



NAMI – GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

November 2005

“Support, Education, and Advocacy

Meetings are from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room.

2005 Dates	Event	Activity/Other information
November	<i>November is National Caregiver's month. The theme is: "Caring Every Day"</i>	To find out more – go to www.thefamilycaregiver.org/empowerment/nfcmmonth.cfm >
Sunday, Nov. 6	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines	Angela Connolly, Polk Co. Supervisor and Lynn Ferrell, Polk Co. Health Services Director will be the speakers. <i>List of candidates for NAMI-GDM will be announced.</i>
Sunday, Dec. 4	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines	Two topics will be discussed. The Value of a Supportive Relationship. Plans for a Less Stressful Holiday Season <i>Election of officers and Board Members to be held.</i>
Thurs.-Fri. Dec. 8-9	NAMI Iowa Fall Conference Four Points Sheraton on Merle Hay Road	Cost is \$35.00 for NAMI-Iowa members For all others, cost is \$50.00.
2006 Dates		
Sunday, Jan. 8	NAMI-GDM affiliate and support group meeting <i>New Officers and Board of Directors installed</i>	.
Thursday, Jan. 19	Mental Health Awareness Day at the State Capitol	<i>Location is in the rotunda space on the first floor.</i>
Sunday, Feb. 5	NAMI-GDM affiliate and support group meeting	
Sunday, March 12	NAMI-GDM affiliate and support group meeting will be at an alternative location – “Out of the Shadows” - 1 hour presentation, followed by panel of experts, and dessert.	<i>Reunions for Family to Family classes, Peer to Peer classes, and Visions for Tomorrow classes.</i>

No One is to Blame!

Having a mental illness does not mean that there's anything inherently wrong with you. Having a brain disorder does not affect your worth as a human being or encapsulate who you are any more than being diabetic would. In spite of their illnesses, **all people are valuable and have much to offer others.**

Beyond Depression: Tools for Collaboration

Toolkits on Major Depression have been developed for
1) Medical Providers
2) Community Members, and
3) Those Who Live with Major Depression.

These toolkits can be obtained by contacting:
The Higher Plain, Inc.
680 Garfield Road
West Branch, IA 52358
319-643-5628

Or contact Joan Blundall, Project Director:
Joan-blundall@higherplain.org Or contact Carol Hodne, Principal Investigator: heartland@mchsi.com
The project focuses on increasing science-based knowledge and skills in identifying and treating Major Depression, and promoting self-care for urban and rural residents in Iowa.

Excerpt from the Toolkit for Those Who Live with Depression:

Major depression is a common medical condition much like diabetes, heart disease and other chronic disorders. 1 in 4 women and 1 in 7 men are likely to experience an episode of Major Depression at some point in their lives. Many of these people will have repeated episodes. Medical treatment is necessary to control the symptoms of this disease.

Major Depression develops due to a variety of factors. Genetic factors may be a cause since people with a family member with Major Depression are more likely to have the disorder. Personal losses and other stressors, combined with limited assistance from family and community, may lay the foundation for depression to occur and reoccur. Environmental stressors and toxins may trigger an episode. The bottom line is that Major Depression is a biological condition that calls for medical treatment, personal management, and sometimes psychotherapy.

The good news is that 80-90% of people diagnosed with Major Depression can be successfully treated and recurrent episodes can be avoided or managed.

Excerpt from the Toolkit for Community Members

Why Communities should be concerned- Major Depression causes more disability than any other disorder in the United States, and is becoming recognized as a major public health problem.

Major Depression can have serious effects on family members as family relationships are disrupted. Marital relationships can become strained and conflicted. Children of depressed parents are at greater risk for depression, because of family stress and impaired parenting skills.

Benefits of Treating Major Depression

1. Improves abilities in managing life and caring for oneself and others.
2. Helps maintain family and social relationships.
3. Reduces workplace disruptions and revenue losses.
4. Reduces long-term health care costs
5. Reduces attempted or completed suicides.
6. Improves lives and relationships throughout the community.

