



Greater Des Moines

Box 12174, Des Moines, Iowa 50312
(515) 277-0672 (voice mail)

AFFILIATE AND SUPPORT GROUP NEWSLETTER

August 2008

“Support, Education, and Advocacy”
Serving Polk, Dallas, Warren, and Madison counties

NAMI WALKS is a little over 2 months away – Saturday, Oct. 4 at Des Moines Waterworks Park – Registration at 8:30 AM – walk at 10 AM.

Please walk with us, join a walk team or form a walk team, make a donation, fight stigma.

<p>Education Meetings are generally the 1st <u>Sunday</u> of the month from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room. Dates on Sundays other than the 1st Sunday of the month are due to holidays or other special scheduled events.</p>		<p>Business and Committee Meetings are the 2nd <u>Thursday</u> of the month at 5 P.M. at the NAMI-Iowa Office.</p> <table border="0"> <tr> <td>1. Business</td> <td>4. Education</td> <td>6. Fundraising</td> </tr> <tr> <td>2. Marketing and membership</td> <td>5. Advocacy</td> <td>7. Special Events</td> </tr> <tr> <td>3. Support</td> <td></td> <td></td> </tr> </table>		1. Business	4. Education	6. Fundraising	2. Marketing and membership	5. Advocacy	7. Special Events	3. Support		
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3. Support												
<p>Sunday, August 3, 2 PM</p>	<p>The topic will be a State-wide Emergency Mental Health Safety Net and Crisis Response System. Our speaker will be Karen Hyatt – an Emergency Mental Health specialist with the Iowa Dept. of Mental Health & Disabilities</p>	<p>Thurs – August 14 - 5 PM</p>	<p>We will be discussing and planning around 7 topic areas</p>									
	<p>Tuesday through Thursday August 5-7</p>	<p>The theme of the Iowa Empowerment Conference is “10 Years Celebrating Empowerment & Recovery” – This is a conference for individuals with chronic mental illness, families of children with severe emotional disorders and transition age youth. It will be held at the Best Western Regency Inn, Marshalltown. Conference contact information: Iowa Empowerment Conference, 1 West Grant St., Apt. 109, Marshalltown or – Call Deb at 641-753-7414 or send an e-mail to dwilliams@adiis.net. Scholarships may be available.</p>										
<p>KOL Luncheon For NAMI Walks</p>	<p>Wednesday, August 20</p>	<p>Kick Off Luncheon for NAMI Walks 2008 – at the Hilton Garden Inn, 8600 North Park Drive, Johnston, Iowa – Please RSVP 254-0417 or 1-800-417-0417 so we can make sure there is enough food prepared.</p>										
	<p>Thursday through Saturday Sept. 4-6</p>	<p>2008 National Lifespan Respite Conference - “Homegrown, Cultivating Caregivers” at Embassy Suites in Des Moines. Contact the Iowa Respite Crisis Care Coalition to obtain more information 515-309-0858. Growing Fields of Knowledge Planting Seeds of Change Watering Hope and Care Nurturing Promising Programs Cultivating Outcomes for Caregivers</p>										
<p>Family to Family class starts</p>	<p>Tuesday mornings – Sept. 2 thru Nov. 18</p>	<p>Family to Family class at St. Francis of Assisi Catholic Church in <i>West Des Moines</i> – 9:15 AM to 11:45 A.M. – To sign up – Call Diane Banasiak at 334-5159 - 12 weeks – for family members or friends of adults with mental illness – must be at least 14 yr old. The class is free.</p>										
<p>Family to Family class starts</p>	<p>Thursday evenings Sept. 4 thru Nov. 20</p>	<p>Family to Family class – at Warren County Board of Supervisors Conference Room #1 – <i>Indianola</i> – To sign up - Call Grace Sivadge at 961-6671 or e-mail rsivadge1@juno.com. 12 weeks – for family members or friends of adults with mental illness – must be at least 14 yr old to attend. The class is free.</p>										
<p>Family to Family class starts</p>	<p>Details forthcoming for a Des Moines area evening class</p>	<p>Family to Family class - for family members or friends of adults with mental illness – must be at least 14 yr old. The class is free.</p>										
	<p>Peer to Peer class</p>	<p>In order to have a class this fall – additional participants need to sign up for the Peer to Peer class – the class is for 9 weeks - for any person with serious mental illness who is interested in establishing and maintaining wellness. The class is free. Please call 254-0417 or 1-800-417-0417 to sign up.</p>										
<p>Visions for Tomorrow class starts</p>	<p>Thursday nights</p>	<p>A Visions for Tomorrow class will be held in Des Moines on Thursday nights this fall. The location has yet to be determined. If you would like to be placed on the waiting list for the class – please call Stephanie Estes at 967-6997 or e-mail at Steph_estes@msn.com</p>										

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

Sunday, Sept. 7	Legislative forum on mental health issues at Westminster Presbyterian Church, 4114 Allison Avenue, Des Moines	Thursday, Sept. 11	We will be discussing and planning around 7 topic areas.
Teacher training	11:30 AM Friday – Sunday 2:30 PM Sept. 12-14	Family to Family Teacher training – If you are interested – please contact Carol Porch, Family to Family Coordinator at porch@avalon.net or call 319-351-3498 (home) or 319-330-0632 (cell) or 1-800-417-0417 or 254-0417.	
Sign up for NAMI Walks	Saturday, Sept. 13	Community Days at Merle Hay Mall – NAMI Greater Des Moines will be a vendor at this event. NAMI Walks information for potential participants will be the primary focus of participation.	
	Thursday, Sept. 18	Iowa Rural Health Association (IRHA) Chautauqua – Iowa Laboratory Facility at DMACC in Ankeny – 8 AM to 4 PM – Contact IRHA at 525 SW 5th Street, Suite A, Des Moines, IA 50309 (515) 282-8192 leann@assoc-mgmt.com - For ongoing updates and registration information visit the website at: www.iaruralhealth.org . The topic will be mental illness – Speakers include Dr. Allen Parks, Director of the Iowa Dept. of Mental Health and Disability Services, and Iowa Secretary of Agriculture Bill Northey.	
	Saturday, September 27	Community Choice Credit Union Charity Golf Tournament – NAMI GDM members will be volunteering to help out with the golf tournament.	
Teacher training	Friday evening to Sunday afternoon Sept. 28-30	Visions for Tomorrow (VFT) Teacher training – If you are interested – please contact Jackie Elfmann, VFT Coordinator, at 254-0417 or 1-800-417-0417.	
The Week of October 5-11 is “ Mental Illness Awareness Week ” – if you would like to plan a public education event – consult the online MIAW toolkit at www.nami.org - It offers resources, ideas, and items to assist grassroots efforts.			
Saturday, October 4 8:30 A.M.	NAMI Walks for the Mind of America At Des Moines Waterworks Park Registration at 8:30 A.M. The walk starts at 10:00 A.M.	Thursday, Oct. 9 5 PM	We will be discussing and planning around 7 topic areas.
	Tuesday and Wednesday – Oct. 7-8	2008 Mental Health Conference “Recovery” – at Iowa State University, Scheman Building, Ames, Iowa. Contact Training Resources at www.trainingresources.org or call 515-309-3315.	
October 9 is Bipolar Awareness Day			
Sunday, Nov. 2 2 PM	“Estate Planning” – Our speaker will be Frank Varvaris.	Thursday, Nov. 13 5 PM	We will be discussing and planning around 7 topic areas
	Tuesday through Thursday November 4-6	“Georgia on Your Mind, CIT in Your Heart” - 2008 National CIT Conference at the Hyatt Regency in downtown Atlanta. Conference registration fees paid on/before September 25, 2008 will be \$200 . After that date the fees increase to \$225 . For more information contact Pat Strode, CIT Program Administrator for NAMI Georgia at 770-234-9347 or pstrode@nami.org – there will be over 100 workshops and international attendance. http://www.namiga.org/NGA-CIT-conference08.htm	
	Thursday - Friday Nov. 13-14	NAMI Fall Conference	

Do your children read the *Weekly Reader* in school? Today's *Weekly Reader* has multiple issues on a variety of topics for kids of all ages – from elementary to high school. A couple of the issues are dedicated to health topics.

