



**nami**

National Alliance on Mental Illness

# Greater Des Moines

This newsletter is not intended to be read in one sitting. Take your time. This is not "quick" reading.



## September 2019

511 E. 6<sup>th</sup> St., Suite B, DM 50309

(in DM Historic East Village) [www.namigdm.org](http://www.namigdm.org)

Mental Health Education, Support and Advocacy

**Executive Director- Michele Keenan**

[director@namigdm.org](mailto:director@namigdm.org)

Email: [info@namigdm.org](mailto:info@namigdm.org)

Phone: 515-850-1467 (Michele)

Cell: 515-277-0672 (Gary)

**Associate Director – Gary Rasmussen**

[rasmussen@namigdm.org](mailto:rasmussen@namigdm.org)

Serving Polk, Dallas, Warren, and Madison counties

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### Help Our Membership Grow!!

You can join NAMI at the local, state and national level in three different ways:

1. Join on-line by reaching the NAMI Greater Des Moines website [www.namigdm.org](http://www.namigdm.org). Click on the blue "donate" box and enter your payment information. **OR**
2. Join on-line by reaching the National NAMI website at [www.nami.org/JOIN](http://www.nami.org/JOIN) and complete the payment information. **OR**
3. Please make your check payable to NAMI Greater Des Moines. Household membership \$60 - Regular Membership \$40 Open Door Membership \$5 (limited income)

Name \_\_\_\_\_  
Address \_\_\_\_\_

Email \_\_\_\_\_  
Phone \_\_\_\_\_

Do you want to receive our monthly newsletter by \_\_\_mail or \_\_\_email? If paying by check, please mail to NAMI Greater Des Moines, 511 E. 6<sup>th</sup>, Suite B, Des Moines, IA 50309

If you receive our newsletter by snail mail and would rather receive it by e-mail – communicate your preference to: [tbomhoff@mchsi.com](mailto:tbomhoff@mchsi.com) or [namigdm@gmail.com](mailto:namigdm@gmail.com)

### 2019 NAMI Greater Des Moines Fundraiser



In two weeks, the 4<sup>th</sup> Annual NAMI Greater Des Moines Benefit Golf Tournament is on **Friday, September 13, 2019.**

100% of net proceeds from the 4<sup>th</sup> Annual Benefit Golf Tournament are used to support our friends and neighbors through NAMI Greater Des Moines' programs.

Sponsorship levels for the Golf Tournament: \$15,000, \$10,000, \$5,000, \$3000, \$2000, \$1500, \$1000, \$500, \$250 and \$200.

Donations of any size are welcome.

There will be a maximum of 36 4-person golf teams. Per person cost is \$85 and a 4-person golf team will be \$340.

For sponsorship information, the golf team and sponsorship registration form, and 2019 flyer – please go to: [www.namigdm.org](http://www.namigdm.org) – click on "Get Involved", then Golf Tournament

*Due to circumstances beyond our control, NAMI Greater Des Moines cannot participate in the NAMI Walk in 2019.*

### "Workplace Mental Health Education Program" Launched – **NEW!**

During the last year, NAMI Greater Des Moines has been working with a Greater Des Moines Partnership Leadership Institute team to implement a "Workplace Mental Health Education Program".

The contact person for this program is Gary Rasmussen, Associate Director – 515-277-0672 [rasmussen@namigdm.org](mailto:rasmussen@namigdm.org).

**You can download a copy of the menu of classes for the "Workplace Mental Health Education Program" at our website [www.namigdm.org](http://www.namigdm.org) – click on "Get Help", then click on "Workplace Mental Health Education Program".**

At the same location on our website, you can view our video "#Signs in the Workplace". It's a great introduction to our program.

### Stowe Elementary Lunch Buddy Reading Program – **NEW!**

AMOS Children's Mental Health Research Team is helping Stowe Elementary School, located north of the fairgrounds on E. 33rd in Des Moines, set up a **Lunch Buddy Reading program**.

Volunteers will visit/read/play games with their assigned child for 40 minutes during lunch once a week on Thursdays for the school year. Reading buddy volunteers will be assigned to either a 2<sup>nd</sup> or 3<sup>rd</sup> grader selected by the teacher. Time slots are 10.45 – 11.25 for 2<sup>nd</sup> grade and 11.25 – 12.15 for 3<sup>rd</sup> grade. We'd like to start the program during September.

We are also seeking an onsite coordinator who will be present at the school during both time slots, call the school each Thurs. a.m. to make sure the assigned children are present and be a link between the school and the buddies. This position will receive a stipend.

Please contact Connie McKeen, Co-Chair, AMOS Children's Mental Health Research Team at [cmckeen@q.com](mailto:cmckeen@q.com) or 515.556.9432 if you would like more information.

Find help. Find Hope



**4.2% of Iowa's population has severe mental illness or approximately 132,300 people**

(3.15 million (2017) X .042)

**Acute Care Psychiatric Hospital Beds Available in the Des Moines Area**

Location	Adult	Children & Youth	Geriatric	Total
Mercy	18	16		34
Iowa Lutheran	40	16	12	68
Broadlawns	44			44
VA Hospital	10			10
<b>Total</b>	<b>112</b>	<b>32</b>	<b>12</b>	<b>156</b>

**The number of acute care psychiatric beds statewide**

Mental Health Institutes (MHI)	Total # of beds	# adult beds	# child & youth beds	Geriatric beds
Independence	60	40	20	
Cherokee MHI	36	24	12	
<b>Total MHI beds</b>	<b>96</b>	<b>64</b>	<b>32</b>	
Staffed Hospital Beds Statewide	<b>654</b>	<b>455</b>	<b>113</b>	<b>86</b>
<b>Total Staffed Beds</b>	<b>750</b>	<b>519</b>	<b>145</b>	<b>86</b>
<b>Total Licensed Beds</b>	<b>802</b>	Clarinda MHI closed by Gov in 2015 Mt. Pleasant MHI closed by Gov in 2015 Independence PMIC (children's) beds closed by Governor 2016		

**Both remaining MHI's have a waiting list for persons waiting for treatment**

The entire Clarinda MHI campus is now controlled by Dept. of Corrections – they have a 795 bed prison and a 147 bed minimum security unit.

100 bed Civil Commitment Unit for Sexual Offenders-Cherokee MHI

The entire Mt. Pleasant MHI campus is now controlled by the Dept. of Corrections – they have a 914 bed prison at the Mt. Pleasant MHI.

**See Psychiatric Bed Supply Need Per Capita.**

*Iowa beds needed 31 X 50 = 1550 (50 beds per 100,000 pop.)*

*Iowa sits at 24 beds per 100,000.*

654 hospital beds + 96 Mental Health Institute beds =

750 total hospital and MHI acute care beds

**Add 10 VA beds in Des Moines and 15 VA beds in Iowa City**

**= 775 total acute care beds in Iowa**

Add **51** crisis observation beds developed by regions

Add **85** crisis residential beds developed by regions

Add **15** subacute beds

Add 72 bed new psychiatric hospital in SE Iowa (2019)

Add 12 beds proposed to be built in Mason City (2019)

Add proposed 100 bed hospital by Mercy Des Moines in Clive

64 beds for youth, the rest 36 for adults, downtown beds switch to all for adults (2020)

**Equals a proposed new total of 1110.** (shortage of 440 remains, unless we count only acute care beds – then the total beds are 959 and the shortage is 591 beds)

**Crisis residential** beds are residential settings that de-escalate and stabilize an individual experiencing a mental health crisis.

Stays can be for 3 to 5 days.

Residential beds which have stays longer than 3 to 5 days are called **transitional** beds.