Excerpt from the Toolkit for Medical Providers

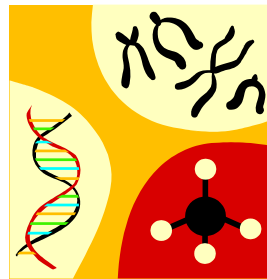
The scientific literature indicates that Major Depression is one of the most costly chronic conditions facing our citizenry. When depression occurs with other disorders (e.g. congestive heart failure, diabetes, cancer, stroke, rheumatoid arthritis), patients may find it more difficult to adhere to depression treatment and engage in self-care. The literature shows that depression is under-diagnosed by primary care providers and they may not follow the recommended treatment regimens.

Primary care providers in Iowa are often in difficult situations because they frequently provide service in Medically Underserved Areas as well as Mental Health Shortage areas. Staff support may be limited. Limited access to specialty services can result in long waiting lists which hinders successful referral processes. Stigma and belief systems place barriers to patients' adherence to treatment recommendations. Beyond Depression is designed to help health care providers deal with these barriers.

Beyond Depression provides three separate, yet related, toolkits for medical providers, patients and their families, and community members. Treatment is most effective when all three groups are actively involved. The management of health and disease is too difficult to be handled in isolation. Healthy communities work cooperatively to make up for resource scarcity.

Fewer than 1/2 of the individuals in community and primary care settings are correctly diagnosed.

These publications are part of project supported by the Wellmark Foundation.



Enzyme Linked to Mania and Schizophrenia Impairs Higher Brain Functions

Yale University Press Release

Overactivity of protein kinase C (PKC), an enzyme that is implicated in bipolar disorder and schizophrenia, markedly impairs higher brain functions

in animals, according to a Yale study published Oct. 29 in *Science*.

The research adds to mounting evidence that excessive activity of PKC may underlie the distractibility, impaired judgment, impulsivity, and disturbed thinking seen in bipolar disorder and in schizophrenia.

The study also shows that exposure to mild stress can activate PKC, which may lead to worsening of symptoms in patients with these disorders. The findings may explain how upsetting events in the environment can lead to deterioration in higher brain function, and why patients with schizophrenia or bipolar disorder may be particularly susceptible to stress-induced dysfunction. PKC inhibitors may be useful in treating these illnesses, according to Amy Arnsten, associate professor, Dept. of neurobiology at Yale School of Medicine and senior author of the study.

"These new findings may also help us understand the impulsivity and distractibility observed in children with lead poisoning" Arnsten said. "Very low levels of lead can activate PKC, and this may lead to impaired regulation of behavior.

Recent genetic and biochemical studies indicate that bipolar disorder and schizophrenia are associated with overactivity of PKC, and many medications that treat schizophrenia and bipolar disorder reduce PKC activity. However, the link between PKC overactivity and neuropsychiatric symptoms had not been understood.

This study examined the effects of increasing PKC activity in the prefrontal cortex of animals performing working memory tasks. The prefrontal cortex is a brain region that allows for the regulation of thoughts, behaviors, and feelings. The prefrontal cortex becomes dysfunctional in both bipolar disorder and schizophrenia.



Behavioral Healthcare Headlines

Is a web based digest of State and National News affecting the organization, delivery, and financing of public sector mental health and substance abuse services.

For the most current issue, go to:

<http://alt.samhsa.gov/SBHH/viewcurrent.asp>



Health Tips for Caregivers

Excerpt from Des Moines Register – Oct. 13

1. Make time for yourself daily to do something you enjoy. Go for a walk, read a book, or magazine, sit down alone in your room and relax. Try to continue

doing your hobbies, staying involved in clubs, and going to church.

2. Create a support system and reach out for help. Caregivers cannot do their job alone. Seek support groups for caregivers, and turn to friends, family, neighbors, and churches for help. Ask the hospital or clinic where your loved one receives treatment to help you contact a social worker or case manager who can track down resources for you.

3. Use respite care. Utilizing respite care provides caregivers with temporary relief and the chance to spend time with other family members and friends. The Iowa Respite and Crisis Care Coalition contact is: (877) 255-3140 or (515) 309-0858.

4. Grieve. Amidst the uncertainty and fear that accompanies a diagnosis, it's important that caregivers also give themselves time to grieve. This a change in what you thought your life would be as well as a change in the life of your loved one.

5. Be physically fit. Exercise and eat nutritious foods. Try to work physical activity into your day in little ways – take the stairs instead of the elevator, park far from the grocery store entrance to take more steps, go for a short power walk in your house. Being fit makes your caregiving job easier.