NAMI Greater Des Moines President Diane Johnson's daughter Liz participated in the development of an article on schizophrenia for *Weekly Reader*. We have obtained permission to reprint the article from the March 2008 issue of *Weekly Reader Current Health 2*.



Schizophrenia
Voices and visions that aren't really there are signs of this mental disorder
by Linda Bernstein

Liz was 12 years old when – imitating Britney Spears – she put on a bra and shorts, turned up her boom box, and sang along. The problem? She was perched on a window ledge outside her second story bedroom. “I saw faces and heard voices that told me to do this,” explains Liz, who is now a high school freshman in Des

Moines, Iowa. “I was scared because the faces were of people I had seen but not people I knew well, and I couldn't figure out what they were doing in my room.” Luckily, Liz's mother saw her and pulled her inside.

Liz and her mom consulted a doctor, who recommended waiting to see whether Liz experienced another hallucinatory episode or more delusions. She did. Within a year, Liz had received a diagnosis that was frightening and difficult to understand: the complex mental disorder schizophrenia.

It Begins in the Brain

One of the few things experts on schizophrenia are sure of is that there's a lot they don't know about the disorder. James Regan, a spokesperson for Mental Health America, explains that schizophrenia is a brain disease primarily characterized by a “thought disorder.” People with schizophrenic behaviors may hear voices that aren't real or see things that aren't there.

It's not something you catch or something someone does to you,” Regan says. “It's a disease, only we don't know exactly what

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causes it.” Some cultures, however, don’t regard schizophrenia as a disease and believe that people with schizophrenic behaviors are communing with spirits.

A brain scan of a person who has been given a diagnosis of schizophrenia does look different from the scans of other people. Differences occur most commonly in the frontal and temporal lobes of the brain and seem to affect critical thinking in people with schizophrenia. That helps explain some of the problems that people with this disorder experience.

Schizophrenia is not common, but it’s not rare. Worldwide, it affects about 1 percent of the population. That’s about 51 million people around the globe and between 2 million and 3 million people in the United States.

Heredity seems to play a part in many cases of schizophrenia, notes Dr. Judith Rapoport, chief of child psychiatry at the National Institute of Mental Health. Although scientists have identified several genes they think are involved, no one knows why some people who have a genetic tendency develop symptoms and others do not. Researchers believe that environmental factors may play a role as well. Some studies point to problems during pregnancy and delivery or the age of the father when a child is conceived.

Signs and Symptoms

Understanding schizophrenia is important for teenagers because symptoms often develop during adolescence, says Dr. Joyce Davidson, a psychiatrist at the Menninger Clinic, in Houston. “We don’t know if it’s stress or hormonal activity that triggers the behaviors during adolescence, but boys often have their first crisis at 17 or 18, and for girls it’s a little later, in their early 20’s,” she elaborates.

Certain symptoms commonly occur much earlier, however, during the primary grades or even early childhood. Dillon, 18, from Evanston, Wyo., first started having visions and hearing and smelling things when he was in fourth grade. “But I was a kid – I thought that whatever I was seeing, my parents were seeing it too,” he says. “I didn’t know anything was wrong, so I didn’t tell anyone.”

When schizophrenic symptoms become more severe, they can be scary. “I thought I was seeing someone getting murdered,” Dillon says of one incident. When it happened, he adds, “I was with my little sister in the playground, and she helped me get home.”

Such delusions and hallucinations are called “positive symptoms.” The term doesn’t mean they’re good, but rather that they are symptoms that should not be present. People with the condition may also show negative symptoms, which again aren’t bad. Negative symptoms are personality elements that disappear because of the disease, such as the ability to enjoy activities and the ability to relate to other people.

Treatment Can Help

Sometimes teens with schizophrenic behaviors spend time at inpatient facilities. “That’s a good thing because then they can work with doctors to regulate medications and begin getting the kinds of support they will need to live a normal life,” Rapoport says. Medication is the first line of treatment, and recently a few drugs that don’t have many negative side effects (such as weight gain) have been approved for children and adolescents.

Medication is only one of the “evidence-based treatments” (those whose effectiveness has been backed up by significant research), Regan points out. It’s important, for instance, for teens with schizophrenia to educate themselves about the disorder so they

understand what triggers episodes. With that information, they can try to avoid those stressors.

Family support is also important, as is a network of people to whom the person with schizophrenic behaviors can turn. “My family and I are doing really well now,” says Heather, “a 17-year-old from Greenville, Tenn., who has schizophrenia. “We have a really strong relationship, and I love them so much.” Cognitive therapy – a type of therapy that teaches people to look at their thoughts and determine whether they are valid – can help as well.

Liz relies on what she calls her WRAP – a Wellness Recovery Action Plan. For instance, she has a list of what makes up a “good day.” When things go awry, Liz knows to call her mother or teacher. For Heather, Wednesday evening catechism class at her church is important therapy because she feels accepted and safe there.

Fighting Stigma

Liz’s and Dillon’s friends and teachers are aware of their diagnoses; Heather’s are not. “They would treat me funny. They wouldn’t want to be with me,” she explains. Heather is talking about stigma, an important reason teens should understand this mental health issue.

Take it from Liz: “Teens with schizophrenia are just kids like most kids. They have a mental illness but that doesn’t make them scary or stupid or weird.” Liz, who has many friends, is a lively person with a great sense of humor. Just look at her favorite T-shirt: “Shut up, voices, or I’ll poke you with a Q-tip.”

**Mental Health Myths
Which Schizophrenia Rumors Just Aren’t True?**

Rumor	Truth
People with schizophrenia have split personalities like Dr. Jekyll and Mr. Hyde	People with schizophrenia have a “thought disorder” that can make them see and hear things that aren’t there.
Parents can cause schizophrenia.	Although 80% of schizophrenia is genetic, people don’t develop schizophrenia simply because their parents did something.
There’s no cure for schizophrenia.	Many people with schizophrenia can, through treatment, live full and normal lives. Think of them as being in recovery.
People with schizophrenia are dangerous.	Sometimes people with schizophrenia might do something unwise because voices are telling them to, but most people with schizophrenia, especially those in treatment, are not dangerous.
People with schizophrenia are dumb.	Intelligence has nothing to do with schizophrenia. In fact, many smart and successful people, such as Nobel Prize-winning mathematician John Nash (whose story was told in the film <i>A Beautiful Mind</i>) and former Green Bay Packers player Lionel Aldridge, have or had the condition.
Drugs can cause schizophrenia.	Phencyclidine (also called PCP or angel dust) can stimulate schizophrenia-like chemistry in the brain. Marijuana can also

	severely increase symptoms. However, scientists are not sure that drug use can actually cause symptoms of schizophrenia in people with a tendency toward the disease.
People with schizophrenia don't make good friends.	People with schizophrenia can be just as fun and interesting as anyone else is. They just need understanding and support.

