



NAMI – GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

August 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
August 7	NAMI-GDM affiliate and support group meeting	Officer Kelly Drane of the Des Moines Police Dept. will be speaking.
August 25	“Choices in Recovery” program and dinner at the West Des Moines Marriott, 1250 Jordan Parkway – 6:30 P.M.	Free event sponsored by NAMI-GDM and Jansen Pharmaceutica Products
August 30	“Family to Family” education course begins (12 weeks) No cost to participants.	Contact Teresa Bomhoff or NAMI-Iowa Office to sign up.
Sept. 11	NAMI-GDM affiliate and support group meeting	Larry Hejtmanek – guest speaker DM Mobile Mental Health Crisis Unit
Oct. 2	NAMI-GDM affiliate and support group meeting	Topic – the new Medicare Prescription Drug Coverage

What’s the value of a NAMI-Greater Des Moines membership?

- A chance to visit with speakers on mental health topics of interest at affiliate meetings.
- Educational programs - Family-to-Family, Visions for Tomorrow, Peer-to-Peer, Provider.
- NAMI magazines – the Advocate and Beginnings.
- Science, support, research, and helpful information on the www.nami.org website.
- NAMI-Iowa newsletter
- NAMI-Greater Des Moines newsletter
- 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.
- Be part of a movement to strengthen our advocacy voice.
- 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.

NAMI – Greater Des Moines

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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.

Did You Know?

The known number of people in Iowa with serious mental illness is 108,000 (1100/county). Many others (another 40%?) go untreated and/or undiagnosed.

Did You Know?

According to the Iowa Dept of Public Health, there are 148 psychiatrists in private practice in Iowa. Do the math.

MENTAL ILLNESSES: THE CAUSES

Imbalance of brain chemicals: No one knows the exact causes of severe mental illnesses, but scientific evidence suggest they are a result – at least in good part – of chemical imbalances in the brain.

Genetics: Genes – the proteins inside our cells with information that we pass from one generation to the next – seem to play a role in many mental illnesses. Families will often see similar symptoms in offspring or remember them from grandparents. Some people inherit, through their genes, a tendency to develop these illnesses.

Life Events: Life events such as a serious loss, trauma, chronic illness, a difficult relationship, or financial problems can trigger the beginning of a severe mental illness. Chronic stress and/or abuse may also cause the onset of these illnesses in people who may have a predisposition to them, but it is important to know and remember that poor upbringing or “personality defects” do not cause these illnesses.

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.

Your Child's Mental Health



Elementary school years are a critical time in a child's development. During these years your child grows physically, mentally, emotionally and socially. As

your child goes through these amazing changes, some of them can be stressful and could lead to mental health concerns. Be sure to pay attention to the behaviors listed below:

- Has unexplained feelings of sadness and loneliness.
- Doesn't care about favorite activities or is "too tired" to play.
- Feels angry and hostile toward people and surroundings
- Has a change in sleeping patterns.
- Acts younger than his/her age.
- Has trouble sitting still or concentrating most days.
- Runs away from home.
- Shown significant weight loss or weight gain.
- Does poorly in school.
- Feels unprovoked anger/aggression
- Complains of frequent headaches and/or stomach aches

- Worries or fears "bad things will happen"
- Has repetitive thoughts or actions
- Refuses to go to school
- Talks about death/suicide.

If any of the above symptoms occur over an extended period of time, talk to a mental health professional.

If a child has a headache for 2 weeks, parents take them to get checked out by a doctor – parents need to do the same if their child feels depressed.

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



Subscriptions to NAMI Beginnings, a publication dedicated to the Young Minds of America from the Child and Adolescent Action Center is about children and adolescents living with mental illnesses. If you would like to receive future issues of NAMI Beginnings, please visit the NAMI Store at www.nami.org and sign up for your free subscription. Newsletters are mailed quarterly.

Consider contacting the school counselor near you and letting them know about the free subscriptions. Previous issues are available for downloading from the NAMI web site



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.

Did You Know?

NAMI has campus affiliates at the University of Iowa, University of Northern Iowa, Kirkwood College, and Central College.

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.

