



NAMI – GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

September 2005

“Support, Education, and Advocacy”

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

2005 Dates	Event	Activity/Other information
Sept. 11	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines	Larry Hejtmanek – guest speaker DM Mobile Mental Health Crisis Unit
Sept. 16	NAMI Affiliate Day 10 A.M. to 3 P.M. at NAMI-Iowa Office	Teresa Bomhoff will attend as the GDM affiliate representative
Oct. 2	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines Nominating committee to be appointed.	We hope to have Angela Connolly, Polk Co. Supervisor and Lynn Ferrell, Polk Co. Health Services Director.
Oct. 2-8	Mental Health Awareness Week	
Oct. 4	National Day of Prayer for Mental Illness Recovery and Understanding	For more information, go to: www.faihtnetnami.org
Oct. 6	Bipolar Awareness Day	For more information, go to: www.nami.org/miaw
Oct. 11-12	State Mental Health Conference at Scheman Center – ISU – Ames <u>Keynote:</u> Mike Hogan, Ph.D. Chair of the President’s New Freedom Commission on Mental Health Call 254-0417 or 1-800-417-0417 for more information	Principal speakers include: A. Kathryn Power, M.ED, the Director of the Center for Mental Health Services at SAMSHA, and Steve Onken, PhD, the primary author of <i>“Recovery: What Helps, What Hinders.”</i>
Oct. 17-18	Diversity Conference at Scheman Center – ISU – Ames For information or registration materials: www.iowadiversity.org/conference/index.html	Teresa Bomhoff and Cece Arnold (National Catholic Rural Life) to lead a breakout session entitled “Mental Health in the Heartland”
Oct. 29	NAMI-National Walk in Washington, D.C. – An event for NAMI families, consumers, and friends in raising awareness about mental illness and raising funds for NAMI to grow and continue to provide support, education, advocacy, and research.	For more information, call Kara Sweeney at 617-567-1711 or go to www.nami.org/namiwalks (click on DC).
Nov. 6	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines List of candidates for NAMI-GDM will be announced.	We will invite a Social Security representative to talk on Medicare’s new prescription drug plans.
Nov. 11-13	NAMI Annual Winter Leadership conference in Nashville, Tennessee	
Dec. 4	NAMI-GDM affiliate and support group meeting at Iowa Lutheran Hospital – Des Moines	Speaker to be determined. Election of officers and Board Members to be held.
Dec. 8-9	NAMI Iowa Fall Conference	More information to come

New Medicare Drug Benefit Brochures Available

The NAMI National staff has developed two brochures on the upcoming Medicare prescription drug benefit that goes into effect on January 1, 2006. A brief “pocket guide” and a longer more detailed “Frequently Asked Questions” book are oriented toward helping consumers and families understand the new program. NAMI-GDM has ordered a supply for affiliate members that will be available at our October affiliate meeting.

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.



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

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

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

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



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.

“Visions for Tomorrow” Teachers Needed



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

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



NEW Guide for Families on Adolescent Depression

NAMI has created a new guide for families on adolescent depression and treatment options. This guide was developed by NAMI’s medical director, Ken Duckworth, M.D. and NAMI’s Child and

Adolescent Action Center’s Director Darcy Gruttadaro, J.D. The family guides are available **free** while supplies last. Postage fees are required for requests of 10 or more copies. Please contact Patricia Braun at patriciab@nami.org or 703-600-1110 for your free copy.



Linda Dodson and Terri Bailey will be teaching the Visions for Tomorrow parenting class to foster parents on a drop-in basis, one workshop per month at children and Families of Iowa in Iowa. It starts on Sept. 22 and will end on March 16.

Colleen Robinson is currently teaching a VFT class at the correctional facility in Mitchellville.



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

A class just started August 30. Co-Teachers are Teresa Bomhoff and Dr. Bobby Dickerson.