Thanks to Jack Holveck for finding the following article.



You may be depressed! What do you do now?
http://mentalhealthrecovery.com/art_maybedepressed.php
 By Mary Ellen Copeland, M.S., M.A.

When you are depressed it is often very hard to think clearly or make any decisions. It is also hard to think of anything to do to help yourself feel better.

Keep in Mind

- Depression is not your fault.
- Depression is a temporary condition. You will get well. You will feel happy again.
- The best time to address depression is now, before it gets any worse.

It's up to you, with the help of your supporters, to take responsibility for getting better.

See Your Doctor

Depression is serious. You need to see a general physician as soon as possible-- don't wait longer than a few days. The sooner you get treatment, the sooner you will feel better.

You need an appointment with your physician for a complete physical examination to see if there is a medical condition that is causing or worsening your depression, to plan your treatment and for possible referral to a specialist. If you do not have a physician, contact a mental health organization in your area for a recommendation.

If any of the following apply to you, insist on an appointment within 24 hours or ask a friend or family member to do it for you (it's hard to do things for yourself when you are depressed).

- You feel absolutely hopeless and/or worthless.
- You feel like life is not worth living anymore.
- You think a lot about dying.
- You have thoughts of suicide.
- You have been making plans to end your life.

Ask a family member or friend to stay with you until it is time for your appointment. Make sure you keep the appointment.

When you see your doctor, take a complete listing of all medications and health care preparations you are using for any reason, and any unusual, uncomfortable or painful symptoms.

Self Help Techniques You Can Use to Help Yourself Feel Better

1. Tell a good friend or family member how you feel--ask them if they have some time to listen to you. Tell them not to interrupt with any advice, criticism or judgments. Assure them that you can discuss what to do about the situation after you get done talking, but that just talking with no interruptions will help you feel better.

Your friends and family members may not know what to say. You can tell them to say any of the following:

- "I'm sorry you are having such a hard time."
- "What can I do to help?"

- "Tell me how you feel."
- "I'm here to listen."
- "I love you."
- "You are very special to me. I want you to get well."
- "You will feel better. You will get well."

2. Get some exercise. Any movement, even slow movement will help you feel better-- climb the stairs, take a walk, sweep the floor.
3. Spend at least one half hour outdoors every day, even if it is cloudy or rainy.
4. Let as much light into your home or work place as possible--roll up the shades, turn on the lights.

5. Eat healthy food. Avoid sugar, caffeine, alcohol and heavily salted foods. If you don't feel like cooking, ask a family member or friend to cook for you, order take out, or buy a healthy frozen dinner.

6. If you are having lots of negative thoughts or obsessing about difficult issues and hard times, divert your attention away from these thoughts by doing something you really enjoy, something that makes you feel good--like working in your garden, watching a funny video, working on a craft project, playing with a small child or your pet, buying yourself a treat like a new CD or a magazine, reading a good book or watching a ball game.

7. Relax! Sit down in a comfortable chair, loosen any tight clothing and take several deep breaths. Starting with your toes, focus your attention on each part of your body and let it relax. When you have relaxed your whole body, notice how it feels. Then focus your attention on a favorite scene, like a warm day in spring or a walk at the ocean, for at least 10 minutes.

8. If you are having trouble sleeping, try some of the following suggestions: drink a glass of warm milk, eat some turkey and/or drink a cup of chamomile tea before going to bed before going to bed:

- read a calming book
- take a warm bath
- avoid strenuous activity
- avoid caffeine and nicotine--both are stimulants
- listen to soothing music after you lie down
- eat foods high in calcium like dairy products and leafy green vegetables
- avoid sleeping late in the morning, get up at your usual time

9. Ask a family member, friend or co-worker to take over some or all of your responsibilities for several days--like child care, household chores, work-related tasks so you have time to do the things you need to to take care of yourself.

10. Keep your life as simple as possible. If it doesn't really need to be done, don't do it.

11. Avoid negative people who make you feel bad or irritated. Do not allow yourself to be abused in any way. Physical or emotional abuse can cause or worsen depression. If you are being physically or emotionally abused, ask your health care provider or a good friend to help you figure out what to do.

12. Avoid making any major decisions like career, relationship and housing changes until you feel better.

Things to Do After You Begin Feeling Better

1. Educate yourself about depression so that if you ever get depressed again, you and your supporters will know exactly what to do.

2. Become an effective advocate for yourself--figure out what you need and want for yourself, and then work toward it until you get it.

3. Develop and keep a strong support system of at least five supporters, people you feel comfortable with, trust and enjoy. If you don't have five supporters, make some new friends by joining a support group, attending community events, or taking an interesting course.

4. Write a plan to keep yourself well. Include lists of:

- things you need to do every day to keep yourself well, like get a half hour of exercise and eat three healthy meals
- things that may not need to be done every day, but if you miss them they will cause stress in your life, like buying groceries, paying bills or cleaning your home
- events or situations that, if they come up, may make you feel worse, like a disagreement with a family member or loss of your job, and an action plan to follow if these events occur
- early warning signs that you are starting to get depressed again, like feeling tired, sleeping too much, overeating, and dropping things, and an action plan to follow if they come up
- signs that things are getting much worse, you really are depressed, like you can't get out of bed in the morning and you feel negative about everything, and an action plan to follow if this happens

Ask your health care providers, family members and friends for help in developing these plans.

H.E.L.P. Depression Support Group Monthly Presentations

10 AM to Noon - Lutheran Church of Hope

SE corner of Ashworth and 925 Jordan Creek Parkway, WDM

Sat., August 2 – Surviving Life's Difficult Changes

Sat., September 6 – Stress & Anxiety

Sat., October 4 – Forgiveness Needed to Move on

Fri., Oct. 31 – A Medical Look at Depressive Illnesses & Recovery Options

Sat., Dec. 6 – Celebrating the holidays with a Smile

Room 214 – Free - For more information, contact Lisa at 222-1750 ext. 176 or lisa.davison@hopewdm.org

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. If you receive our newsletter by e-mail and would rather receive it by snail mail – or if you receive our newsletter by snail mail and would rather receive it by e-mail – communicate your preference via to: Teresa Bomhoff, 200 S.W. 42nd St., Des Moines, Iowa 50312 or E-mail: tbomhoff@mchsi.com

Did You Know?

Medicaid and the broader public system of health care for people with mental illness is such an uncoordinated mess that a study last year by the National Association of State Mental Health Program Directors reached a shocking conclusion: Mentally ill adults who receive treatment in the public health system die 25 years sooner, on average, than Americans overall.

PLEASE BECOME A MEMBER OF NAMI GREATER DES MOINES

Please help to support our organization by becoming a member of NAMI Greater Des Moines.

Dues are:

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

Send to: Jim Vandenberg, Treasurer

4114 Allison Avenue
Des Moines, IA 50310

Please make the check payable to
NAMI GDM

Dues cover local, state, and national membership.

Donations are welcome.



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. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if the Mobile Crisis Unit is needed.

When DM Mobile Mental Health Crisis Unit staff arrive, a mental health assessment will be done, on-site counseling and problem solving, crisis plan development, coordination with hospitals if transport to a medical facility is necessary, and medication can be administered if necessary. A psychiatrist is always on call to help make those determinations and authorizations.