Uncomfortable Statistics

- Suicide is the 2nd leading cause of death in the military, after accidents.
- Suicide is the 3rd leading cause of death among adolescents age 15-25.
- Suicide is the 6th leading cause of death among children age 5-15.
- Suicide was the 11th most frequent cause of death for Americans, while homicide ranked 14th.
- More than half of all completed suicides occur in adult men aged 25 to 65.
- Women have the highest number of suicide attempts.
- Suicide has now become the 8th leading cause of death for American males and kills twice as many people as HIV/AIDS.



In last month's issue, we talked about the Crisis Intervention Training (CIT) program. It became a hot topic because we have had 4 shootings of people in a mental health crisis in the last 6 months by law enforcement authorities.

CIT training provides law enforcement authorities with 40 hours of specialized training for the skills to make a safer intervention for themselves, for the consumer in a crisis, for the consumer's family and for the community. Training can be given to patrol officers, dispatchers, jailers, emergency response units, and others responding to mental health crises.

The CIT program started in Memphis, Tennessee, in 1988. It was and is a collaboration between the police, the Memphis Alliance for the Mentally Ill, the University of Tennessee Medical School and the University of Memphis. The CIT program has achieved remarkable success, in large part because it has remained a true partnership between the police, the mental health system, family members, and consumers. They funded it by adding \$5 to every civil and criminal case court costs.

Do you suppose we could accomplish a similar collaboration in Des Moines? What will be the catalyst to make this happen? Who will step forward to make a difference?

Memphis CIT has produced a number of positive outcomes, including:

- Sharply reduced arrest rates of people with mental illnesses – more into treatment.
- Significant reductions in injury rates to officers responding to “mental disturbance” calls.
- Dramatic decreases in the amount of time officers spend responding to mental disturbance calls; and
- Very high rates of police officer satisfaction concerning the disposition of cases involving people with mental illnesses who are in crisis.

Police officers have been forced to become front line respondents to people with severe mental illness in crisis throughout the country. Too often, confrontations between the police and people with mental illnesses result in tragedies because police lack the knowledge and experience to respond appropriately to people in psychiatric crisis. The evidence is clear that the Memphis police CIT program has achieved remarkable success both in reducing the inappropriate jailing of people with mental illness and in increasing public and police officer safety. As the model with the strongest evidence of success, NAMI believes that the CIT program should be adopted in communities throughout the United States.

We have a wonderful mobile mental health crisis unit in Des Moines. Is it enough? Wouldn't it be a great public relations effort for the Des Moines area police departments to embrace CIT, too?

For more information on this important topic – go to www.nami.org – in the search option – type in CIT – and review the information available – or e-mail SAMCIT@memphispolice.org

NAMI will have a web based resource center on CIT at the nami.org website by 1-15-06.

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.

Upcoming Projects

Mental Health Resource Pamphlet or Booklet –

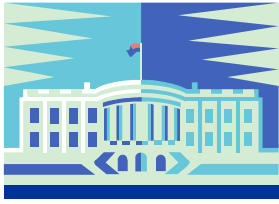
Both Ames and Iowa City have a pamphlet or booklet which they distribute to a wide base of providers, institutions, and the public. We need such a document for Polk County also. If you would be interested in developing this publication for NAMI-GDM, please contact Teresa.

NAMI Walks – We are hoping to have a 5K (2.2 mile) walk in the fall of 2006 or 2007. It may well be a combined effort of the GDM affiliate, the Ames affiliate, the Jasper affiliate, the Adel support group, and others as well. Talks are under way. This will be a fundraising event as well as an advocacy event to increase awareness and combat stigma. If you would be interested in helping, please contact Teresa.



Friends & Family members - 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. Call the NAMI office to sign up

– 254-0417. A class is starting Aug. 30. Classes fill up quick – so call soon!



Positive Legislation –

On May 27, the House cleared a funding bill for Veterans medical care - \$200 million in additional funds added for mental illness treatment services.

The legislation, known as the FY 2006 Military Quality of Life and Veterans Affairs Appropriations bill (HR 2528), represents the first step in the process of funding the VA. The measure now moves on to the Senate, which is expected to take up the bill later this summer.

“The Committee has taken the unusual action of fencing a portion of medical services funding for one category of treatment because they recognize the need to dedicate resources to such treatment and wish to be assured that funding for mental health care will not be siphoned off for other purposes during the year of execution.”