Some of the Services Built in the Regions as of 3-31-19	In operation	Planning stage
<b>Jail Diversion</b> (# of counties) Has at least care coordination in jail	72	20
<b>Civil Commitment Prescreening Evaluation</b> (# of counties)	57	8
<b>Crisis Services Being Built</b>		
<b>Mobile Crisis Response</b> (# of regions)	7	6
<b>23 hr Crisis Observation beds</b> (# of Beds)	51	6
<b>Crisis Stabilization Community Based Services</b> - (# of counties)	2	2
<b>Crisis Stabilization Residential Crisis Beds</b> – (# of beds)	85	18
<b>24 hour crisis line</b>	11	1
<b>Adult Complex Needs Services</b>		
<b>ACT teams</b>	12 teams 41 co's	7 co's
<b># of Subacute Beds</b>	15	12
<b>Intensive Residential 24/7 Service Homes</b> (# of beds)	0	0
<b>Access Centers</b> (# of regions)	0	7
<b>Tertiary Care beds</b> (long term beds for highly complex individuals)	0	0

**In the nation, Iowa is:**

- **50<sup>th</sup>** for # of mental health institute beds
- **45<sup>th</sup>** for mental health workforce availability (2018)
- **47<sup>th</sup>** for # of psychiatrists
- **46<sup>th</sup>** for # of psychologists

An **ACT team** is a program for persons with serious mental illness (primarily schizophrenia, schizoaffective, bipolar and major depressive disorders). The program is targeted toward the highest utilizers of health care resources – whether through institutionalization, acute hospitalization, jail or homeless. The key features are:

- Multidisciplinary staff
- Team approach
- Locus of care in the community
- Favorable ratio (8 clients:1 staff or less if very rural/high need)
- Assertive outreach
- 24/7 availability for crisis intervention
- Fixed point of responsibility for service
- Time unlimited services

ACT is a service delivery model not a case management model.

**Other types of beds available**

*8 residential care facilities (RCF) for persons w/MI – 135 beds*

*3 intermediate care facilities (ICF) for persons w/MI – 109 beds*

**Substance Abuse and Co-Occurring Information**

**8% of our population has Substance Abuse Disorder or around 248,000 people**

23 of 120 substance abuse providers programs in Iowa contract with Iowa Dept. of Public Health. There are **425** treatment beds

**Co-occurring Services** – there are **292** adult residential treatment beds identified as dual substance abuse treatment beds

Find a complete list of substance abuse providers at:

<https://idph.iowa.gov/substance-abuse/treatment>

**Iowa Crisis Chat – through Please Pass the Love**

Chat: iowacrisischat.org  
 Call: 1-855-325-4296  
 Text: 1-855-325-4296

**House of Mercy** (Co-occurring treatment, residential for women) 1409 Clark Street, Des Moines (515) 643-6500  
**Mercy One House of Mercy** provides mental health counseling and psychiatric services

In 1955 – we had 4 mental health institutes and 5300 beds  
**In 2019 – we have 2 mental health institutes and 96 beds**  
 In 1955 – we had 3 prisons with around 2200 inmates  
**In 2019 – we have 9 prisons with around 8525 inmates, and over 30,000 in community corrections**  
**A direct result of a historical lack of access to care.**

**Home and Community Based Waivers (HCBS)**

Clients receive services in their home rather than an institution.  
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

Home and Community Based Waivers	Approved Aug 2019	In Process	# on waiting list
Aids/HIV	29	8	0
Brain Injury	1465	102	1421
Children's Mental Health	966	260	1372
Elderly	7766	2260	0
Intellectual Disability	12,227	511	3182
Health and Disability	2280	213	3996
Physical Disability	1018	315	1350
<b>Total</b>	<b>25,751</b>	<b>3669</b>	<b>11,321</b>

In 2016, when HCBS services were covered through the Fee for Service program, it was possible to determine the average actual cost per person for each of the waivers. Today, in 2019, that information is not available. The Fee for Service program is no longer being used. MCO's (Amerigroup & United Health Care) are paid "up front" 98% of a Per Capita Payment for a person's entire health care costs. The MCO's are not required to report what the actual cost of HCBS waivers are. They are, however, required to reveal whether or not they have met performance standards (set by DHS) to receive the remainder (2%) of their per capita payment.

**Clubhouse** Passageway, 6000 Grand Avenue, Suite G  
 Des Moines 515-243-6929 – real work opportunities

**New Statewide Parent Referral Line**

Parent educators will continue to offer the same friendly service - now available evening and weekend hours to help parents make informed choices about the care of their children.

**855-CHILD-01** Sat - 8:00 a.m. to 12:00 p.m.  
 M/W - 7:00 a.m. to 7:00 p.m. T/Th/Fr - 8:00 a.m. to 4:30 p.m.



<http://iowahousingsearch.org/>

A free resource to help you find a rental home/apartment that fits your needs and budget

**Habitat for Humanity of Iowa** has launched a new web site, [houseiowa.org](http://houseiowa.org), intended as a one-stop shop for Iowans in search of affordable housing resources.

**Community Resources**

**Polk County Mental Health Services**

Polk County River Place – 2309 Euclid Avenue, DM – 243-4545  
[www.pchsia.org](http://www.pchsia.org)

**Central Iowa Community Services**

1007 S. Jefferson, Indianola, IA 50125  
 515-961-1068 email: [mentalhealth@warrencountyia.org](mailto:mentalhealth@warrencountyia.org)  
[http://www.warrencountyia.org/mental\\_health.shtml](http://www.warrencountyia.org/mental_health.shtml)

**Dallas County Mental Health Services**

25747 N Avenue, Suite D, Adel, IA 50003 515-993-5869  
 Toll free: 877-286-3227 E-mail: [dccs@dallascountyiaowa.gov](mailto:dccs@dallascountyiaowa.gov)  
<http://www.co.dallas.ia.us/department-services/community-services>

**Madison County Mental Health Services**

209 East Madison, Winterset, IA 50273 515-462-2931  
<http://www.madisoncoia.us/OFFICES/comservices/index.htm>

**Polk County Community Mental Health Centers**

Child Guidance Center – 808 5<sup>th</sup> Ave – 244-2267  
 Eyerly Ball Community MH Center 1301 Center St. – 243-5181  
**Broadlawn Medical Center**- 1801 Hickman Road – 282-6770  
 New Connections Co-Occurring Outpatient Services – 282-6610  
 Eyerly Ball Golden Circle – 945 19<sup>th</sup> St – 241-0982

**Dallas County Mental Health Services**

**Genesis Mental Health Services**, 2111 Greene St., Adel  
 Main office is at 610 10th St. in Perry 50220. Ph **515-465-7541**.  
 Fax **515-465-7636**. Adel area patients should call the Perry number to be scheduled. We have an ARNP and therapists in Adel, and a psychiatrist--Dr. Fialkov--who comes to Perry.