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

The Mobile Crisis Unit is available 6:30 AM to 2:30 AM – 7 days a week. It is staffed by licensed mental health professionals and registered nurses.

Looking for Community Resources?

Phone 211

www.211iowa.org

Contact Polk County Health Services

218 6th Ave – 243-4545

<http://polk.ia.networkofcare.org/mh/home/index.cfm>

Go to the visiting nurses website

www.vnsdm.org

click on "links" – then click on Community Resource Directory

Community Mental Health Centers

Polk County Child Guidance Center – 808 5th Ave – 244-2267

Eyerly Ball Community Mental Health Center

1301 Center St. – 243-5181

Broadlawns Medical Center- 1801 Hickman Road – 282-6770

Behavioral Health Resources – 945 19th St – 241-0982

Dallas County – West Central Community Mental Health Center

2111 Green, Adel – 515-993-4535

Madison County – Bridge Counseling Center

300 West Hutchings St. – 515-462-3105

Success is not final

Failure is not fatal

It is the courage to continue that counts. – Winston Churchill

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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**.

**Research Study
- Research Project -
Senior Parent(s) Providing Support for Adult Children with Schizophrenia or Schizoaffective Disorder**

The purpose of this research study is to examine the caregiving relationship between senior parents and their adult children with schizophrenia or schizoaffective disorder. The study is to investigate mutual support within family units. A single interview will be conducted with each family member: the parent(s), an adult sibling and the adult child with schizophrenia or schizoaffective disorder. Each interview will last about an hour and a half and will be scheduled at your convenience. No travel is required. Compensation is available. Participation is voluntary.

If you have any questions or would like more information, please contact: James R. Power, MSW, LMSW
Doctoral Candidate, School of Social Work, U. of Iowa
319-339-1958 or 515-210-1858
James-power@uiowa.edu

**How to contact the
Iowa Dept. of Mental Health and Disability Services
(Established in 2006 via HF 2780 by the Iowa legislature)**

Address: Hoover Office Building, 1305 E. Walnut St.
Des Moines, IA 50322
Phone: 515-281-7277
Website: www.dhs.state.ia.us/mhdd/index.html

Director	Dr. Allen Parks
Assistant to the Director	Barbara Jean Funke
Children & Youth Bureau Chief	Pam Alger
Child/Youth Specialist	Mary Mohrhauser
Child/Youth Specialist	Becky Flores
School Specialist	Laura Larkin
Adults Bureau Chief	Dr. Kelly Pennington
State Payment Program	Lin Nibbelink
Community System Consultant	Julie Jetter
Community System Consultant	Robin Wilson
Emergency Mental Health Specialist	Karen Hyatt
Secretary	Kay Hiatt
Older Adults Program Specialist	Lila Starr
Budgets, Contracts & Grants	Charlie Leist
Accreditation/Bureau Chief	Jim Overland



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.

SUPPORT GROUPS for Family Members

Third Sunday of the month -8/17/08 **Family members**, if you are interested in participating in a NAMI family support group, please contact Glenn Hobin lowaGH@aol.com or call 965-9799 - or contact Grace Sivadge 961-6671. Meetings are at Eyerly-Ball Community Mental Health Center, 1301 Center St., Des Moines – 2:30 – 4:00 P.M.

First Monday of each month -6:30 – 8 PM – 7/2/08 - a support group for **parents and caregivers** of children and adolescents 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.

4th Monday of each month – 5:30 – 7 PM – a support group for Polk County **parents and caregivers** of children and adolescents with severe emotional disturbance (SED) or mental illness – a **sibling** support group meets separately - at Capitol Hill Lutheran Church, 511 Des Moines St., in the basement – child care provided, can also provide free transportation and interpretation services – please pre-register, if possible – call Dawn at 558-6247. The outreach target is the Sudanese and minority population, but anyone can participate.

SUPPORT GROUPS for Persons in Recovery

Every Monday evening 7-8:30 P.M. – NAMI Connections – a support group **for persons with mental illness** – facilitated by persons with mental illness – at the NAMI Iowa office – 254-0417 – or 1-800-417-0417 - 5911 Meredith Drive, Suite E, Des Moines. Contact Dawn Olson at dawnao@iowatelecom.net or 641-842-3859 if you have questions. Dawn Olson and Kyle Damman are facilitators.

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 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.

2nd & 4th Tuesday of the month – New Light Support Group – 6:30 to 7:30 -for persons experiencing depression or other mental health issues – at Westkirk Presbyterian Church, 2700 Colby Woods Drive, Urbandale, Iowa – 515-253-0330 – Pastor Michael Mudlaff

Every Wednesday afternoon – NAMI Connection Support Group - a support group **for persons with mental illness** – facilitated by persons with mental illness 2 to 3:30 P.M. at **Mercy Franklin Clinics** - West Conference Room - 1750 48th Street - Contact: Debbie Wallukait (515) 288-4439 or Eddie Lathrop, Jr. - 515-865-1331 legalbound34@yahoo.com – Please call ahead to the facilitators to make sure they will be having the support group.

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.

1st and 3rd Thursdays – 5:30 – 6:30 P.M. in Room 213 - The H.E.L.P. Depression Support Group meets at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175 or Lisa.davidson@hopewdm.org

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 to 11:15 A.M. – Room 214 - The H.E.L.P. Depression Support Group meets at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175 or Lisa.davidson@hopewdm.org

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 Prevention Lifeline 1-800-273-TALK (8255)

Veterans Suicide Prevention Lifeline 1-800-273-TALK (8255)

What to Look For, What to do

A person may be suicidal if he or she:

- ✓ Talks about committing suicide.
- ✓ Experiences drastic changes in behavior.
- ✓ Withdraws from friends and social activities.
- ✓ Loses interest in hobbies, work, school.
- ✓ Gives away prized possessions.
- ✓ Has attempted suicide in the past.
- ✓ Takes unnecessary risks.
- ✓ Is preoccupied with death and dying.

What you can do:

- ✓ Be direct. Talk openly and matter-of-factly about suicide.
- ✓ Be willing to listen. Allow expressions of feelings.
- ✓ Be non-judgmental.
- ✓ Show interest and support.
- ✓ Don't act shocked.
- ✓ Don't be sworn to secrecy.
- ✓ Offer hope that alternatives are available, but do not offer glib reassurance.
- ✓ Remove means, such as guns or stockpiled pills.
- ✓ Get help. If you or someone you know is in crisis, call 911 or 1-800-273-TALK (8255), the 24 hour National Suicide Prevention Lifeline.

Sources: *Suicide Prevention Action Network* (spanusa.org)
And the *American Association of Suicidology* (www.suicidology.org).

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.braley.house.gov/>
- <http://www.loeb sack.house.gov>

Check out our updated Explore the Candidates web page at www.nami.org/election2008/candidates and learn how presidential candidates are responding to NAMI's questionnaire on issues of importance to persons living with serious mental illness and their families.