There is also a directive to increase mental illness research from 7% to 20% of VA's total research dollars.

Consider contacting your Congressmen and Senators to provide input and support for funding for this much needed medical service for our veterans.

NAMI would like to have a Family to Family class for families of veterans with mental illness. *Do I hear the voice of a volunteer to get this marketed and organized?*

Garrett Lee Memorial Act

The Garrett Lee Memorial Act was authored by a senator from Oregon who lost his 22 year old son to suicide. This federal legislation was passed unanimously in October 2004 – A suicide prevention bill – and provided \$82 million in grants to fund college mental health programs and state suicide prevention strategies. We do not know if this bill has gained funding for FY 2006.

In a recent nationwide survey, NAMI found that 1 in 3 college students has endured prolonged bouts of depression, while 1 in 4 experiences suicidal thoughts or feelings.

Consider contacting your Congressmen and Senators to provide input and support for this bill's funding.

Is Iowa poised to apply for these grants?

Mentally Ill Offender Treatment and Crime Reduction Act (P.L. 108-414)

In October, 2004, President Bush signed into law P.L. 108-414, a bill designed to reduce the unnecessary criminalization of non-violent offenders with mental illnesses by creating treatment alternatives for these individuals. It authorized \$50 million for the Dept. of Justice to administer grants to states and local

communities for a variety of purposes, including jail diversion, treatment for individuals with mental illnesses who are incarcerated, community reentry services, or cross-training of criminal justice, law enforcement and mental health personnel.

Will Congress allocate the \$50 million in FY 2006? Consider contacting your Congressmen and Senators to provide input and support for this bill's funding.

Is Iowa poised to apply for these grants? Could this be a source of funds for an Iowa initiative to implement CIT programs state wide? In Des Moines?

Could Des Moines establish a mental health court similar to Sioux City's? (There are 80 mental health courts nationwide – to establish treatment alternatives for low level offenders with mental illnesses.)

Could it be used to improve the care for the mentally ill in our prisons? The number of people in our prisons with a diagnosable mental illness is about 40% of the prison population – and there are only 2 psychiatrists. Did you know prisons are our new asylums?

SAMHSA Jail Diversion Grant Program

Through this program, federal grants are awarded on a competitive basis to states, communities, and tribal governments to divert individuals with mental illnesses from the criminal justice system to community based mental health and supportive services, such as assertive community treatment (ACT) programs, housing, psychiatric rehabilitation, and integrated treatment for individuals with co-occurring mental illnesses and substance abuse disorders. 20 grants have been awarded up to \$300,000 per grantee FY 2002-2004. The program has never been funded at its full authorization level of \$10 million.

Is this a possibility for Iowa? For Des Moines? Consider contacting your Congressmen and Senators to provide input and support for full funding.

Iowa Mental Health Parity Bill

May 2, 2005, Governor Tom Vilsack, signed into law the parity insurance legislation for coverage of biologically-based mental illnesses. HR 420 is a narrow bill that applies only for providing third-party payments (self-insured plans are exempt), public employees, small businesses, that already have mental health coverage, and employers with more than 50 full time employees.

Coverage applies only to biologically based mental illnesses such as schizophrenia, bipolar disorders, major depressive disorders, schizoaffective disorders, obsessive-compulsive disorders, pervasive developmental disorders, and autistic disorders. Many proponents of the law pushed for more extensive coverage. They would like to have seen dual-diagnosis and eating disorders included.

NAMI Iowa does not think that this bill is broad enough and we will continue to work with other advocates to push for increased coverage.

Spread the word!!

<http://www.familiesusa.org>

A bill known as the Health Care Choice Act, which would allow insurance companies to avoid vital consumer protections by selling individual health insurance across state lines, is being rammed through the House of Representatives. Under this bill, insurance companies would only have to follow the laws of one state – the state with the fewest consumer protections—and they could then sell policies to consumers in all 50 states. This would create a “race to the bottom” leaving consumers with higher premiums, unpaid medical bills, and bare-bones coverage, ultimately hurting the 26 million Americans who buy coverage in the individual market.