**Madison County Mental Health Center**

Crossroads Behavioral Health Services  
 102 West Summit Street – 515-462-3105

**Primary Health Care & Behavioral Health**

Engebretsen Clinic, 2353 SE 14<sup>th</sup> St. – 248-1400  
 The Outreach Project, 1200 University, Suite 105 – 248-1500  
 East Side Center, 3509 East 29<sup>th</sup> St. – 248-1600  
 Primary Health Care Pharmacy, 1200 Univ., Suite 103 262-0854

**Iowa Lutheran Hospital** – psychiatric acute care units & outpatient services-700 E. University, Des Moines

**Emergency Services:** 515-263-5120  
**Adult services:** 515-263-5249 **Children's services:** 515-263-5153  
**Adolescent services:** 515-263-2368  
**Powell Chemical Dependency Center** 515-263-2424  
<https://www.unitypoint.org/desmoines/services.aspx>  
 choose "behavioral and mental health"

**Mercy Medical Center (Hospital)** – psychiatric acute care for children, adolescents and adults  
 1111 6<sup>th</sup> Avenue, Des Moines

**Mercy Help Center** 515-271-6111 or toll free 800-595-4959  
**Mercy First Step** (co-occurring disorder treatment)

**Optimae Behavioral Health– and - Home Health Services**  
 515-243-3525 – 600 E. Court Avenue 515-277-0134

**Des Moines Pastoral Counseling Center**

8553 Urbandale Avenue, Urbandale 515-274-4006  
 Accepts all insurances, sliding scale for fees

On-site psychiatrist, PA and counseling staff  
**Free Mental Health Counseling in Spanish and English**

At the Library at Grace United Methodist Church  
 Wednesdays – 2 to 6 PM

For an Appointment: Por favor contacta a Alicia Krpan, at 515-274-4006 ext. 143 – or –  
 Contact Nathan Delange, LISW., at 515-577-0190

Tell Me Where to Turn

SUPPORT GROUPS for Family Members

**Eating Disorders – Coffee Connections for Parents**

The Coffee Connection is open to parent(s) who have a child of any age struggling with an eating disorder and would like to connect in a supportive effort with other parents. We will meet the **2nd Sunday** of the month from 4:00-5:30 pm at the Cafe Diem, 2005 S. Ankeny Blvd., Ankeny, IA. Check under Events Calendar for specific dates. Direct your questions to [edci@edciowa.org](mailto:edci@edciowa.org)

**Mothers on the Front Line**

<https://mothersonthefrontline.com/> - a blog, advocacy tutorials and Children's Mental Health -information to help mothers navigate life with a special needs child.



**Des Moines – 3rd Sunday of the month. 2:30-4 PM**

If you are interested in attending, please contact Susie & Richard McCauley 274-5095 or [mccauleyf@mchsi.com](mailto:mccauleyf@mchsi.com)  
Meetings are at Eyerly-Ball Community Mental Health Center-1301 Center, Des Moines



**Ankeny – First Tuesday of the month. 7 to 8:30 PM**

If you are interested in attending, please contact Fred Spath or Jeana King at 641-385-2379. Meetings are at Ankeny First United Methodist Church, 206 SW Walnut, Ankeny, Room 310/314.



**West Des Moines – 2nd Thursday of the month – 6:30 to 8 PM**

If you are interested in attending, please contact Grace & Russ Sivadge 205-9765. Meetings are at Lutheran Church of Hope, 925 Jordan Creek Parkway, in Room 102. The church offers supper (free will offering) at 5:30 prior to the support group.



**The online support group for parents of minor children with mental health needs.**

It is a Closed FaceBook Group: "the Casserole Club" – In this group we offer each other kind words of encouragement and a listening ear. We also offer a forum to help you find others in your area if you are looking for a local support group. To join, send an email [tammynyden@gmail.com](mailto:tammynyden@gmail.com) with "subscribe to NAMI IA support group" in the subject line.

**4th Monday of each month – 5:30 – 7 PM**

– a support group for Polk County **parents and caregivers** of minor children 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 – **pre-register, if possible – call Angie at 558-9998.**

**1st and 3rd Tuesdays of each month –Voices to be Heard**

Support group – Wesley United Methodist Church –800 E. 12th - Light meal at 5:30 P.M. Support group for adults and program for children from 6 PM to 7PM. –**if you have a loved one in prison or parole system** you are concerned about or if you are concerned about those in prison, please feel free to join us. If you have questions, please contact Melissa at [melissag@chihousing.com](mailto:melissag@chihousing.com)

**Alcohol, Drugs, Gambling and Suicide Prevention Lifeline –**

Available 24/7. **Your Life Iowa** <https://yourlifeiowa.org>

**Call 855-581-8111 Text 855-895-8398.**

In the near future it will also be a source for Mental Health information and resources. All topics will address needs for both children and adults.



**Crisis Phone numbers and Text numbers**

**National Text Crisis Line**

<http://www.crisistextline.org/>

**National Suicide Prevention Lifeline**

**1-800-273-8255**

For every person that dies by suicide, more than 250 think seriously about it but do not die. It is possible to prevent suicide and save lives by connecting at-risk individuals to support in their area. If you are thinking of hurting yourself, tell someone who can help. If you cannot talk to your parents, your spouse, a sibling -find someone else: another relative, a friend, or someone at a health clinic. Or, call the National Suicide Prevention Lifeline at (800) 273-8255) <http://ok2talk.org/>

**Veteran Suicide Prevention Lifeline**

**1-800-273-8255 – press 1 Text to: 838255**

**Veteran Toolkit to Prevent Suicide can be downloaded from:**<https://www.va.gov/nace/docs/myVAoutreachToolkitPreventingVeteranSuicidesEveryonesBusiness.pdf>

**TACA (Talk About Curing Autism)** is a national non-profit organization whose mission is to educate, empower and support families affected by autism. Please contact Susan [susan.straka@tacanow.org](mailto:susan.straka@tacanow.org) or visit <http://www.tacanow.org>

**Support Groups for Families of Veterans**

"Peaceful Homefront" @ Dallas County Hospital in Perry, on 1st and 3rd Thursdays – 6:30 to 8 PM. Groups available for adults and children ages 9 to 12. For more information, call Genesis toll free 877-465-7541

**Friends of Iowa Prisoners** has a meeting at Noon on the 3rd Tuesday of the month at Wesley United Methodist Church, 800 12th St., Des Moines.

**Coping After a Suicide Support Groups for Adults and Adolescents**

<https://afsp.org/chapter/afsp-iowa/>  
<https://afsp.org/find-support/ive-lost-someone/>  
click on "find a support group"

<http://www.suicide.org/support-groups/iowa-suicide-support-groups.html>

**documentary films on suicide loss can be found at:**  
<https://afsp.org/find-support/ive-lost-someone/survivor-day/survivor-day-documentaries/>

In addition to these groups, other help may be available depending on your community and may include: [Compassionate Friends](#) (13 groups in Iowa; Funeral Homes, Faith Organizations Employee Assistance Programs; Guidance Counselors; Hospice; and [Amanda the Panda](#).

**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.**



Community Support Advocates  
6000 Aurora, DM 50322

We offer FREE art services at Mainframe Studios, 900 Keosauqua for artists impacted by disability, brain injury, or living with a mental health issue. This includes free workshops, mentoring, and open studio hours where artists can come in and use our supplies.

**Beginning July 2019**

**Tuesdays 9AM - 12PM**

**Wednesdays 12PM-3PM - Fridays 12PM-3PM**

Contact Shannon @ 515-681-4099 or [shannonk@teamcsa.org](mailto:shannonk@teamcsa.org)

### Joy Ride Transport

Joy Ride is a transportation service available in the greater Des Moines area and surrounding communities. To make a reservation, call 515-331-1100 or 855-225-7433 [info@ridejoyride.com](mailto:info@ridejoyride.com) <http://ridejoyride.com/> **Office Hours:** Monday – Friday 8:00 AM – 5:00 PM They try to accommodate same-day requests for transportation. Weekend and holiday transportation is also available with advance notice.

### Support Groups for Mothers Pre-Partum or Post-Partum

**IOWA STATE COORDINATOR for Postpartum Support International - Karin Beschen, LMHC, Polk County**  
Telephone: 515-222-1999 Email: [kb@iowacounseling.com](mailto:kb@iowacounseling.com)

**Heartland Christian Counseling - Des Moines Clinic Postpartum Adjustment Group** – 6-7 pm every Tuesday – DM Support group facilitator: Jill Thomas, licensed therapist and certified in treating perinatal mood disorders. Phone for registration or questions, call 515-331-0303 – Babies in arms are welcome to come!