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

NEW MAGAZINES!! (\$20/year)

Schizophrenia Digest – subscribe at www.szdigest.com

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

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

Useful Sources of Information on Mental Health

Harvard Mental Health Letter 877-649-9457
Subscription is \$72 per year.

Treatment Advocacy Center Catalyst newsletter
E. Fuller Torrey, M.D. – President 703-294-6001
Web site: www.psychlaws.org
E-mail: info@psychlaws.org

NARSAD – National Alliance for Research on Schizophrenia and Depression – go to www.narsad.org

Science – Support – Dignity

The Mental Health Community Responds to Tom Cruise's Today Show Interview

Edited from www.nami.org

Interviews by actor Tom Cruise about mental illness, such as those on the Today Show on June 24, and in Entertainment Weekly, as part of a movie publicity tour, have outraged mental health consumers and family members. We share below NAMI's response along with the American Psychiatric Association and National Mental Health Association in a joint statement: "While we respect the right of individuals to express their own points of view, they are not entitled to their own facts. Mental illnesses are real medical conditions that affect millions of Americans.

FACT: Over the past five years, the nation has more than doubled its investment in the study of the human brain and behavior, leading to a vastly expanded understanding of postpartum depression, bipolar disorder and attention-deficit/hyperactivity disorder. Much of this research has been conducted by the National Institutes of Health and the nation's leading academic institutions.

FACT: Safe and effective treatments are available and may include talk therapy, medication or a combination of the two. Rigorous, published, peer-reviewed research clearly demonstrates that treatment works.

FACT: Medications can be an important and even life-saving part of a comprehensive and individualized treatment plan. As in other areas of medicine, medications are a safe and effective way to improve the quality of life for millions of Americans who have mental health concerns.

FACT: Mental health is a critical ingredient of overall health. It is unfortunate that in the face of this remarkable scientific and clinical progress that a small number of individuals and groups persist in questioning its legitimacy.

FACT: Mental illnesses are highly treatable and seeking help is a sign of strength.

It is irresponsible for Mr. Cruise to use his movie publicity tour to promote his own ideological views and deter people with mental illness from getting the care they need."

James H. Scully, Jr., MD, Medical Director
[American Psychiatric Association](#)
Michael Fitzpatrick, Executive Director
[National Alliance for the Mentally Ill](#)
Michael Faenza, President and CEO
[National Mental Health Association](#)

Update!! NBC Dateline news magazine show is developing a segment on psychiatric issues. Questions will be raised on the Church of Scientology views and reviewing the actual science behind psychiatry, taking a tour of a modern psychiatric research facility and reviewing brain scan images that show differences in individuals who have received treatment. Look for it to be broadcast some time between Sept. 23-25.

Why Bipolar Disorder Awareness Day?

Bipolar Awareness Day -to be held on October 6- was created by NAMI and is sponsored by Abbott Laboratories. The program aims to increase awareness of bipolar disorder, promote early detection and accurate diagnosis, reduce stigma, and minimize the devastating impact on the 2.3 million Americans presently affected by the disorder.

About Bipolar Disorder

Bipolar disorder, or manic depression, is a serious brain disorder that causes extreme shifts in mood, energy, or functioning that can range from episodes of mania, or "highs," to episodes of depression, or "lows". These moody swings can be mild or severe and may last hours, days or months. Bipolar disorder is a chronic condition and generally requires life-long treatment.