The National Family Caregivers Association can be contacted at: 10400 Connecticut Ave., Suite 500, Kensington, MD 20895-3944, (800) 896-3650 or www.thefamilycaregiver.org; or e-mail info@thefamilycaregiver.org.



Learning to Swim

Caring for my mentally ill loved one I am at the deep end – and I fear I cannot stay afloat.

By Bebe Moore Campbell

Excerpt from AARP magazine Nov-Dec 2005

I am aquatically challenged. Throughout my life, at least a dozen times, probably more, at day camps and overnight camps, community pools and college, Y's and swim schools, I have attempted to learn to swim. In between lessons I splash around in swimming pools, going as far as I can while holding my breath and always avoiding the deep end. Now, at 55, I am trying once again to become a real swimmer.

I am propelled, in part, by my need for escape. On dry land, I face a challenge: a mentally ill loved one whose bipolar disorder at times wreaks havoc in both our lives.

Coping is difficult. The behavior of my loved one, whose name I don't reveal because I don't have

permission, can be unlovely....In the last few years my life has been filled with a dizzying variety of medications, plus countless trips to psychiatric hospitals, treatment facilities, and psychotherapists.

Progress for my loved one has been slow, relapses part of the deal. Now I feel the need to float, if not through life, at least for a little while. For me the tantalizing idea of conquering the water, becoming a mermaid who effortlessly glides, is the ultimate escapist fantasy....

The lesson begins in the shallow water as we practice moving our legs and arms. Holding our breath, we swim to the other end of the pool, and our laps continue to the sounds of soft jazz. I sway a little to the music. When the swimming teacher bids me to come out to the middle, where he is treading water; I don't hesitate. I have almost reached him when I feel myself stiffening, my arms flailing, and I'm filled with the same panic that has defeated all my other attempts to learn to swim. I can't see where I am. I'm out of breath. I'm going to die. I struggle for 3 or 4 seconds before the swimming teacher pulls me up.

The anxiety that has gripped me is familiar. My loved one's battle with bipolar disorder at times fills me with the same apprehension that now floods my soul, the same dread. Now as the water drips down my face, I fear I will never master swimming – or the more painful challenge of supporting a person with mental illness through recovery while taking care of myself at the same time.

The truth is that my loved one has come a long way in controlling the mental illness that may never disappear altogether. Medication and psychotherapy have for more than two years put an end to debilitating hospitalizations and extreme mania. My life too has been a little easier since joining a support group with five women who also have family members with a mental illness. That initial group led to our alignment with the National Alliance on Mental Illness (NAMI). Taking care of the mentally ill isn't for the faint of heart. Even though I've become an advocate for people with mental disorders, speaking out and writing about the problem, the journey is still a difficult one, like diving into deep water when I'm really, really afraid....

"Don't you want to at least learn to tread water?" the swimming teacher asks.

It seems that's all I ever do. I still get angry that my loved one's genetics played such a dirty trick. The anger, like the panic, floods me whenever the disease rears its ungovernable head. Recovery from bipolar disorder, like learning to swim, depends on the person. Some people have one manic or depressive episode that never repeats. Others, known as rapid cyclers, experience mania many times throughout a year and become psychotic frequently. There is no cure; it's all about medication management, proper

(Learning to Swim – Cont'd) nutrition, enough rest, enough recreation, some stimulation but not too much. Family members have to recover too: to detach but still care, make the system work, not give up, not feel guilty, take care of ourselves while fighting depression and stigma. The stigma is real enough for me to appreciate a mentally ill person's wish to remain anonymous. Jerry Springer may entice the rest of America to tell private business, but society metes out real punishment to those who admit having brain disorders, as well as to their families. Mental illness is not something to list on a job application. As a NAMI member, I consider myself a stigma buster, but until we win that war I won't be pulling anyone out of the closet.

"You know," the swimming teacher says when we are all together (at my end of the pool), "I never really appreciated how important my job is until a father called me one night. He was in tears. His 3 year old son had fallen into the pool when nobody was watching but his sister. The boy was in there for about 10 minutes, but he didn't drown because I'd taught him how to swim to the edge and hold on."

People who love people with mental illnesses have to get used to starting over again and again. The trick is not to be ruled by the tears that fall without warning, but to wipe our eyes and keep going. I have much to be thankful for. My family member is making progress, slowly becoming normal again, even working. Some days are filled with smiles and laughter, and the sickness recedes like a wave kissing the shore. But I can always see it in the distance.