House Passes ADA Improvements

June 27, 2008

By an overwhelming bipartisan vote of 402-17, the House of Representatives on June 25 passed legislation to expand existing protections under the landmark 1990 Americans With Disabilities Act (ADA). The bill (HR 3195) is designed to reverse a number of Supreme Court decisions that over the years that have narrowed the scope of ADA protections in the workplace – including so-called “mitigating measures” such as medication and other therapies that control the symptoms of a disability. Among the provisions in HR 3195 are:

- **Broadened coverage under the ADA.** The bill clarifies that Congress intended the ADA to be interpreted broadly rather than narrowly, as the Supreme Court has held.
- **A revised standard to qualify for protection than that applied by the courts.** The ADA protects individuals who have an impairment that substantially limits a major life activity, who have a record of such impairment, or who are treated as having such an impairment. This bill provides a new definition of “substantially limits” to make clear Congress’ intent to reject the standard that has been applied by the courts and apply a less demanding standard.
- **New standards for “mitigating measures” (measures a person takes to control the effects of a disability) cannot be held against people with disabilities.** Many people with mental illnesses have been denied protection under the ADA because they use medication, therapy or other measures to control the effects of their disabilities. This bill would overturn several Supreme Court decisions and provide that people with disabilities will not lose their coverage under the ADA simply because their condition is treatable with medication or can be addressed with the help of assistive technology.
- **Improved coverage for episodic impairments.** Many people with mental illnesses have been denied protection under the ADA because their impairments are episodic. This bill would ensure that an episodic impairment counts as a disability as long as it would meet the test for a disability when it is active.
- **Broader coverage for people who are treated as disabled.** The bill makes it much easier for individuals to obtain protection under the ADA by showing that they were “regarded as” having a disability.

The Senate is expected to take up the ADA legislation in July.



Bebe Moore Campbell National Minority Mental Health Month has been designated for the month of July

On May 21, the House passed a resolution establishing **July as Bebe Moore Campbell National Minority Mental Health Awareness Month.** It was an important recognition of the life of Bebe Moore Campbell. Bebe was one of the foremost African American authors of the 20th century, an advocate and co-founder of NAMI Urban Los Angeles who passed away in November 2006. This recognition each July will be to enhance public awareness of mental illness and mental illness among minorities as well as the need for improved access to care, treatment, and services for those diagnosed with severe and persistent mental health disorders.

Bebe received NAMI's Outstanding Media Award for Literature for the book *Sometimes My Mommy Gets Angry*, written especially for children, about a young girl who learns how to cope with her mother's bipolar illness. In 2005, her novel *72-Hour Hold* focused on an adult daughter and a family's experience with the onset of

mental illness. It helped educate Americans that the struggle often is not just with the illness, but with the healthcare system as well.

Bebe was a national spokesperson for NAMI and also taught the NAMI Family to Family education class for NAMI Urban Los Angeles.



Advocacy at your Fingertips

The Whole Health Campaign, of which NAMI is a member, has started an on-line petition drive calling on the presidential candidates and their parties to ensure meaningful inclusion of mental health and substance abuse treatment in efforts to reform America's health care system. The petitions will be delivered to major presidential candidates and political party platform committees. Please add your name to this effort by signing the petition. The petition can be accessed online at <http://members.jointogether.org/campaign/wholehealthcampaign?rk=J7SMHGKqm%2duIE>.

State Legislation

Here are 3 places on the web to access E-mail to figure out who your legislators are, to contact your legislators, get mailing addresses, and phone numbers.

<http://www.infonetiowa.com/> - Has the latest on legislation.

Check out their great newsletters online.

<http://www.legis.state.ia.us/>

www.nami.org/advocacy

Update on Polk County Waiting List

As of the end of June there are now -

- **327** on the waiting list for disability services,
- **241** have chronic mental illness or mental illness
- **60** have mental retardation
- **19** have developmental disabilities
- **7** are unknown
- **112 of the 327** are at risk of hospitalization and/or homelessness
- It is taking an average of **275 days** to get into Polk County health system to receive services.

Polk County is barred by state law (as are all other 98 counties) to raise additional funds for mental health services. County dollars are frozen at 1996 dollar levels.

Over the summer – please talk to your legislators on the issues that matter to you. Ask them what they plan to do and what you can do to help them. **Not only is there not enough money in the mental health system - we have a public health crisis with an inadequate workforce, inadequate beds and services.**

At the NAMI National convention in June, **NAMI's mission statement** was revised to the following:

NAMI recognizes that the key concepts of recovery, resiliency and support are essential to improving the wellness and quality of life of all persons affected by mental illness. Mental illnesses should not be an obstacle to a full and meaningful life for persons who live with them.

NAMI will advocate at all levels to ensure that all persons affected by mental illness receive the services that they need and deserve, in a timely fashion.

A Professor's Story

Going Public about mental illness is not like revealing any other kind of disease

By Elyn Saks – June 23, 2008

The American Prospect Special Report



When I was diagnosed with cancer, my dearest friend, Steve, flew across the country to be with me. I opened my apartment door, and he smiled and reached for a hug. Looking over my shoulder past our embrace, he remarked on the many bouquets I'd received since my diagnosis.

When you go to the hospital with a physical illness, people send flowers.

When you go to a mental hospital with a mental illness, they don't.

Stigma against mental illness is everywhere. One evening, I was walking to my car with a colleague, who was on a tirade over a violent crime committed by a mentally ill person, reported in the newspaper that day. I said that mentally ill people were, on average, no more dangerous than others and certainly less dangerous than people who abuse substances. Expressing disbelief, my colleague remarked, "Maybe I'm just prejudiced. I mean, I've never known anyone with mental illness." I responded, "You mean you never knew anyone you knew had a mental illness." With a twinkle in her eye, she replied mischievously, "Can you please take me to my own car now?"

Some forms of stigma go beyond hurt feelings. Around 20 years ago, I found myself experiencing severe headaches and short-term memory loss. Friends brought me to the emergency room, where disaster struck: The ER workers found out I had a psychiatric history and -- predictably -- decided I was having a psychotic episode and tried to send me home. My friends, who had seen me psychotic and knew this was different, implored them to keep me. Eventually, a spinal tap revealed a bleed in my brain, the kind that kills roughly half its victims.

Stigma against the mentally ill, especially those with schizophrenia, is perhaps the most profound of all stigmas today. I myself came forward only after achieving academic tenure -- and after many years of listening in silence as people, joking and otherwise, used words like "crazies," "lunatics," and "nutcases" to describe, well, people like me.

Why is stigma so destructive? It hurts to have others make fun of and even fear you, even if they don't know it's you they're deriding. And having a secret to hide never makes friendship easy. Perhaps worst of all, stigma is a terrible impediment to seeking treatment for an illness that can be treated effectively.

What can we do to reduce the stigma of mental illness? First, people with the illness must come forward. You'll see that we are your friends, your colleagues, your family members, and, yes, even your lovers. I am not unique. My colleagues and I are currently collaborating on a study that will explore how people with schizophrenia manage and do well. Among our subjects are a psychologist, a physician, a full-time parent, a full-time student, and consumer advocates.

A more responsible media would be helpful as well. To the media: When it comes to the mentally ill, please don't sensationalize violence. Report our positive accomplishments, which far outnumber our violent crimes. In short, report how things really are for our community, not just what makes titillating press.

The best remedy for stigma is the most obvious: resources. Early on after being diagnosed as schizophrenic, I was given my

prognosis: "grave" -- the psychiatric equivalent of a death sentence, the assumption that I'd never live or work on my own. Today, I am a chaired professor of law and serve on medical school faculties, too. I publish extensively. I give lectures in the U.S. and internationally. I am married to a wonderful man. I worked to get better but was able to do so because I received excellent treatment, in the form of intensive talk therapy and appropriate psychiatric medications. The more we make good care available for individuals with mental illness, the more likely they will reach their full potential. Understanding and acceptance will surely follow.