- More than 2.3 million Americans have bipolar disorder -approximately 1.2% of the U.S. population - worldwide, 5.7 million.
- Equal numbers of men and women develop bipolar disorder and it occurs among all ages, races, ethnic groups and social classes.
- Up to 90% of people with bipolar disorder have been reported to experience an onset of symptoms before age 20. However, many struggle an average of 10 years before they receive an accurate diagnosis.
- 2/3 of people with bipolar disorder are not properly diagnosed or treated.
- People suffering from depression and bipolar disorder are far more likely to commit suicide than individuals in any other psychiatric or medical risk group.
- More than 2/3 of individuals who commit suicide suffer from bipolar disorder or a depressive illness.
- The mortality rate for people with untreated bipolar disorder is higher than it is for most types of heart disease and types of cancer.
- Approximately 40% of people with untreated bipolar disorder abuse alcohol or drugs.
- 80-90% of people who have bipolar disorder can be treated effectively with medication and psychotherapy. Mood stabilizers are among the most commonly prescribed medications to treat bipolar disorder.
- With accurate diagnosis and treatment, people with bipolar disorder have better treatment success rates (80%) than people with heart disease (45%).
- It is easier for a person with a severe mental illness to get arrested than to get treatment. More than 10% of all inmates in prisons and jails suffer from mental illness; this is nearly 4 times the number of those cared for in hospitals. (In Iowa prisons, an estimated 40% have a diagnosable mental illness).

When Mentally Ill and Police Clash it's Usually the Ill Who Lose

Philadelphia Daily News – May 20, 2005

Once again, advocates are renewing their frequent calls for the establishment of special police teams to deal with situations involving people with mental illness.

This time, we urge the Philadelphia Police Department to drop its mysterious resistance to experimenting with a Crisis Intervention Team program.

The latest push came after an incident last winter in which a mentally ill homeless man resisted being taken to a psychiatric care facility, and allegedly was beaten by police.

Unfortunately, police procedure for dealing with most situations can be counterproductive – sometimes fatally – when dealing with people who are experiencing symptoms of mental illness.

Orders to stop or drop a weapon may not be heeded; loud noises and flashing lights may exacerbate confusion or fear, endangering both the mentally ill person and police.

The potential for tragedy is so obvious that family members often hesitate to call the police even when they fear their loved one is a danger to him/herself or to others.

In a CIT program – known as the “Memphis model,” for the police department that pioneered it in 1988 – about 20 to 25% of the city’s police officers are selected to receive about 40 hours of special training for dealing with mentally ill persons. When a situation arises, members of the team, who wear a special pin, are called. They take charge of the operation.

The Philadelphia police reject such specialization, insisting it’s better to train all officers to follow the department mandate to use the least amount of force necessary.

Of course, every cop should be sensitive to the special needs of mentally ill people, but not all police officers have the skills or the personalities to be effective in these kinds of confrontations.

Classroom training is important, but so is the first-hand experience that members of such Crisis Intervention Teams acquire.

In 2001, a special task force recommended a limited tryout of the CIT program. In recent years, about 45 cities – including Houston and Chicago, which are larger than Philadelphia – have adopted it with measurable success.

It’s time for the Police Department to re-examine its old excuses.

First National CIT Conference a Success

Excerpts from NAMI Advocate – Summer 2005

More than 800 law enforcement officers, mental health providers, advocates, practitioners, professionals, governmental officials, and judges came to Columbus, Ohio, on May 11-12, 2005 for the First National Crisis Intervention Team (CIT) Conference.

One major observation was that CIT “changes attitudes” of all involved. There was the recognition of the amount of planning and scheduling, along with determination and persistence that is required to form the necessary partnerships to establish CIT.

The Memphis Model CIT Program, the standard-bearer for the life-saving, award-winning CIT program for 17 years, set the stage. To ensure fidelity across a nationwide program, work has begun on national core elements and a standardized curriculum. Elements include training, community partnerships, a single point of entry, selected volunteer officers, repetitive responses, and some flexibility. The many versions of “CIT” have drawn the interest and involvement of the Police Executive Research Forum, the Consensus Project, the TAPA Center for Jail Diversion, the Bureau of Justice Assistance, and the President’s New Freedom Commission.

The 33 conference workshops were directed to both those starting CIT programs and those improving an existing CIT program. More than 200 people attended the workshop, “Suicide by Cop”.

Much was learned from the speakers, in workshops, and in informal discussions. People still become police officers to help others, and CIT allows them to fulfill this goal. Experienced patrol officers recognize mental illness as a potential problem they deal with every day, and they see CIT as part of the solution. Some officers may not desire CIT training or be suited for CIT, two reasons why selected volunteers perform best. Psychiatrists and attorneys practice to become better at what they do. For CIT officers, responding to calls of persons in crisis makes them better, too.

