-8912
 E-mail: dojayne@hotmail.com
- Secretary** – Sharon Browne 988-5151
 E-mail: msrvliving@hotmail.com
- Board members**
- Kevin Lind 208-6250
 E-mail: Kevin.lind@performancefinishinc.com
- Glenn Hobin 965-9799
 E-mail: lowaGH@aol.com
- Diane Johnson 255-8157
 E-mail: itsdianej@aol.com

Consumer Observations for Mental Health Care System Transformation

The following presents findings reported by consumer scholarship recipients who attended the October 25-29 Alternatives Conference in Portland, Oregon.

Barriers to transforming mental health care:

- Stigma--at all levels, that is, a lack of understanding of the lives and needs of mental health consumers and a lack of advocacy against negative stereotyping.
- Lack of access to treatment for persons in many communities.
- Lack of funding for treatment, on the community and individual level.
- Lack of health insurance parity.
- Lack of consumer voice
- Learned helplessness, lack of education for self-efficacy or awareness about treatment options and treatment management and lack of independence and social isolation are personal barriers to transformation.

Strategies for transforming mental health care

- Promote and establish peer run services as a central strategy for transforming mental health care.
- Provide transformation grants to peer run organizations.
- Assure consumers involvement at every level and stage of program planning, design, implementation and funding.
- Promote and establish services that include employment support, leadership development, advocacy training, and opportunities to advance skills in the community.
- Conduct evaluation of mental health services, with public disclosure of results, and rewards for providers who utilize best practices in their care.
- Promote the power of consumer stories was strongly promoted as a tool against stigma to make change in the perception and practices of individuals throughout the mental health care system.

States Seek to Require Additional Dependant Coverage

The Wall Street Journal, 4/11/06

Although most health plans have traditionally stopped health insurance coverage for covered individuals' dependants when the dependent reached 19 years of age (or 22 or 23 for full-time students), **a growing number of states have either required or are considering requiring plans to provide dependants coverage beyond this age.** A new law takes effect in New Jersey this year, for example, which requires most group health plans to provide dependant coverage **until age 30.** Other states where similar laws have been enacted or are being considered include Colorado, New Mexico and Utah. The impetus for these laws and proposals is the increasing concern states have in "picking up the tab" for medical expenses of people who lack coverage, of which adults younger than 30 make up the fastest-growing share.



A Family Guide to Mental Health: What You Need to Know

We are pleased to offer this new booklet for the African American community. Personal stories and quotes in "A Family Guide to Mental Health: What you Need to Know" offer important information on mental illness and how it affects families in an accessible tone. The colorful booklet carries the messages that you are not alone, recovery is possible, and identifies where to find more information, and where to seek help.

Go to our website to track it down – look under links-resources.

Medicaid's Consumer Choice Option Allows Consumers to Choose Who Cares for Them

The service, Consumer Choice Option, is available to current Medicaid "waiver" recipients, a group of 21,000 disabled or senior lowans. It will allow these "consumers" to choose their own services and service providers instead of depending on provider agencies. For the first time, these individuals will have a say in who comes into their homes and provides them with services such as bathing and dressing, meals or transportation. The Dept. of Human Services is promoting the service as a more individualized approach. Waiver recipients can find out if they are eligible for the service through their case managers.

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 – 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.

Help Us Help You! Join UNC Charlotte's SIBLING PROJECT

UNC Charlotte is studying how brothers and sisters of children with mental disorders are doing. If you have a child currently receiving mental health services, and other children in the home (aged 5 – 10 years), you can help!

You can help us learn what families need to be successful and help improve services and supports for children and families like yours.

You will be asked to answer a set of questions – some about your child who is receiving mental health services and some about each sibling. For your time you will receive \$10 for answering questions about your child receiving services and up to \$45 for answering questions about each sibling. You can also participate in the future and be reimbursed for your time. Your participation is completely voluntary.

Since June, 2006, when FFCMH families from around the country were invited to participate in our Sibling Resilience research study, we have more than tripled our enrollment. As of today, 66 families representing 88 siblings have successfully completed the first stage of the study. Families from 17 different states have participated, with the largest responses from Iowa (17), Minnesota (6), and Pennsylvania (5).

We need a total of 240 families to provide the most useful information to improve family-centered services and better meet the needs of youth and families.

For information about enrolling in the study, contact Eylin or Jessica at 1-866-431-7437.

For other information about the study, contact Drs. Ryan Kilmer (704-687-3689; rpkilmer@email.uncc.edu) or Jim Cook (704-687-4758; jcook@email.uncc.edu) at the Psychology Department at UNC Charlotte.

Thank you for helping us help children and families.
James R. Cook, Ph.D., Associate Professor of Psychology
Psychology Dept., UNC Charlotte, Charlotte, N.C.



Many thanks to Larry Hejtmanek for being our speaker at the March educational meeting!

We visited about the Des Moines Mobile Crisis Team. The team has been in place for 6 years and has made over 8500 trips to help people in crisis. The original main mission was for jail diversion, but the majority of trips are now suicide calls. They originally thought they would be doing a lot of work with the homeless but have found they are more likely to respond to calls to homes of all economic levels. The crisis team serves all of Polk County and provides service to Dallas and Warren counties also.

The Mobile Crisis team gives a yearly refresher course for Des Moines Police and is housed at the DM Police Dept. They were recently given another year of funding by Polk County, but have been directed to seek funding from other sources for future years.

Larry also talked about an exciting new approach for depression treatment in the primary care setting. The Federally Qualified Health Center – Primary Care, Inc. (a group of 10 primary care physicians) is teaming up with mental health professionals to provide effective depression treatment for older adults (age 60 and above). The Des Moines group was 1 of 4 selected nation-wide and have received grants to implement it.

With the present system only about half of depressed adults are “recognized”. With this new approach, each person in the 60+ age group will be screened for depression using the PHQ-9 – a standard series of 9 questions. A depression treatment specialist will be part of the staff at the health center for immediate referral and to monitor follow up care. This will resolve long delays in getting an appointment at a separate location.

Future expansion of the program will include depression screening for people of all ages – and similar standard screenings for bipolar, schizophrenia, and suicide.

Let's hope this approach will be recognized and adopted by other primary care practices.