I close by finishing the story at the beginning about my colleague. After I had spoken publicly about my illness, she said she was glad not to have known I had schizophrenia when we started having dinner. I asked why. She said she never would have gone out with me had she known. Hearing those words didn't feel good, but I was glad my colleague -- now my good friend -- could say them to me. Well-meaning, kind, and intelligent people can have thoughts and feelings based on stigma and fear.

When you have a colleague or friend in a psychiatric hospital, call and offer to visit. And send flowers.

Elyn Saks is associate dean and the Orrin B. Evans Professor of law, Psychology, and Psychiatry and the Behavioral Sciences at the University of Southern California, an adjunct professor of psychiatry at the U.C. San Diego School of Medicine, and a research clinical associate at the New Center for Psychoanalysis, among other posts. She recently published The Center Cannot Hold: My Journey Through Madness (Hyperion, 2007), and has authored three other books on law and mental health.



Ten Best Practices for Schools June 2007 – NAMI National

Schools play a critical role in helping students diagnosed with mental illnesses reach their full academic and functional potential. The academic performance and behavioral functioning of students

significantly improves when their mental health needs are effectively addressed. NAMI calls on schools to adopt the following ten best practices:

1. Train teachers and staff on the early warning signs of mental illnesses and how to effectively communicate with families about mental health related concerns. To learn more about NAMI's *Parents and Teachers as Allies* publication and in-service education program, visit www.nami.org/caac.
2. Train school professionals in effective and research-based teaching methods and behavioral interventions, including positive behavior interventions and supports (PBIS – as described at www.pbis.org).
3. Educate the entire school community about mental illnesses, including providing age-appropriate information about these conditions in the health curriculum, to help ensure a broader awareness about mental illnesses and to reduce stigma.
4. Develop and implement a plan to reduce the unacceptably high dropout and failure rates of students with mental illnesses. This includes providing a comprehensive functional behavioral assessment for students that need it and implementing effective classroom interventions. Schools cannot do this alone. NAMI stands ready to call on other community leaders to work to reduce school dropout and failure rates for these students.
5. Provide research-based and effective school-based mental health services and develop an effective link to the community mental health system for students with more intensive mental health service needs.

6. Develop effective partnerships with families that recognize the value of their input about how a student's illness impacts their academic work, peer relationships and interaction with others in the school community. These partnerships will recognize the importance of cultural competence.

7. Provide appropriate accommodations for students when they are needed, including a safe place to quiet down, additional time for completing home and school work, the assignment of a mentor, flexibility in the school day schedule and other individualized and appropriate accommodations. When appropriate, refer students for an evaluation for special education services.

8. Provide effective transition services and supports for students returning to school after receiving treatment away from school and for those transitioning between different school levels and/or into life in the community. Provide guidance for teachers and staff on effective supports for students returning to school after time away.

9. Develop effective anti-bullying policies so that students with mental illnesses are not targeted for bullying or singled out as bullies as a result of symptoms of their illness.

10. Develop effective crisis prevention and intervention services to help prevent and address psychiatric crises, youth suicide and related serious public health concerns.

NAMI applauds schools working to make a positive difference in the lives of students with mental illnesses!

In-Service and Educational classes offered by NAMI - Free

Parents and Teachers as Allies – 2.5 hour in-service to educators and parents – if you interested in a presentation – call Susan Gill at 242-7556 or e-mail at slsgill@aol.com

Visions for Tomorrow is an educational program for parents, foster parents and other caregivers who are raising or working with children and adolescents who have behavioral disorders or mental illnesses. The curriculum is designed to help face day-to-day challenges; learn the facts; and find support, resources, and strategies to cope. The class has also been adapted for teachers and other professionals. Contact Diane at 273-5054 of Steph Estes at 967-6997 if interested.

Facts Surrounding Children's Mental Health

- 10% of children and adolescents suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school, and with peers.
- Only 20% of children and adolescents with mental disorders are identified and receive mental health services.
- Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders.
- Untreated, these disorders can lead to devastating consequences for children.
- Unidentified and untreated mental disorders can mean the loss of critical developmental years and can lead to youth suicide, school failure and involvement with the juvenile justice and criminal justice systems.
- Approximately 50% of students with a mental disorder age 14 and older - drop out of high school – the highest dropout rate of any disability group.
- Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10 to 24.

- More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.
- Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death.
- 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired.

The value of early identification and intervention

- **Mental health is central to the health and well-being of children.** Those living with emotional and mental disorders must be identified early and linked with effective services and supports to avoid losing critical developmental years that will simply never be recaptured.
- **Parents** play a crucial role in the identification and treatment of childhood emotional and mental disorders to help achieve the best outcomes for their children.
- **Schools** are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Strong school mental health programs and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.
- We must develop an effective children's mental health system in America to improve **the crisis that currently exists** for far too many children and adolescents living with emotional and mental disorders in America.

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.



Curriculum available for classrooms - Free

Science of Mental Illness –from National Institute of Mental Health

A five-day middle school curriculum accessible online and available for free distribution to school systems throughout the United States. Students gain insight into the biological basis of mental illnesses and how scientific evidence and

research can help us understand its causes and lead to treatments and, ultimately, cures.

Go to <http://science-education.nih.gov/customers.nsf/MSMental>

Lesson – Grades 6-8	Major Concept for Students
1. The Brain: Control Central	The brain is the organ that controls feelings, behaviors, and thoughts, and changes in the brain's activity result in long- or short-term changes to these.
2. What's Wrong?	Mental illnesses such as depression are diseases of the brain.
3. Mental Illness: Could It Happen to Me?	Though everyone is at risk, factors such as genetics, environment, and social influences determine a person's propensity to develop a mental illness.
4. Treatment Works!	Medications and psychotherapies are among the effective treatments for most mental illnesses.
5. In Their Own Words	Mental illnesses affect many aspects of a person's life, but they can be treated so that the individual can function effectively.
6. You're the Expert Now	Learning the facts about mental illness can dispel misconceptions.



Breaking the Silence

Teaching the Next Generation about Mental Illness

www.btslessonplans.org

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

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

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

The lessons in *Breaking the Silence* put a human face on mental illness and confront the myths that reinforce the silence. Students learn:

- It is biology, not a character flaw that causes mental illness.
- Mental illness has never been more treatable.
- The warning signs of mental illness
- How to fight the stigma that surrounds mental illness

The 3 sets of lesson plans were developed by NAMI Queens/Nassau for elementary, middle school, and high school students. Each set of lesson plans is \$20 – if you order all 3 sets of lesson plans – the cost is \$55.

E-mail contact is btslessonplans@aol.com

Phone contact is 516-326-0797

Website is www.btslessonplans.com

Development of the kits was funded by the American Psychiatric Foundation and W.K. Kellogg Foundation.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

Another Resource for Classrooms and Families

NAMI Beginnings – a quarterly magazine which focuses on children’s issues. To receive a free subscription – please contact:

Attn: Bianca Ruffin

biancar@nami.org

Toll free: 800-950-6264

Direct line: 703-516-0698

NAMI Beginnings is also available on the NAMI web site. Visit the Child and Adolescent Action Center (CAAC) at www.nami.org/CAAC for more information.

You can also sign up for the CAAC e-group where participants receive regular email updates on issues impacting children and adolescents with mental illness and their families. Contact Bianca at the e-mail address above.

NAMI Working on Resource Guide for Transition-Age Youth Programs, Services & Supports

NAMI is in the process of developing an online resource guide with information about programs, services, and supports that focus on transition-age youth with mental illnesses. This online tool will allow NAMI leaders, families, youth, and other stakeholders to learn more about program, policies, and services for youth and young adults between the ages of 16 and 24.