Finally, family members have the most to gain from CIT. It is our loved ones who benefit when officers attend the 40 hour training. Family members can accomplish the same by attending the NAMI Family to Family Education program – “a CIT course for families”.

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

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



Action Alert Reminder

NAMI is urging you to reach out to members of Congress during this August recess or early this fall to tell them programmatic changes and proposed reductions to Medicaid could have an enormous impact on beneficiaries living with mental illness. Most mental illness support services are deemed "optional" for state Medicaid programs, including prescription drugs, intensive case management and assertive community treatment (ACT). Congress must **NOT** make cuts to these "optional" services as part of the planned \$10 billion in reduction to Medicaid. Remind your representative that Medicaid is the largest and most important source of funding for public sector mental illness treatment services. *The U.S. Capitol switchboard is 202-225-3121 if you want to ask for your Representative's office.*



Messages to Members of Congress per NMHA's Legislative Alert 8-4-05

1. **Pass mental health parity legislation.**

H.R. 1402, the Paul Wellstone Mental Health Equitable Treatment Act, introduced by Rep. Jim Ramstad in the House of Representatives would provide for both mental health and substance abuse parity and has 191 co-sponsors. Parity legislation has not been introduced in the Senate this year. Please urge Members of the House of Representatives to co-sponsor H.R. 1402.

2. Reject Association Health Plan legislation pending in the Senate. H.R. 525 which would exempt certain health plans from state insurance laws (including state parity laws) passed the House of Representatives by a vote of 263-165. This measure would provide unique de-regulatory treatment for health plans created by small-business associations, effectively denying important consumer protections to people covered by those plans.

The Senate will determine the fate of any association health plan (AHP) legislation. We urge advocates to convey to Senate offices strong opposition to this legislation unless state consumer protection laws (such as mental health parity laws) apply, affordability of coverage is guaranteed, and the solvency of AHP's is guaranteed.

3. Provide initial funding to implement a new law to de-criminalize mental illness. The Mentally Ill Offender Treatment and Crime Reduction Act authorizes up to \$50 million annually in Justice Dept. grants to help states and local communities. These grants would fund collaborative efforts (such as establishing diversion and treatment programs)

among criminal justice, juvenile justice, and mental health systems.

4. Maintain, and if possible, increase federal funding for needed programs and services for people with or at risk of mental illness

Do not support the 50% cut for the Section 811 program of supportive housing for people with disabilities.

Do not support the 50% cut for juvenile justice programs. The juvenile justice programs include treatment services, educational projects, counseling, training, mentoring program as well as enhanced accountability of the juvenile justice system.

Did You Know? *From NAMI Policy Institute* Untreated mental illness among youth leads to school failure, delinquency, substance abuse and entrance into the criminal justice system.

65% of males and 75% of females in the juvenile justice system have at least one psychiatric diagnosis.

Over 2/3 of all dollars spent on juvenile justice go to housing mentally ill youth in juvenile detention facilities.

Youth prisons with little or no mental health programs cost more than college tuition – approximately \$37,000 annually per youth.



War Stress *Excerpts from Associated Press*

Flashbacks, nightmares, a struggle to reconnect to an old life – these are all signs of post-traumatic stress disorder that many soldiers suffer from. The Army's surgeon general has said 30% of U.S. troops surveyed have developed stress-related mental health problems just months after returning home. A New England Journal of Medicine study found almost 1 in 6 soldiers showing symptoms of mental stress.

Shooting incidents, numerous suicides and a bank robbery by Iraq veterans, have many believing veterans need more help than they are getting.

Legislation has been filed that would require every returning veteran to undergo a thorough psychological and physical examination as well as legislation to increase funding for treatment of veterans with post-traumatic stress disorder.