My learning curve is mine. No apologies. I am 55 and can't swim, float, or tread water. God knows, I've tried. I'll keep trying. The truth is, I don't trust the water, but I'm beginning to trust me. I can get to the edge of the pool, and I know how to hold on.



Family to Family Education - Take the 12 week course (1 night/week for 2-2 ½ hours) NAMI Family to Family educational course to obtain coping skills and information about mental illness.

Severe mental illness is traumatic to the entire family - you might consider asking other family members to attend with you – a friend, a parent, spouse, a sibling, or one of your children (must be at least 14 years old). Call the NAMI office to sign up –254-0417.

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

2006 Family to Family Teacher Training



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



Sign up for the next "**Visions for Tomorrow**" class. It is an 8 week course (1 night a week for 2-2 ½ hours) for parents, foster parents and other caregivers of children and adolescents who have serious emotional disorders.

Curriculum includes types of mental illnesses and emotional disorders as well as instruction on coping skills; dealing with schools; communication; medication; rehabilitation, recovery, and transition; and advocacy. Call the NAMI office to sign up – 515-254-0417.

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



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

health crisis, and you need the DM Mobile Mental Health Crisis Unit to assist. The goal is to keep everyone safe and to seek the appropriate level of assistance for the ill family member or friend.

The first people to arrive to the situation will be Des Moines police officers. When DM Mobile Mental Health Crisis Unit staff arrive, an assessment will be made whether transport to a medical facility is necessary, and medication can be administered if necessary. A psychiatrist is always on call to help make those determinations and authorizations. DM suburbs also use the mobile crisis team services – their dispatchers make the decision whether or not the mobile crisis team is called.

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

We are still holding out hope for CIT training for law enforcement. Law enforcement personnel are a critical link in this whole process. Yes, it's 40 hours of intensive training, but the pay-offs are tremendous for everyone involved.

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

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

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

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

information on CIT – go to www.nami.org – in the search option – type in CIT.

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

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



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

Another critical issue in crisis situations is the **lack of sufficient psychiatric beds.**



NAMI's **Provider Education** Course consists of a series of classes for line personnel at public agencies who work directly with persons with mental illness. It is designed to help the providers learn

to understand the day-to-day hardships of brain disorders; and to use this as a basis in developing staff skills and competency.

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



Thanks to Glenn Hobin of the PACT (Program Assertive Community Treatment) Team of Greater Des Moines for his talk at the October NAMI-

Greater Des Moines meeting. PACT is a rehabilitation and recovery model providing comprehensive care to the most disabled and vulnerable consumers with chronic and persistent mental illness. PACT provides the care level of an inpatient psychiatric facility within the consumer's home. The research results show that PACT participants have a higher quality of life and spend less time in hospitals when compared to other treatment models for people with chronic and persistent mental illness. PACT has shown to be an economic advantage over institutional care.

PACT of Greater Des Moines serves residents in Polk and Warren County. Currently, the PACT Team of Greater Des Moines serves 61 consumers and is staffed and funded to serve up to 70 consumers. PACT is available to its consumers 24 hours a day, seven days a week for crisis intervention. Office hours are Monday through Friday 8 a.m. to 8 p.m. and 8 p.m. to 4:30 p.m. weekends and holidays. To make a referral or to learn more about the local PACT team please contact the Team Leader, Darla R. Krom, LMSW at 235-8846.



Peer to Peer

Peer to Peer is a 9 week course for individuals with severe brain disorders.

Each 2 hour session is taught by a NAMI Iowa team of three trained “mentors” who are personally experienced at living well with mental illness.

Participants come away from the course with a binder of hand-out materials, as well as other tangible resources such as: an advance directive, a “relapse prevention plan” to help identify feelings, thoughts, behaviors or events that may warn of impending relapse; information on how to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.

Class topics include: stigma and discrimination, relapse prevention planning, story telling, language, emotions, addictions, spirituality, medication, coping strategies, decision making, relationships, empowerment, and advocacy.

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



PACT – A Client's Perspective

Excerpt from NAMI-Advocate Oct/Nov 1998

It was spring of 1977. At that time my life was in a shambles. I was hospitalized in a psych ward for the 4th straight year, desperately trying to find health and peace of mind. I had first been hospitalized in 1974 at the age of 18 with a diagnosis of schizophrenia. My spirits were low, as was my self-esteem. I had no job, no car, no money, and I was not attending college. Generally, after fighting valiantly against my illness, I had hit rock bottom. What was I to do?