**Postpartum Support Group – Bellies, Babies and Beyond**  
This group is held on the third Friday of the month 10 to 11:30 am at Balance Chiropractic & Wellness at 6611 University Ave., Suite 103, Windsor Heights, Iowa. Every month we invite you to come to this safe place with questions, concerns or just to meet other moms just like you.

For persons suffering from **postpartum depression** – a support group entitled “Amazing Girls Accepting Peace Everyday (AGAPE)”. Information can be found at Meetup.com – enter AGAPE. You need to request to be a part of the group – contact Tricia at [jrivas76@hotmail.com](mailto:jrivas76@hotmail.com)

### Need Help or Training to Find a Job? Try these resources

**Passageway**-6000 Grand Avenue, Suite G, DM 243-6929  
**Goodwill of Central Iowa**, Skills Training, Job experience, Job Coach, Work Experience - <http://www.dmgoodwill.org/>  
**Project Iowa** - <http://www.projectiowa.org/>- 515-280-1274

### Excellent Magazines to Subscribe to:

**Esperanza** <http://www.hopetocope.com/> for articles on Anxiety and Depression  
**BP** magazine <http://www.bphope.com/> for articles on Bipolar  
**SZ** magazine is not available in a hard copy magazine but can be found on their website <http://mentalwellnesstoday.com/sz-magazine/> by subscription

### Caremore Clinic – for Amerigroup clients

CareMore Clinic offers medical and behavioral health services for patients on Medicaid w/Amerigroup Insurance ages 14& up. CareMore cares about their patient’s body, mind and spirit. The Clinic is located at 1530 East Euclid Avenue, Des Moines, Iowa 50313 (515) 989-6001.

## Tell Me Where to Turn

### Support Groups for Persons with Mental Illness

**2<sup>nd</sup> & 4<sup>th</sup> Mondays of each month** – 7 P.M. – depression, anxiety and bipolar support group., Heartland Presbyterian Church, 14300 Hlckman, Clive. Julie 710-1487 [candlesinthedarknessg@gmail.com](mailto:candlesinthedarknessg@gmail.com)



**NAMI Connection** Every Tuesday afternoon 2-3:30 PM at the NAMI GDM office, 511 E. 6<sup>th</sup>, Suite B, DM For more information, contact Matthea Little Smith 515-783-2763 or [Matthea.little.smith@gmail.com](mailto:Matthea.little.smith@gmail.com)



**NAMI Connection** On the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday evenings each month – 5:30 to 7 PM at NAMI GDM office, 511 E. 6<sup>th</sup> St., Suite B, Des Moines

**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. 24<sup>th</sup> St., Des Moines – Call 266- 2346 – Marty Hulsebus

**Tuesday evenings 5:30-7:00** Dual Diagnosis support group at Eyerly Ball Mental Health Services – call 243-5181 for more info. Requires an assessment and has a cost.

**Tuesday evenings 7:30 PM** - 4211 Grand – Friends House – in the Meeting House – **Meditation and Mindfulness Group** – sponsored by Crossroads of Iowa

**First Tuesday evening of the month, 7:00pm.** Meetings will be held at the Gathering Room on the 2nd floor located at Capitol Hill Lutheran Church at 511 Des Moines St, Des Moines. For more info, please contact Brad Wilson at 515-441-4292.

**Every Thursday evening 6:30-7:30 PM** – 4211 Grand – Friends House – in the Conference Room – H30 - a support group with a focus on opiate, heroin and prescription pill addiction for **Women** – sponsored by Crossroads of Iowa 633-7968 – please pre-register

**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 24<sup>th</sup> St., in West Des Moines. Call – 277-6071-Deb Rogers.

**Every Saturday afternoon** –2–3:30 PM–the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. Debbie Wallukait is the leader. Contact her at [wally3610@yahoo.com](mailto:wally3610@yahoo.com)

### An Epilepsy Support group

The Epilepsy Empowerment Group held 4<sup>th</sup> Thursday of each month- 6 PM -Mercy Medical Center, East Tower, Room 3, 1111 6<sup>th</sup> Avenue, Des Moines. For more info, contact Roxanne Cogil 515-238-7660 or [efiowa@efncil.org](mailto:efiowa@efncil.org)

**Every Saturday evening-“The Road”**-Christian Life Center, 710 NE 36<sup>th</sup> street in Ankeny (easy access from the new exit off I-35) – the schedule: 6 PM Pizza supper with free will offering, 7:15 PM Worship, 8 PM recovery groups. Child care available for infants and toddlers. For further questions, call 515-777-8333 to speak to a team member. Facebook page: TheRoad@AFUMC

## Crisis Services in Polk County



If you have an emergency, always

**CALL  
9-1-1**

### The Mental Health Mobile Crisis Team

The Mobile Crisis Response Team provides short term on-site crisis assessment and intervention for children, youth and adults experiencing a mental health crisis. The team

is staffed with behavioral health specialists including registered nurses, Master's level psychotherapists and social workers. The team is activated when a law enforcement officer responding to an emergency call requests the presence of the Mobile Crisis Team. An evaluation, including a determination about the appropriate level of care needed, is completed in the field by a member of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and potential linkage to community resources.

**Emergency Calls: 911**

**Non-Emergency Calls: 515-283-4811**

Be clear with the dispatcher what the situation is, that it is a mental health crisis, and request the Polk County Mobile Crisis Response Team to assist. In response to your phone call, the first people to arrive to the situation will be 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 Team is needed. Mobile Crisis only takes referrals from law enforcement.

The police liaison to the Mobile Crisis Team is Officer Lorna Garcia. Her hours are 8 to 4 Mon-Fri - phone is 205-3821.

**Psychiatric Urgent Care Clinic for Adults:** The Broadlawns Psychiatric Urgent Care will accept walk-in appointments for individuals 18 years of age or older who are experiencing an exacerbated mental health condition. Services at the clinic include mental health assessments, medication management, therapeutic counseling and coordination of services for healthcare and basic needs. Those individuals in urgent need will continue to be able to access services and stay in the Crisis Observation Center up to 23 hours.

**Clinic hours are Monday through Friday from 9 am to 7 pm. Located at Broadlawns Hospital (1801 Hickman Rd in DSM – West Entrance) Phone: 515-282-5742**

**The Crisis Observation Center:** Is intended to meet the needs of individuals who are experiencing an acute behavioral health stressor that impairs the individual's capacity to cope with his/her normal activities of daily living. The goal of the Crisis Observation Center is to offer a place for individuals to seek crisis intervention services and stabilize them quickly so they can return to the community. The length of stay is up to 23 hours. Services offered include a nursing assessment, care/service coordination, crisis intervention therapy, and access to a psychiatric prescriber if needed. Staff include registered nurses, Master's level psychotherapists, psychiatric technicians, and care/service. These services are offered in a safe and supportive environment. **Phone: 515-282-5742**

**Crisis Observation Center is open 24/7. Located at Broadlawns Hospital (1801 Hickman Rd in DSM – West Entrance) - See map for new location**



**Broadlawns Crisis Team:** Provides comprehensive emergency mental health services including assessment, triage, crisis intervention, and discharge planning. Services are available by phone or in person through our Emergency Department. In addition to being the initial contact to the Inpatient Psychiatric Unit, the crisis team assists clients in finding the programs and services that are the most appropriate for their needs. **For assistance 24 hours a day, call 515.282.5752**

### The Pre-Petition Screener Service

**The Pre-Petition Screener Service:** A resource for Polk County residents who want to file a petition for involuntary behavioral health services through the Clerk of Court. The screener is a mental health professional who is available to assist applicants and respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather back-ground information from both applicants and respondents, and help determine if another path toward treatment may be preferable. In the event that a judge denies a petition, the screener is available to discuss appropriate next steps and help make connections with available resources.