Part of the reason for the mental stress when soldiers return could be the nature of this war, in which U.S. troops aren't fighting an army. Soldiers never know whether a civilian is the enemy. Troops rotate in and out of Iraq and return home to a country less accepting of the war.

War Stress (cont'd) It's one thing to hunker down in one area, but it's another to move around to a new

unsecured area all the time,” said staff Sgt. Robert Davis, a mental health technician with the Army’s 883rd Combat Stress Control Company, a unit that offers psychological counseling to troops on the front lines in Iraq.

“There’s anxiety, battle fatigue, lack of sleep and they’re miles from home. Any of those is difficult, but all of them together is bad,” Davis said.

David Spiegel, a psychiatrist at Stanford University and expert in PTSD, said soldiers are immersed in a brutal environment, then just dumped back home among people who don’t understand.

“You have a society not prepared to deal with what these people have been through and done. It isolates them when they come back.”

Many are reluctant to seek help. Veterans worry that getting counseling could hurt their careers or alter relationships, said a study last year in the New England Journal of Medicine by the Walter Reed Army Institute of Research.

“A lot of the younger guys won’t do that,” said National Guard Staff Sgt. Joseph Nelson of Bloomingdale, N.Y. “They think it makes them into wimps.”

Did you know? About ten times as many veterans who have returned from Iraq and Afghanistan have mental health problems three or four months after returning home than do veterans immediately after returning home, said the Army’s surgeon general.

ADDITIONAL SUPPORT GROUP MEETINGS!!

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

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

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

Upcoming Projects

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

NAMI Walks – We are hoping to have a 5K (2.2 mile) walk in the fall of 2006 or 2007. It may well be a combined effort of the GDM affiliate, the Ames

affiliate, the Jasper affiliate, the Adel support group, and others as well. Talks are under way. This will be a fundraising event as well as an advocacy event to increase awareness and combat stigma. If you would be interested in helping, please contact Teresa.



State of Mental Anguish: Not enough help for Iowans

Per Des Moines Register 7-10-05

When her husband whispered about government plots against him and, one weekend last summer, accused a bedroom lamp of firing bombs at Cuba, Amber Joplin started telephoning emergency rooms for help.

Call his psychiatrist, hospital workers said.

But David Joplin, 48, didn’t have one. There are no full-time psychiatrists in Storm Lake or Buena Vista County, one of many areas in Iowa suffering from a severe shortage of mental health specialists.

David Joplin ended up waiting five weeks for a psychiatrist whom he’d seen once before in neighboring Clay County, 50 minutes away.

Two days before his appointment, David’s paranoia had worsened, but he shielded it from his family. He calmly walked down to the basement and killed himself by cutting his neck with a saw.

When it was time for David’s appointment, “Amber went in his place.

“I laid on her floor and cried,” Amber said. “She just listened. I showed her how I found him.”

The Joplins are just one example of how a shortage of mental health professionals is taking its toll on Iowans, said Margaret Stout, state director of the National Alliance for the Mentally Ill.

Two-thirds of Iowa’s counties have no private-practice psychiatrists, state records show.

Iowa has 6.6 practicing psychiatrists for every 100,000 residents, according to 2001 statistics, the latest available, from the U.S. Department of Health and Human Services. That ratio is worse than in all but three other states: Idaho, Nevada, and Mississippi.

Iowa’s numbers fall short of the 10 psychiatrists per 100,000 residents in the Midwest and 14 psychiatrists per 100,000 in the U.S. population.

In addition, a chunk of Iowa’s specialists are nearing retirement age. About 35% of mental health professionals are 55 or older, according to a May 2005 survey by the State Department of Public

Mental Anguish: Not enough help for Iowans
(cont’d)

Health, which examined the birth dates of 80,579 licensed Iowa professionals in 24 major health occupations.

To see the rest of this enlightening article – please go to <http://www.dmregister.com>

The **Iowa Psychiatric Society** will offer the names of three licensed psychiatrists in your geographic location, if possible.