The online resource guide will cover the following topics:

- Education and training
- Colleges and Universities Mental health Related Services
- Suicide Prevention Programs & Services
- Employment and Training
- Income Support
- Housing
- Youth Development and leadership
- Innovative programs and approaches for Transition-Age Youth and Young Adults
- Youth and Young Adults with Mental Illness in Out-of-Home Care
- Public and Private Health Insurance Coverage for Transition-Age Youth and Young Adult
- Policy and Program Resources that Address the Transitioning Needs of Youth and Young Adults with Mental Health Needs

A grant has been received by NAMI to develop a social networking website and online resource center, similar to Facebook or MySpace, for transition-age youth and young adults. The website will be designed for individuals living with a mental illness, friends and family members, and others interested in learning more about mental health.

The online resource guide will connect to the social networking and online resource center for transition age youth once it is completed.

For more information, please contact Dana Markey, Program Coordinator, Child and Adolescent Action Center, danac@nami.org



Many thanks to our speakers at the June 1
Greater Des Moines educational meeting.

Gano Whetstone and Ron Gilbert gave us information about the *Rainbow Center*. The Rainbow Center is changing its name to *PassageWays* and is located at 305 15th St., in Des Moines. Their phone number is 243-6929.

Passageways is a clubhouse model which is a rehabilitation program for mental health consumers. The clubhouse guarantees:

- A right to a place to come, A right to meaningful work
- A right to meaningful relationships, A right to a place to return

We also had 2 speakers from the Iowa Workforce Development *Disability Navigator Program* – Doug Keast 281-9045 and Susie Paulson.

You can register for employment services in person at the Workforce Center or online at www.iowajobs.org. You can:

- Sign up for workshops
- Review the Center’s monthly activities
- Use computers and the internet to look up job openings, to create a resume, and to write cover letters
- Look through career exploration information and software.
- Post your resume

Attend the weekly job fair and other recruiting activities that occur at the Center.

When dues are paid to NAMI Greater Des Moines – you have NAMI GDM membership (local affiliate), 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

NAMI E-Join is a nationwide online membership initiative that began June 20, 2007. E-Join will allow visitors to NAMI’s Web (www.nami.org) site to join online, using a credit card, for a universal dues rate of \$35/annually. The money is sent to the state and local affiliate.

NAMI-National	NAMI-Iowa	NAMI-GDM
Yes	Yes	Yes

We would be honored if you would join our organization. NAMI Greater Des Moines is the local affiliate. Each of the 3 levels of the NAMI organization are separate 501c3 non-profit organizations

NAMI Greater Des Moines Board of Directors
Effective January 1, 2008

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The Voice Awards Fighting Stigma, Hollywood Style

Comedian and actor **Howie Mandel**, who hosts the prime-time game show "Deal or No Deal" received a SAMHSA special recognition award for advocacy based on his experience living with obsessive-compulsive disorder (OCD). He is the official ambassador for SAMHSA's Children's Mental Health Awareness Day, observed during Mental Health Month.

Joe Pantoliano, actor in such films as "the Fugitive" and TV shows such as the "Sopranos" – founded **No Kidding, Me Too** to lead entertainment industry support for public awareness on mental health issues. Joe was the master of ceremonies.

The **2008 Voice Awards** ceremony took place at Paramount Studios in Hollywood, CA, on May 28. The event was hosted by Joe Pantoliano and brought together people from the entertainment industry, consumer movement, and advocacy community for a night that celebrates increased awareness of mental health issues and recovery. Voice awards are sponsored by SAMHSA (Substance Abuse and Mental Health Services Administration).

The Voice Awards honor writers and producers who incorporate dignified, respectful, and accurate portrayals of individuals with mental health problems into their scripts, programs, film and television productions. The highest ratings are reserved for those productions that emphasize the positive journey of recovery from mental health problems.

The program honored 26 films, shows, and individuals.

Specific episodes of TV programs honored were from *Monk*, *Crossing Jordan*, *Dirt*, *Friday Night Lights*, *General Hospital*, *House*, *Huff*, and the *Sopranos*.

The 3 feature films chosen for recognition were:

Canvas with Marcia Gay Harden and Joe Pantoliano—rated PG 13 to be shown at NAMI GDM's December 7 meeting)

Reign Over Me with Adam Sandler and Don Cheadle – rated R

Home of the Brave with Samuel Jackson and Jessica Biel—rated R

MTV's True Life series "I Have Autism" and "I Have Tourette's Syndrome" received recognition.

One of the documentaries honored was "**Through My Eyes**" – from Mecklenburg County, North Carolina. It is intended to be used as an educational tool in training youth and adults about the signs, symptoms and resources related to mental illness.

It features Mecklenburg County teens and their families sharing their own emotional and mental health challenges, and how they are able to draw on their successes to overcome these challenges. The film also aims to stamp out stigma, raise awareness and improve community-wide support for youth who struggle with various challenges. Those challenges could range from anxiety disorders, depression, eating disorders, ADD, ADHD and others.

A report by the Centers for Disease Control found that about 13 percent of youth in Charlotte-Mecklenburg attempted suicide last year. That's one out of every eight. The CDC report and recent news accounts demonstrated the need to explore these community problems and work from a position of strength - that is, show how many teens are identifying their strengths, managing their mental health concerns, and thriving in the community.

Producers were surprised at the depth of stigma that still surrounds emotional and mental health challenges. "It's striking how hidden these problems still are and how painful it is for families to talk

about, and it made me even more motivated to work on this is as it is so needed right now."

In fall 2008, Charlotte-Mecklenburg Schools will introduce a mental health curriculum to be presented with the film to ninth-grade health classes.



SOS Signs of Suicide Prevention Programs for Schools

The SOS High School program is an evidence-based program of suicide prevention and depression awareness that can be implemented during one or two classroom periods by existing school staff. It also addresses related school violence and alcohol use, and includes components for students, school staff, and parents.

Through a series of real-life stories and dramatizations, the SOS videos teach youth that depression is a treatable illness and empowers them to respond to a potential suicide of a friend or family member by using the ACT technique:

- A**cknowledge the Signs of Suicide
- R**espond with **C**are
- T**ell a trusted adult

The SOS High School Kit is \$300.

The SOS Middle School Kit is free through a grant from the Ronald McDonald House Charities. It is a program for grades 6 through 8 and helps youth recognize the signs of suicide, depression, and self-injury and respond to them effectively, using the ACT model. It can be implemented in one or two classroom periods by existing staff. The main teaching tool is a video that incorporates peer intervention as part of its implementation strategy. Educational materials for parents and staff are provided.

For more information, visit www.mentalhealthscreening.org

From a Reader – Moms of Asperger Girls on-line support

There is a yahoo support group that you can join for free. MomsofAspergerGirls-subscribe@yahoogroups.com

Girls with Asperger Syndrome present a special parenting challenge. This group is for parents (moms AND dads) of GIRLS that have or are suspected to have Aspergers Syndrome - AS. We realize that every child is different in their own way but it might help to just chat with others and compare notes, so to speak. Girls are unique in their own way . . . and a girl with AS is more unique than most.

This list is secular, and as such is open to persons of all beliefs, and all persons must be respected. Please be kind to each other and remember this is for support and discussion purposes only. This list is moderated, meaning that each membership request has to be approved; this helps to prevent SPAM.