**The Pre-Petition Screener is available without an appointment Monday-Friday 8:30am to 4:30pm. Located at the Polk County Justice Center (222 5<sup>th</sup> Avenue in DSM) Phone: 515-336-0599 (direct line) or 515-282-5742 (main office)**

**Broadlawns Community Access** 515-282-6770

**Mercy Medical Center:** Mercy Behavioral Health provides hope and help for individuals struggling with mental health illness and substance abuse problems.

The mental health and substance abuse programs are available to help people of all ages and include emergent/urgent assessments, crisis management support, professional consultations and referrals.

Access to treatment is available 24 hours a day, seven days a week by calling the Mercy Help Center at 515-271-6111 or toll free 800-595-4959

**Located at 1111 6<sup>th</sup> Ave in DSM Phone: 515-271-6111**

**Unity Point-Iowa Lutheran Hospital:** A continuum of mental health services and treatment to meet the needs of children and adults via psychiatric acute care units & outpatient services.

**Located at 700 East University Ave in DSM  
Emergency Services: 515-263-5120  
Adult Services: 515-263-5249  
Adolescent Services 515-263-2368  
Children's Services: 515-263-5153  
Powell Chemical Dependency Center: 515-263-2424**

## Crisis Services in Dallas County

**24/7 Crisis Line** – 1-844-428-3878

**Mobile Crisis Response Team:** Provides short term crisis assessment and intervention to individuals of all ages who are experiencing a mental health crisis. Individuals are assessed regardless of insurance status.

The Mobile Crisis team can be contacted through 911 or local law enforcement dispatch offices. Tell the dispatcher that the situation is a mental health crisis and you need the Mobile Response Crisis Team to assist.

In response to your phone call, the first people to arrive will be law enforcement 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 it is determined the Mobile Crisis Unit is needed.

**For assistance 24 hours a day, call 911 or the local law enforcement dispatch office  
Covers Dallas, Guthrie, Greene and Audubon Counties**

**Hope Wellness Center:** A safe place where individuals who are experiencing a mental health crisis can voluntarily access crisis intervention services.

**Hope Wellness Center is open 24/7  
Located at 706 Cedar Avenue in Woodward  
Phone: 515-438-2331**

### **Hope Wellness Center Transitional Living**

**Services:** Provides short term (2-3 month) housing for individuals coming out of a placement or hospitalization who need to redevelop skills needed to be successful in the community. Individuals who are living with mental health conditions or disabilities will be paired with a variety of service providers to assist them to reach their highest levels of independence.

**Phone: 515-438-2331**

## Crisis Services in Warren County

For emergency situations always call 911

**Website:**  
<http://cicsmhds.org/services/crisis-services/>

**24/7 Crisis Line: 1-844-258-8858**

Provides support on the telephone, day or night, for people looking for immediate help with their emotions or mental health.

Monday through Friday – 9 AM to 3 PM you can also **chat one to one on-line** at [www.Foundation2CrisisChat.org](http://www.Foundation2CrisisChat.org) or by texting 800-332-4224. All contacts are confidential.

**Mobile Crisis Response:** Teams of professionals provide on-site, face-to-face mental health services for an individual or family experiencing a mental health crisis. They can respond wherever the crisis is occurring—in an individual's home, the community, or other locations where an individual lives, works, attends school, or socializes.

**To access mobile crisis response, call the Central Iowa Crisis line 24/7 at 844-258-8858**

**Warren County Community Services Director** – Betsy Stursma - 515-961-1059 [betsy.stursma@cicsmhds.org](mailto:betsy.stursma@cicsmhds.org)  
The main phone number is 515-961-1068.

There is a booklet - "Mental Health Resources in Warren County".

## Crisis Services in Madison County

For emergency situations always call 911.

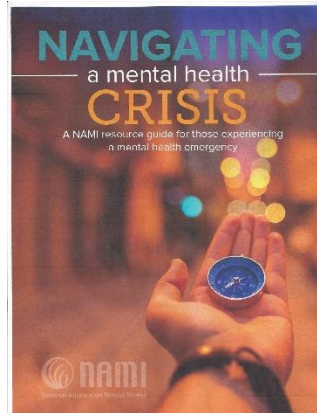
**Website:**

<http://www.madisoncoia.us/offices/comservices/index.htm>

For more information about the CICS Mental Health and Disability Services Region, go to: <http://cicsmhds.org/>

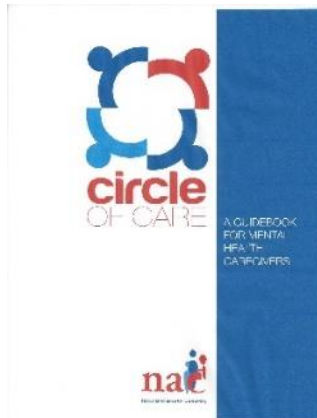
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**To access mobile crisis response, call the Central Iowa Crisis line 24/7 at 844-258-8858**

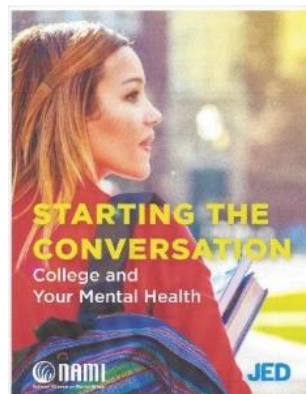


### **Navigating a Mental Health Crisis**

To download a copy, go to [www.namigdm.org](http://www.namigdm.org), click on "Get Help" – the manual is the first item on the page



**Circle of Care: A Guidebook for Mental Health Caregivers** – go to [www.namigdm.org](http://www.namigdm.org) Click on "Get Help", Click on Guidebook for MH Caregivers and download a copy



**Starting the Conversation: College and Your Mental Health** – go to [www.namigdm.org](http://www.namigdm.org)

Click on "Resources", Click on "School Resources" Download a copy

## Why Are Police Officers Dying by Suicide?

HealthyPlace.com



Why four New York police officers died by suicide in just one month this year (June 2019) is a bit of a mystery. So is the fact that the city of Chicago has seen seven of its police officers die by suicide between 2018 and 2019.

Nationwide, 167 officers and 169 officers died by suicide in 2018 and 2017, respectively.

While suicide lacks definitive answers, some clues provide insight into police officer suicides.

- Law enforcement involves constant, high-intensity stress.
- Police officers are frequently exposed to trauma and are at greater risk than the general population of [developing PTSD](#).
- Stigma prevents these officers from seeking help.

**Stigma**—negative, judgmental attitudes and behaviors—can cause shame, humiliation and anxiety over the loss of active duty status. Accordingly, many police officers suffer in silence.

### What Can Be Done?

NYPD commissioner James O’Neill considers these suicides a mental health crisis. To that end, he, along with the Police Organization Providing Peer Assistance (POPPA), is seeking to

- [Destigmatize depression](#) and PTSD
- Encourage officers to reach out, to check in with each other
- Promote the use of peer-to-peer counseling programs

That more police officers die by suicide each year than are killed in the line of duty is tragic. That the NYPD and departments across the country are working toward a solution is an important step in reducing suicide rates among police officers.

**Update:** There have been 9 police suicides in the New York police dept. since the article above was published.

Officers encounter 188 traumatic experiences on average over the course of their careers, said Miriam Heyman, who worked on a first responder mental health study with the Ruderman Family Foundation.

## Want to Help Your Brain Function? Get Creative!

HealthyPlace.com



Creativity is often touted as a positive [mental health coping skill](#). Engaging in projects and activities that foster self-expression leads to [stress relief](#) and

the experience of pleasure. If you live with depression or any other mental illness, personality disorder, or general mental health challenge, you might agree that these are rare treats.

### Brain Benefits of Creativity

It’s well known that doing something creative brings a welcome mental health boost. The reason lies in the way the brain functions when you’re creative:

- Creativity quiets the areas of the brain involved in checking and judging.
- When you’re creative, your brain’s sensory regions become more active, taking in information from all the senses more deeply than usual.