The legislation is H.R. 2355 with a companion bill in the Senate S.1015. Many members of Congress are still unaware of the disastrous effects it would have on consumers. Not only is the so-called Health Care Choice Act the wrong choice for consumers, it is also a stealth attack on consumer protections, passing undetected while Washington is focused on other matters.

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

Your members of Congress should know that the Health Care Choice Act would be a disaster for consumers. This bill would result in:

- More consumers with unpaid medical bills.
- Higher premiums and unfair premium increases, and
- Bare bones coverage that does not include critical services like diabetes treatment and cancer screening.

Unprecedented Federal Alignment

<http://mentalhealth.samhsa.gov/newsroom>

Excerpt – The federal government is aligning resources in an unprecedented collaborative effort to help ensure that people with mental illness have every opportunity for recovery. Six cabinet level departments – Education, Health and Human Services, Housing and Urban Development, Justice, Labor, Veterans Affairs and the Social Security Administration have detailed 70 specific steps in a mental health action agenda released today. This will be a multi year effort to alter the form and function of the mental health system. Highlights of the agenda include:

- Reinforce the message that mental illnesses and emotional disturbances are treatable and that recovery is the expectation.

- Act immediately to reduce the number of suicides in the nation.
- Help states develop the infrastructure necessary to formulate and implement comprehensive state mental health plans that include the capacity to create individualized plans of care that promote resilience and recovery.
- Develop a plan to promote a mental health workforce better qualified to practice mental health care that is culturally sensitive based on evidence based practices.
- Initiate a national effort focused on the mental health needs of children.
- Expand new “toolkits” outlining evidence based practices for use by providers, administrators, educators, and consumers.
- Increase employment of people with psychiatric disabilities.

The reason for the Action Agenda is simple. People with mental disorders have a vital role to play in our families, our neighborhoods, our communities, and our country. Their ability to participate fully can no longer be derailed by outdated science, outmoded financing systems, and unspoken discrimination.

CDC mission expands to disorders of the mind

Atlanta Journal-Constitution

Excerpt: The Centers for Disease Control and Prevention, long the nation’s premier health agency, has started to embrace a subject it used to ignore: mental health.

The Atlanta-based CDC hasn’t announced any major mental health initiatives. But as society has become more comfortable talking about depression, anxiety and bipolar disorder, the agency has gradually increased its attention to such conditions, studying ways to prevent them and assessing how they interact with major killers such as heart disease, cancer, diabetes and AIDS.

“Mental health used to be a tiny little whispered thing here...We used to apologize for it,” said Dr. Marc Safran, a psychiatrist who heads up the CDC’s Mental Health Work Group. “Now we take pride in our mental health work. It has become more mainstreamed”.

As studies document connections between mental and physical health – people with untreated depression are more likely to die from heart attacks, for example – it has become vital for the CDC to include mental health in its consideration, said Dr. Julie Gerberding, CDC director. The September 11, 2001 terrorist attacks also helped bring mental health issues to the forefront, she said.

“Wherever you look, whether you’re talking about violence, injury, or poor health habits, mental health is very prominent,” Gerberding said. “We’re not going to

be successful in helping Americans feel more satisfied about their health if we don't address mental health."

ADDITIONAL SUPPORT GROUP MEETINGS!!

Every Monday evening – 6:30 – 8:30 P.M. – the NAMI – Support group meets at the Mercy Franklin West Conference Room (enter West side entrance) – 48th & Franklin, Des Moines.

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.

NEW MAGAZINES!! (\$20/year)

Schizophrenia Digest – subscribe at www.szdigest.com

Bp Magazine (Bipolar) – subscribe at 1-888-834-5537

Both magazines are excellent resources for consumers, families, friends, and health care providers.

Bpchildren – a **free** on-line subscription for a newsletter with information on bi-polar children. The latest one has a mood chart and online educational advocacy courses, among other tidbits. Their email is bipolar-children@bipolar-children.bigstep.com. Their website is <http://www.bpchildren.com>.

Science – Support - Dignity



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.

NAMI –GDM dues are:

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

DON'T FORGET!!!

On August 7, we will have Officer Kelly Drane, from the Des Moines Police Department, speaking at our affiliate meeting at Iowa Lutheran Hospital. The meeting starts at 2 P.M. Please join us!!

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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