Call: 515-633-0341

E-mail: iowapsych@mchsi.com

1-800-SUICIDE (1-800-784-2433)

Is a 24 hour crisis line sponsored by the Kristin Brooks Hope Center and staffed at 162 affiliates nationwide. For more information, visit www.hopeline.com

The American Foundation for Suicide Prevention

is the only national not-for-profit organization exclusively dedicated to funding research, developing prevention initiatives and offering educational programs and conferences for survivors, mental health professionals, physicians and the public. “Ninety percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death. We believe scientific research, better treatments and effective education of professionals and the public will best prevent this tragic loss of life.” Go to www.afsp.org for more information.

Did you know?

Drug Assistance Programs – Many drug manufacturers have Patient Assistance programs! These programs are designed to help those who can’t afford their medicines obtain them at no or low cost. www.NeedyMeds.com contains the most complete and accurate information on assistance programs available.

Timetable for NAMI-GDM business
October – President appoints a nominating committee to select candidates for officers for the following year. The president is an ex-officio member of this committee.
November – Nominating committee announces list of candidates.
December – Members vote for candidates at the regular monthly meeting.
January – Installation of new officers
February – On a bi-annual basis, the organization shall file for renewal of its report for an Iowa non-profit corporation required by the Iowa Code chapter 504 A with the Secretary of State. This was last done 2-05. It will need to be done again 2-07.
March – Deadline for organization dues to be paid. Dues shall be sent to NAMI-Iowa, and will cover state and NAMI National dues.

Depression

From NAMI's In Our Own Voice

Clinical depression is more than having a bad day or coping with a major loss such as the death of a parent grandparent, or even a favorite pet. It’s also not a personal weakness or character flaw. It is a brain disorder that affects the whole person; it affects the way one feels, thinks, and acts.

Some common signs of depression include:

- Persistent sadness and hopelessness
- Increased irritability or agitation
- Changes in sleeping and eating habits
- Indecision, lack of concentration, or forgetfulness
- Poor self-esteem or guilt
- Frequent physical complaints such as headaches and stomachaches.
- Drug and/or alcohol abuse, and
- Thoughts of death or suicide.

Fortunately, the prognosis for depression is good. Once diagnosed, medication and psychotherapy can effectively treat 80% of clinically depressed individuals.



HEY MEMBERS!

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

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

Membership

Please help to support us – whether it is through payment of dues or attending meetings or both! If you wish to become a member, please send your check (made payable to NAMI-Greater Des Moines) To: Frances Ramsey, Treasurer
200 Bell Avenue, Des Moines, IA 50315-192

Letters to the Editor

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

Learn to recognize signals of possible relapse. Sleeping too much, obsessing about the past, lethargy, and crying spells are examples of danger signs that you need to know about to evaluate your condition. You must also know what to do when these signs appear. You may want to slow down your activity level or talk things over with an understanding friend. You should call your doctor if your symptoms are serious or persistent.

DON'T FORGET!!!

Our speaker for the **September 11** NAMI – GDM affiliate meeting at Iowa Lutheran is Larry Hejtmanek with the Des Moines Mobile Mental Health Crisis Unit.

The Des Moines Mobile Mental Health Crisis Unit is a valuable resource for families who are confronted with a mental health crisis. Call 911 and inform the dispatcher that you have a loved one in a mental health crisis and need help to transport the individual to a safe place, if need be.

The Mental Health Crisis Unit team is busy–busy–busy - over 1800 calls per year – with 2 people on duty per shift – covering all of Polk County. There is no coverage between 2 A.M. and 6 A.M.

Let's have a nice conversation and look for constructive ways to work together to make these adrenaline charged situations as safe as they can be.

Please join us for this much needed information for you and your family.

A lack of inpatient beds forces a large number of people with mental illnesses to seek services in the Emergency Departments of hospitals. The U.S. maintains only 3.6 psychiatric beds per 10,000 population in 2000. What is the ratio in Des Moines?

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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