- Doing something enjoyable and self-expressive helps the brain achieve a state of flow, in which it lets go of the need to overthink and analyze so you can be fully present in your moment.

Creativity’s benefits to the brain are quite similar to the positive changes induced by mindfulness and meditation practices. Are creative activities a form of [mindfulness meditation](#)? It’s certainly possible. Regardless of the words you use to describe what you’re doing, release your inhibitions and get creative!

## Nathaniel Ayers of Soloist Fame and Forced Medication

Peter Earley.com



What became of [Nathaniel Ayers](#), the talented musician who was diagnosed with a severe mental illness and ended up homeless on the streets of Los Angeles? You will recall that he was the subject of Steve Lopez’s best-selling book, [The Soloist](#) as well as the

powerful [movie](#) based on that book.

Steve tells us in a thought-provoking [column](#) that explores the difficult choices that many of us with loved ones face.

### A tough call on medication

**\* Nathaniel Ayers has won victories in his battle to function despite schizophrenia. But he lands in a courtroom, and hard decisions await.**

By [STEVE LOPEZ](#),

Howard Askins grew up in New York, the son of blue-collar transit authority employees who expected him to go far, and he did. His first stop was Brown University, and then he was off to Harvard, where he earned both medical and law degrees before moving on to psychiatric residency at UCLA.

Nathaniel Ayers, like Askins, grew up working class — in his case, Cleveland was home. His dream was music, not medicine, and his hard work landed him at the prestigious Juilliard School for the Performing Arts in New York City, where he played for a time in the same orchestra as Yo-Yo Ma.

On Monday, the two African American men sat across from each other in a former pickle factory on San Fernando Road that serves as the mental health division of Los Angeles County Superior Court. The two have a deep mutual respect for one another, but a great difference of opinion.

As he stated from the witness stand, Dr. Askins believes Mr. Ayers is a highly intelligent, charming and talented gentleman who suffers from a mental disorder so severe he can’t fully grasp how ill he is. The doctor has recommended medication that he believes could help control Mr. Ayers’ paranoia and emotional swings, along with occasional threatening behavior of the sort that landed him in court.

Mr. Ayers has a decidedly different take. Yes, he told the Commissioner Laura Hymowitz, he has acted inappropriately at times and deeply regrets it. But he is adamantly opposed to forced medication and believes he can function well without it. He disputed the doctor’s comments about his paranoia, telling Hymowitz that his neighbors in Hollywood are too lovely to be feared. He also said he likes music, and that the Hollywood



Bowl is a beautiful place where the seats are often filled. If you can't get a ticket, he said, you just wait until the next concert.

I managed to hold it together pretty well until that point. And then I lost it. His humility, his 40 years of torment, the lost career he'd wanted so badly — it all got to me.

There's no one I admire more than Mr. Ayers; no one who has taught me more about courage and about believing in something and remaining faithful to it regardless of the challenges. The journey we began more than nine years ago has taken us from skid row to the White House, where Mr. Ayers performed and met President Obama.

But along with the great moments, I've also witnessed Mr. Ayers' daily struggle with a relentless and debilitating disease that often clouds reason and judgment. As I sat in court, I wrestled again with my enduring conflict, part of me respecting Mr. Ayers' wishes not to take medication, and part of me wishing he would at least try to do it Dr. Askins' way.

Thousands of people confront these issues for years on end. Forced psychiatric commitments, and forced medication, are at the center of a decades-long legal, moral and medical debate over the civil liberties of people with mental disorders. There are compelling arguments on all sides, no stock answers, and no two cases alike.

When his condition worsened a month ago, Mr. Ayers was taken to a psychiatric hospital against his will, but without incident, by an L.A. County unit consisting of both mental health officials and police officers. He handled it pretty well, calling me daily with updates on his activities and new friends. Dr. Askins and the staff at the hospital determined that he needed medication, but Mr. Ayers refused, and he prevailed at his first two court appearances.

That led to Monday's conservatorship hearing, with the county trying to establish that Mr. Ayers was unable to care for himself and needed the appointment of a conservator — his stepsister — who will have the authority to consent to forced commitments and medication even if Mr. Ayers objects.

Mr. Ayers rejected all of that. Now 63, he remembers too vividly the zombie-like side effects of electroshock therapy and the meds he was administered as a young man. He told the commissioner his eyes rolled back and his tongue swelled, and he wasn't buying Dr. Askins' claim that such side effects are less likely with newer drugs. And yet, what's the alternative?

Mr. Ayers' life is a concert of disjointed movements, with sweet reckonings and crashing dissonance. He sometimes turns on those working hardest to help him. Two highly regarded supportive housing nonprofits — LAMP Community and Housing Works — have had great success with him, but disappointments as well. There is no cure for schizophrenia, and small triumphs carry no guarantee of encores.

"I'm an optimist," Dr. Askins said in court, arguing that with treatment, Mr. Ayers might one day prosper back in the community rather than in a locked ward.

Askins told me after court that his parents instilled in him a duty to serve people in need. He was drawn to psychiatry by a desire to "be an advocate for people who are the most vulnerable in our society," and to "uphold people's dignity in very trying circumstances."

I've come to learn it's not just the drugs Mr. Ayers opposes, but the idea of being controlled. And yet he often has no control over his own emotions. Can the side effects of medication be as

disorienting as the direct effects of a maddening neuro-chemical disorder?

Commissioner Hymowitz would later tell me, in chambers, that she considers it a privilege to try to help the reeling patients and shattered families who come before her.

When she started in mental health court 15 years ago, she wasn't a big advocate of forced medication. But after seeing so many lives transformed, even if only temporarily, she's become a believer in at least trying to find pharmaceutical relief.

When the moment of truth arrived in the case of Mr. Ayers, Hymowitz ruled in favor of a conservatorship. You can't really say she ruled against him, though. I think that she, like others in the courtroom, had his best interests in mind. Mr. Ayers declared that he will contest the ruling, and he's entitled to a jury trial. In the meantime, though, the meds can be administered.

As he left the courthouse I handed him the violin he'd been asking for, so he could take it back to West Covina with him. He called me when he got to the hospital, but said he couldn't remember why he had. I told him I was glad he called. When you can't be sure what lies ahead, there's small comfort in hearing a familiar voice.

— [steve.lopez@latimes.com](mailto:steve.lopez@latimes.com)

### SAMHSA Assistant Secretary Urges States To Re-Examine Civil Commitment Criteria, Pushes For Greater Use Of Advance Directives

By Pete Earley



(7-8-19) With only sixteen months to go before the presidential election and a possible change in leadership, Assistant Secretary for Mental Health and Substance Abuse Dr. Elinore [McCance-Katz](#) continues to push for substantive changes at the [Substance Abuse and Mental Health Services Administration. \(SAMHSA\)](#).

### The latest – urging states to study their civil commitment laws and promoting greater use of psychiatric advance directives (PADS).

In a public meeting last week, Dr. McCance-Katz distributed [Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice](#) – a comprehensive SAMHSA study of civil commitment in America. The paper was distributed to members of the [Interdepartmental Serious Mental Illness Coordinating Committee](#) (ISMICC), which was created to advise Congress on ways to improve federal mental health/substance abuse services. I am the parent ISMICC representative.

The federal government doesn't have authority to change civil commitment laws. That's up to each state legislature. But in the last decade, nearly every state has sought a way to broaden criteria beyond dangerous to self or others.

And for good reason.  
Relying strictly on dangerousness is foolish.

Originally meant to protect individuals from being wrongly hospitalized, it has become an excuse by hospitals and mental health providers to deny treatment. Waiting for someone to harm themselves or others has led to individuals, such as my son, being arrested for crimes committed while they were clearly psychotic. It has resulted in the most seriously mentally ill being abandoned on our streets.