When requesting a membership, please give a name or "handle" and a brief introduction of yourself and tell us a little about your AS girl(s) so we can welcome you properly!



What Siblings Need

There was a workshop at the National Convention entitled "Kidshops". It is a NAMI Minnesota program for school age children and teens who have a sibling or parent with a mental illness. There are 3 things that siblings need:

1. To be informed
2. To have coping strategies
3. To have some kind of assurance their needs will be met and that they matter.



Resources for Children

Meyer, Donald J. *Living with a Brother or Sister with Special Needs: A Book for Sibs and Views from our Shoes* and *The Sibling Slam Book: What It's Really Like to Have a Brother or Sister with Special Needs*

Ogasz, Nancy. *Wishing on the Midnight Star: My Asperger Brother*

Peralta, Sarah. *All About My Brother*

Riley, Jocelyn. *Crazy Quilt* and *Only My Mouth is Smiling*

Sherman, DeAnne M. and Michelle D. Sherman. *I'm Not Alone: A Teen's Guide to Living with a Parent Who Has a Mental Illness* and *Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma*

Siegel, Bryna and Stuart C. Silverstein. *What About Me? Growing Up with a Developmentally Disabled Sibling.*

Sobkiewicz, Tootsie. *Our Special Dad: An Interactive Storybook about Mental Illness.*

Stroh, Kate. *Siblings Coming Unstuck and Putting Back the Pieces*

Stryker, Sandy. *Tonia the Tree*

Warner, Sally. *How to Be a Real Person (In Just One Day)*

Woloson, Eliza. *My Friend Isabelle*

Anglada, Tracy. *Brandon and the Bipolar Bear: A Story for Children with Bipolar Disorder*

Beach, Fiona. *Everybody is Different: A Book for Young People Who Have Brothers or Sisters with Autism.*

Campbell, Bebe Moore. *Sometimes My Mommy Gets Angry.*

Clarke, Lisa Ann. *Wishing Wellness: Children Who Have a Parent with Depression or Anxiety.*

Cobain, Bev. *When Nothing Matters Anymore: A Survival Guide for Depressed Teens.*

Ely, Leslie and Polly Dunbar. *Looking After Louis*

Foster, Constance H. *Kids Like Me: Children's Stories about Obsessive Compulsive Disorder*

Fensham, Elizabeth. *Helicopter Man*

Frender, Sam. *Brotherly Feelings: Me, My Emotions, and My Brother with Asperger's Syndrome*

Gantos, Jack. *Joey Pigza Loses Control and Joel Pigza Swallowed the Key*

Goldblatt, Rob. *The Boy Who Didn't Want to be Sad.*

Grass, Gayle. A Tale from Iris the Dragon Series: *Catch a Falling Star* (early signs of mental illness) *Lucky Horseshoes* (ADHD) *Hole in One* (Anxiety)

Hale, Natalie. *Oh Brother! Growing Up with a Special Needs Sibling.*

Hallowell, Edward M. *A Walk in the Rain with a Brain.*

Heegaard, Marge. *When Someone Has a Very Serious Illness: Children Can Learn to Cope with Loss and Change.*

Jamieson, Patrick. *Mind Race* (teen with bipolar)

McGee, Caroline C. *Matt the Moody Hermit Crab*

A Granddaughter Continues the Fight to End Stigma Her Letter to the TV Station

Dear Ms. Galles (Fox TV),
After watching your report last Monday evening on the weather, I can't help but let you know what you said was both inaccurate and offending. You referred to the weather we have been having lately at "Schizophrenic". This does not make sense because I believe you are referring to multiple personality disorders which is not a symptom of "Schizophrenia". I have two family members who were stricken with schizophrenia in their early 20's, my father died from this disease by taking his own life.

I am not one to complain, but I think people should become educated on this terrible disease and not use it as a term other than what it is. I don't believe you would have called the weather "Retarded", so why say it was "Schizophrenic".

Thank you for your time.

Kristin Rutz

Kristin is the granddaughter of June Judge, a long time advocate for those with mental illness and member of NAMI Johnson County.

Emergency Mental Health and Traumatic Stress Tips for Teachers

Questions to Help Children Talk About a Disaster

Disasters hit children hard. It is difficult for them to understand and accept that there are events in their lives that cannot be predicted or controlled. Perhaps worst of all, we as adults cannot "fix" a disaster, solve it, or keep it from happening again.

As a classroom teacher, you can play an important role in the healing process of children who are affected by a disaster. One technique you can use to help children cope and heal is to assist them in expressing their experiences and feelings by talking. This technique works best when you use "open-ended" questions that require more than a "yes" or "no" answer. There are many leading questions you can use to encourage children to talk, such as:

- Where were you and what were you doing when the disaster happened?
- What was your first thought when it happened?
- What did other people around you do during/after the disaster?
- Was anyone you know hurt or killed?
- Did/do you dream about the disaster?
- What reminds you of the disaster?
- What do you do differently since the disaster?
- How do you feel now?
- How have you gotten through rough times before?
- What, if anything, would you do differently if this happened again?

As the children begin to open up, encourage various views. Acknowledge their experiences and reassure them that what they are feeling is "normal." Play a guiding role, rather than trying to control the discussions.

Allow children with low language skills, shyness, or discomfort to be silent. It might be helpful to encourage peer support for these children. If a child has limited English-language skills, consider asking for a translator to help the child express him/herself. Create an atmosphere in which a child can feel comfortable sharing experiences and feelings in any language.

The goal of the process is to help children feel better. If any of your students show serious signs of distress, consult a school counselor or mental health professional. Additional resources can be found here: mentalhealth.samhsa.gov/cmhs/EmergencyServices/links.asp

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A Meditation for Those in Recovery

When I think about the unfairness of my mental illness
may I also find

the courage to reach out to others,
the memory to recall I am not my illness,
the patience to realize difficult times pass,
the wonder of the world of which I am a part,
the joy in the simplest of things,
the satisfaction in doing a random act of kindness,
the gratification in completing a goal, however small,
the energy that comes from laughter.

When I am not in control of my thoughts or behavior;
help me be grateful when I am feeling well.

When I don't feel spiritually connected;
may I remember that someone, even a compassionate
stranger, has concern for me.

When I am angry I have a mental illness;
remind me to breathe deeply and direct my energy to
the present moment.

When I am sad; assist me in remembering past times
of fun and laughter that will come again.

--Cece Arnold, NAMI GDM Board Member



To find out how to participate – go to www.nami.org/namiwalks/IA
Or call Jay Brewer – the walk manager – at 515-321-8051.

SAVE THE DATE - Saturday, Oct. 4, 2008

NAMI is a grassroots mental health organization. This is the
second year for our major fundraiser in Des Moines – the *NAMI
Walks for the Mind of America*. We hope you will decide to help us
out by walking with us – and perhaps making a donation.

When you donate to the walk - if you choose to designate the NAMI
Greater Des Moines local affiliate –

40% of the funds will go to NAMI Greater Des Moines
15% of the funds will go to NAMI National, and
45% - will go to NAMI Iowa

If NAMI Greater Des Moines is not designated – we will receive no
funds from your donation.

We would be most grateful if you would choose to designate NAMI
Greater Des Moines so all three levels of our organization can
benefit from your generosity.

Funds are needed for our continued operations and to continue
with our projects – from the newsletter to the educational programs
and the proposed hospital exit program – as well as other projects
waiting in the wings.

Thank you.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.