A social work student at the hospital arranged to get me into PACT. I had no idea what PACT was or how it operated. I rebelled against getting involved with the program and hoped – one way or another – I could find a way out of my situation.

But the answer was right under my nose if I would be open to it. That spring I did join PACT, the program that was about to turn my entire world around into a life that I thought I would never reach.

PACT is a true community-treatment program that doesn't use inpatient care unless there are no other options. Most staff time is spent out in the community, dealing with clients and their needs and problems on their turf. Clients and staff keep in touch on a day-to-day basis, whenever and wherever the client needs someone to help.

That first year, 1977, I literally had to start from scratch, not only with PACT but with my life as well. I was frustrated, bitter, and angry at the system and at myself feeling as though I had really messed up. I looked at PACT as a dumping ground, a place where

they put you when nothing else works. It was a difficult adjustment to be in PACT as opposed to psych wards and seeing a private doctor. But, within the first 2 years, I realized that PACT was more than just a safety net. It was an opportunity if I used the program the right way.

With time, an apartment and a couple good volunteer jobs, I was back working. It was a good step, the jobs were enjoyable, and I felt some self-worth and self-esteem returning to my life. It wasn't perfect, but it was a start.

I was becoming somebody again. Slowly but steadily I was doing what I wanted to do and what I liked to do. I wrote a book about my experiences with mental illness. I also began to write poetry. I've written many articles and spoken about PACT and mental illness across the country and in England. Now as well as writing and public speaking, I am a staff member in the crisis service of a community mental health center.

We must remember that recovery is an individual concept. PACT has worked for my recovery and other people's recovery by providing medication, helping with housing and social skills, and finding work. Many people work some go to school, and others like me work as professionals and write. People are making it *in the community*.

Staff have rough times as well as smooth. Sometimes they're dealing with the person who has gone off meds, the client who is being evicted from an apartment, or somebody getting into trouble with the law. Despite a person's problems, PACT is still there for them when they are in trouble. PACT is there 24 hours a day for their people.

I also realize – and so does PACT – that if somebody needs to be hospitalized in a psych ward, it isn't a failure. Rather, it is part of the process for that particular person in their recovery.

One of the good features of PACT is that people have ongoing care that provides stability and continuity in their lives. And the care provided by the staff can mean a break and a relief for the family; no longer do families have to be the treaters. Instead they can live their lives knowing their loved one is being treated, and that eases the stress and strain on families. For the most part, families are a part of the treatment team at PACT. They are listened to and are respected by the program.

This community-based program, in my thinking, is another word for hope. It isn't perfect. But for now, PACT – even after 25+ years – is still an innovative idea.

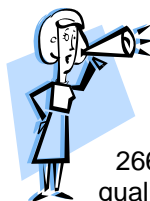
The years have come and gone. I've gone from a man with nothing to a man with a life, a man whose worst nightmare turned into a dream come true. My life took an unexpected turn that in the long run has

been positive and has led me to a life that is important, has meaning, and is enjoyable.

PACT has stood the test of time as have I and others. People need the experience of an independent life. And finally, people just need to be people, and that includes clients at PACT. We are not guinea pigs in PACT. The illnesses and brain disorders are the real guinea pigs we are treating.

To close, I would say that in the long run, PACT has been a key in my recovery and a key to my continued health.
By Dylan Abraham

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.



Partnership for Prescription Assistance

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

ADDITIONAL SUPPORT GROUP MEETINGS!!

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

Every Saturday afternoon – 2:00 – 3:30 P.M. – the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. This is a support group for consumers.

Thursdays from 11:00 A.M. to Noon - **Anger Management** class at Res-Care located at the Hammer Medical Pharmacy building at 602 E. Grand. A hot lunch is provided at noon.

Every Tuesday afternoon – 1:30 to 2:30 P.M.- A consumer support group meets at Res-Care located at the Hammer Medical Pharmacy building at 602 E. Grand. Come early at Noon and have a hot lunch.

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



Get Connected!

An e-newsletter for everyone connected to NAMI! The *NAMI Connection* provides lively news, feature stories and useful information to help keep you connected and empowered. It supplements the *Advocate* while providing a broader view of the NAMI movement.