Dr. McCance-Katz is urging states to re-examine commitment criteria while encouraging legislators to take steps to limit the need for involuntary hospitalizations by financing robust community services and greater use of [Assisted Outpatient Treatment](#).

In addition to the SAMHSA report on civil commitment, Dr. McCance-Katz released an expert panel study that suggested it would be helpful if the federal government drafted a model civil commitment law to bring continuity to states. That panel was composed of consumer advocates, law enforcement, judges and mental health care providers.

While SAMHSA can't dictate state policy, SAMHSA's two reports are intended to foster state level discussions.

#### Dr. McCance-Katz promotes greater use of PADs.

A PAD is a legal document written by a currently competent person who lives with a mental illness outlining what sort of treatment they desire if they are unable to make decisions. In addition to describing treatment preferences, PADs identify a person to make treatment decisions, should the person with a mental health condition lack that capacity.



Dr. McCance-Katz questioned why patients are not being encouraged to fill out PADs when they are discharged from hospitals, treatment facilities, and or jails/prisons.

Wider use of PADs is a great idea.

#### Continued Lack of Hospital Beds

Dr. McCance-Katz expressed surprise during the ISMICC meeting that more state mental health directors have not sought IMD waivers.

The Medicaid [Institutions for Mental Diseases \(IMD\)](#) exclusion prohibits federal Medicaid dollars from being spent to care for most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds. One reason the IMD exclusion was passed was to prevent states from warehousing patients in large hospital/nursing home facilities.

Because of the opioid epidemic, the Trump Administration agreed to waive the IMD prohibition for states seeking to open drug treatment facilities larger than 16 beds.

Dr. McCance-Katz and ISMICC's non-federal members pushed for IMD waivers for mental health treatment facilities to be granted too because of a national shortage of inpatient beds.

The average wait time for a non-life-threatening emergency in a hospital ER is three to four hours. For a psychiatric emergency that is non-life-threatening it is three to four days. Lifting the IMD would provide more access to inpatient beds.

But while states have been quick to apply for IMD waivers for

drug treatment, few have pursued them for mental health, the assistant secretary reported. **(Please note Iowa has not applied for either waiver --Editor)**

Some consumer groups worry that the lifting of the IMD would allow warehousing once again.

#### Other Tidbits From the July 2nd ISMICC Meeting in DC

1. Efforts are being made to allow prisoners to re-apply for Medicaid benefits 30 days before they are released. This is a much needed and important change. While someone is incarcerated, their Medicaid benefits are suspended. It takes an average of 30 days for those benefits to resume after an inmate is freed. During that 30 day gap, there's a high probability of a relapse. Unfortunately, red tape will keep this rule change from happening anytime soon. Expect at least a year.
2. **The number of persons who end their own lives through suicide is now equal to the number of opioid deaths. ISMICC was told there were 47,000 suicides in 2017 compared to 47,700 opioid overdoses. Where's the outrage about suicide compared to the attention opioids are justifiably receiving?**
3. More than two million Americans call a [national suicide prevention lifeline](#) – 800-273-8255 – but more would call if there was an easy to remember three digit number similar to 9-1-1. Supposedly this is in the works.
4. For the first time, the federal Bureau of Prisons joined ISMICC discussions. According to its representative, prisoners with mental illnesses in its lower level institutions are being trained as peer support specialists to help their fellow inmates. Those who qualify can be employed once released to help prisoners re-enter their communities. That's great news.
5. Complaints were raised about the Justice Department using the [Olmstead decision](#) to close group homes. A stupid policy that I first warned about in a [Washington Post Op Ed](#).
6. The Department of Education once again failed to show up or participate in the July 2nd meeting. A sad commentary considering the law requires the department to participate and the importance of early childhood detection of mental illnesses. Education department officials should be shamed.

Since being appointed by the Trump administration in September 2017, Dr. McCance-Katz has made serious mental illnesses her top priority. Prior to her arrival, SAMHSA was [harshly criticized by Congress](#) for reportedly showing little interest in SMI's.

#### For Your Positive Mental Health, Do This Now

*Healthyplace.org*

On our journey to build and maintain positive mental health, "giving yourself a break" is one of the most important things we can do. It's also one of the hardest for anyone living with mental illness or other mental health challenges.

Mental illness is a bully. It wants to control you and take away your power by chipping away insidiously at your sense of self-worth. How many times have you talked to yourself like this?

- I'm not good enough for \_\_\_\_\_.
- I'm a terrible parent-friend-employee-pet owner-person.
- I don't deserve to do \_\_\_\_\_ or have \_\_\_\_\_.
- People would be better off without me. \*

It's far too easy for mental illness to stop people from believing in themselves; which keeps them from achieving positive mental health.

The journey takes time and effort, but you can believe in yourself once again.

- Take a mindful approach by frequently reminding yourself, "I am the best me I can be in this moment."
- Use other [positive affirmations](#) to teach your brain to love you.
- Notice when you're [too hard on yourself](#) and beating yourself up and promptly replace those harsh thoughts with thoughts about your strengths.
- Do things that make you feel successful.

Think of it this way: for your positive mental health and wellbeing, stop being your illness's ally and start being your own. You deserve self-worth.

### My Cousin Was Brave About Mental Illness

USA Today – Patrick Kennedy



#### Saoirse knew that hiding struggles doesn't work

We are all grieving the loss of my spirited, introspective, beautiful cousin Saoirse Kennedy Hill. She died too soon, at the age of 22, but we

are left with her brave words and spirit. She was open about her struggles with mental illness even as a teenager — imploring the faculty and students at her school to learn how to tell the truth about these illnesses and the impact on their lives, because silence "leaves people feeling even more alone."

To prove her point, in a school newspaper story Saoirse shared that she had been treated for depression and hospitalized after a suicide attempt. She didn't do this for shock value, but rather to openly tell her story in the hope it would help others do the same. We were all so proud of her.

"No one seems to know how to talk about mental illness," she wrote. And Saoirse knew all too well that in the rare moments when she and others tried to talk about it, they got reactions that made them fearful of being open again: "If someone confides in you, try not to say, 'It's all in your mind,' or 'Lighten up,' or, my personal favorite, 'Happiness is a choice.' No, it's really not."

It was only an hour or two after her death was announced that I started seeing stories about how this is the "Kennedy curse." That offends me, and it would have offended Saoirse.

What she knew, and wanted everyone else to know, is that the Kennedy family is, in many ways, painfully typical. We have an unsurprising incidence of mental illness and addiction. Our illnesses are no different than anyone else's, and our tragic losses to them have not been so out of the ordinary.

We have a big family. A lot of kids had a lot more kids. But mostly we are a more public family than most, under the eye of the media. Consequently, we are less able to hide these struggles than others.

Honestly, that's a good thing. Hiding these struggles does not work; too many people live in isolated shame and even die, untreated or unsupported in treatment, because of it. Saoirse came to understand that much earlier in life than I did. And since it is her generation that is at the highest risk for these illnesses, and the premature death they can cause,

Saoirse was my hero for putting herself and her story out there.

Saoirse wanted to be part of the first generation to grow up truly confronting the discrimination against these illnesses. "I have experienced a lot of stigma surrounding mental health," she admitted, but "as students, we have the power to end that immediately."

Saoirse also wanted to make sure mental illnesses got the same attention and respect — in treatment, in research dollars, in public empathy — as diseases of other organs.

"People talk about cancer freely; why is it so difficult to discuss the effects of depression, bipolar, anxiety, or schizophrenic disorders?" she wanted to know.

She was asking the right questions. She was trying so hard to find answers.