To subscribe to the NAMI Connection visit www.nami.org/subscribe.



Mental Health Can Affect the Very Young

Excerpt from *Pacesetter* – Fall 2005

Would it surprise you to know that infants and preschoolers may face mental health issues? It's true. They can become depressed, suffer from traumatic events, or have a tendency to develop mental health problems. It can happen to any child – regardless of age, race, ethnicity, religion, or family situation.

“Mental health in young children is an important issue. It is the springboard for all other development,” says Christopher Watson, director of several early childhood and infant mental health projects funded by the state of Minnesota and the federal government.

Symptoms of mental health issues vary but may be suspected if a young child regularly or for an extended period of time:

- Lacks emotion
- Rejects affection
- Is unable to calm him- or herself
- Is extremely fearful
- Acts withdrawn
- Is often inconsolable
- Acts violent, defiant, or aggressive
- Has significant sleeping or feeding problems
- Is extremely clingy, sad or out of control

Even if your child has some of these behaviors, Watson cautions against rushing to a mental health diagnosis. “Kids are all over the scale developmentally,” he says. “So much is formative in those early years. With early intervention, they can come out of things that seem problematic.”

The first step is to determine what might be causing the behavior. Mental health issues in children can stem from environmental or physical sources. Risk factors include poverty; low birth weight; exposure to environmental toxins; child abuse and neglect; exposure to traumatic events or violence; presence of a mental disorder in a parent; and prenatal problems from exposure to alcohol, drugs, or tobacco. A chemical imbalance, illness, or heredity may also play a role.

Through conversation and observation, your child's doctor can help you sort through possible causes of your child's behavior. “It's not like a cognitive test where you come out with a score,” Watson explains. “It's a process of uncovering what's going on over time.

You begin by looking at the child's environment,” Watson continues. “Young children and newborns absorb adults' moods and reactions.” If a parent or caregiver is depressed, for example, the baby can become depressed, too.

If the environment is healthy and the child's behavior is still of concern, “that's the red flag that maybe

something may be going on biologically or physiologically,” Watson says.

Remember, no one knows your child better than you. If you are concerned about your child's mental health, seek help. You can call your pediatrician or county public health office and request a social/emotional screening.

Christopher Watson suggests these tips for giving children a strong mental and emotion foundation:

- **Provide unconditional love.** Children need to know that they are loved even if they misbehave, make mistakes, or experience failures.
- **Foster self-esteem.** Children develop feelings of self worth when they are praised, encouraged, respected, reassured, and treated fairly.
- **Encourage play.** Play helps children learn how to relate to others, handle challenges, gain a sense of belonging, and learn social skills.
- **Provide appropriate discipline.** Children need to explore and experiment, and they also need to know the limits of acceptable behavior. When rules are broken, criticize the behavior, not your child. Be firm but kind. Help your child understand why the behavior was not okay and what they can do instead.
- **Express feelings appropriately.** Children learn from imitation. They will learn to express their own feelings and develop empathy by watching how you deal with emotions.
- **Provide a safe home.** Stability, consistency, and predictability help a child feel safe. Protect your child from violence in the home – including violence on TV.



Information for Educators “Breaking the Silence”

(from BTS brochure)

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

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

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

Breaking the Silence (BTS) is an innovative teaching package that includes lesson plans, games and posters on serious mental illness for three grade levels: upper elementary, middle school, and high school. To get a FREE copy of the Tool Kit and BTS, visit www.btslessonplans.org
Email: btslessonplans@aol.com
Phone: 516-326-0797

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. *Sunday, November 6, 2005.*

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

NAMI –GDM dues are:

Family/Individual	\$35.00
(\$15 local, \$10 state, \$10 national)	
Open Door Membership (Limited Income Professional)	\$ 3.00
	\$40.00

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

- 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.
- A chance to meet, share, and care with others who are living with mental illness.

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

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. Letters can be sent to:

Teresa Bomhoff
200 S.W. 42nd St.
Des Moines, Iowa 50312

Or E-mail: tbomhoff@mchsi.com

NAMI – Greater Des Moines

President and Editor of Newsletter

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Sunday, Nov. 6 – Guest speakers will be Lynn Ferrell, Polk Co. Health Services Director, and Angela Connolly, Polk Co. Supervisor. Join us!

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

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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