I am proud Saoirse was able to be open. And I know her message will outlive her. We can all take a lesson from Saoirse. Feel what she felt. Do whatever you can to stop the isolation, the discrimination and the devastating lack of acknowledgment that too often lead to tragedy. Families across the nation are suffering and losing loved ones every day — not just the Kennedys.

*Former Rep. Patrick J. Kennedy, founder of The Kennedy Forum, was lead sponsor of the Mental Health Parity and Addiction Equity Act of 2008 and served on the President's Commission on Combating Drug Addiction and the Opioid Crisis. He is co-author of "A Common Struggle: A Personal Journey through the Past and Future of Mental Illness and Addiction," with Stephen Fried.*

### Alarming News

Dr. Sasha Khosravi, child psychiatrist, is leaving Mercy Hospital and moving to St. Louis.

An inpatient unit for 12 adults is closing at Iowa Lutheran due to workforce shortages.

### Stigma Regarding Mental Illness among People of Color

Mental Health First Aid



One of the remaining taboos in many communities of color is the stigma around mental illness. Whether it's depression or anxiety (or, the worst-case scenario, suicide), there is a long-standing belief in these communities that such concerns are taboo, and their impact is the problem of "the other." Though communities of color, because of socioeconomic chal-

lenges, may be at higher risk for poor mental health, this stigma contributes to a reluctance to recognize the need for the help of a physician or therapist.

For many in the African American community, our story is one of perseverance and resilience. After all, we survived slavery; surely, we can survive "sadness" or "anxiety." In this mindset, anything less would be considered spiritual or moral weakness. The problem, in part, is that we often fail to recognize that mental illness is much more than feeling melancholy or anxious, it is not a sign of weakness, and it does not discriminate based

on skin color. We fail to recognize mental illness as an “illness,” as we would cancer, diabetes, or high blood pressure.

According to the National Alliance on Mental Illness, approximately 1 in 5 adults in the United States experience mental illness in a given year. This is irrespective of race, creed, or color. In addition, according to the U.S. Department of Health and Human Services Office of Minority Health, adult Black-African Americans are 20 percent more likely to report serious psychological distress than adult Whites. Despite this, African Americans are less likely than Whites to seek out treatment and more likely to end treatment prematurely. On the one hand, this is due in part to long-held beliefs related to stigma, openness, and help-seeking, which can make African Americans and other people of color hesitant to reach out. On the other, we professionals in the healthcare community must do the work to establish ourselves as credible, reliable sources of support.

As healthcare providers in this age of “whole person care,” it is incumbent upon us to determine how to address and overcome this stigma. If we are to address the social determinants that impact health in communities of color, we must first understand not only the challenges but the attitudes and norms regarding these challenges. We must own up to the fact that underserved communities are underserved for a reason: The reason is that we (healthcare providers) haven’t been there.

It is arrogant to believe that we can decide to focus on communities that have gone underserved and be embraced and trusted, without earning that trust. We must start by listening and seeking to understand not only communities of color but all underserved or inappropriately served communities, including the LGBTQ and socio-economically disadvantaged communities. We must also change the narrative from a conversation about mental illness to a conversation about mental wellness. Mental health is, after all, more than depression, anxiety, or a bipolar disorder diagnosis. It is your overall emotional and mental wellbeing, including both positive and negative elements.

Communities of color are no different than any other community in that everyone wants to live a healthy life: physically, mentally, spiritually, and emotionally. The challenge for communities of color and healthcare providers alike is defining what a healthy community looks like through the prisms of stigma and historical adversity, which includes race-based exclusion from health, educational, social, and economic resources. It is only by working together collaboratively as fully engaged partners that we can overcome this challenge.

### The New York Times: Suicide Prevention Hotline Number Should Be 3 Digits, 988, Agency Says

New York Times



Just as 911 is universal to Americans during emergencies, a federal agency says the number for the National Suicide Prevention Lifeline should be shortened to three digits: 988.

The Federal Communications Commission recommended simplifying the hotline’s current 10-digit number in a swEEPing report this week spurred by federal legislation passed last year that called for improvements to the system.

The effort comes at a time when counseling experts say there is a deepening national mental health crisis and there has been a spate of suicides among veterans, police officers and high-profile figures.

The deaths of the celebrity chef Anthony Bourdain, the fashion designer Kate Spade and the electronic recording artist Avicii have raised public awareness about the scope of the epidemic

and how it cuts across socioeconomic, gender and cultural lines.

In 2018, more than 2.2 million people called the National Suicide Prevention Lifeline at 1-800-273-8255, according to the F.C.C.

“Our team found that a 3-digit number would make it easier for Americans in crisis to reach someone who could help,” Ajit Pai, the F.C.C.’s chairman, said in an email statement on Thursday night. “If we can stand up ‘988’ nationwide as a way to access suicide prevention services, we believe it could save lives. I’ll do everything I can to move this forward.”

The hotline was started in 2005 by the Substance Abuse and Mental Health Services Administration and Vibrant Emotional Health, a nonprofit administrator. The network is made up of more than 163 local crisis centers, which are staffed by trained counselors. Calls to the hotline are routed to the nearest crisis center or a backup call center at times of high call volume.

The change would not require congressional or presidential approval. As part of the its rule-making process, the commission is expected to issue a public notice that it is considering formally adopting the 988 number for the suicide hotline, which requires a time period for public comment. The commission would then take a formal vote on the measure.

The substance abuse and mental health agency, which is part of the Health and Human Services Department, endorsed the plan.

“S.A.M.H.S.A. supports this proposal to make it easier to connect people in crisis to 24/7 support — with the understanding we would need to have the sustained resources to make this update a reality,” a spokesman for the agency said Thursday.

Federal telecommunications regulators say that they examined using existing three-digit numbers, known as N11 codes, such as 211, 511 and 611, for the suicide prevention hotline, but ruled that they were not appropriate. In New York City, for example, 311 is a non-emergency hotline for city services.

Kimberly Williams, president and chief executive officer of Vibrant Emotional Health, said in a statement: “We are gratified the F.C.C. report recognizes the need for a 3-digit number dedicated to mental health support as we believe this number will reduce suicides in the United States. That said, we are interested in understanding more as to why a more easily remembered number, such as 611, was not more thoroughly considered. We look forward to learning more about this important consideration.”

Commenting in the F.C.C. report, federal health officials said when a person “experiences severe chest pains in the company of another family member, both the patient and the family member, despite their heightened anxiety, would remember the number 911, while the concern is that many suicidal people or their family members at a similar moment of suicidal crisis might not remember 1-800-273-8255 (TALK).”

Last year, the lifeline’s counselors also responded to 102,640 online crisis chats, according to the F.C.C.

In 2017, more than 47,000 Americans died by suicide and more than 1.4 million adults attempted suicide, according to health officials.

-----  
“Sometimes in life, you just need a hug. No words, no advice, just a hug to make you feel better.”  
-----

“It’s called a mental illness for a reason, because it is an illness. Why can’t it be accepted like any other illness?.”

## An Advocacy Campaign – Join Us!

Last session, our State Legislature moved us closer to a Children’s Mental Health system for our state, but funding still needs to happen.

Join members of the AMOS Children’s Mental Health Team on **Monday 9/23 at 7:00 p.m.** at Walnut Hill United Methodist Church (12321 Hickman Rd, Urbandale) for a strategy session on moving forward.

We need you - voters from around the state, families impacted by the current lack of system, those who care about Iowa’s children.

## To Help With our Fall Fundraiser

Mental health care in Iowa ranks among the worst in the nation. Our friends & neighbors who desperately need treatment can’t get it.



People are suffering.

At NAMI Greater Des Moines, volunteers donate their time and wisdom to lead support groups, facilitate courses and advocate for improved mental health care in Iowa.

We foster supportive networks and help to keep families together. We need your support to continue.

**NAMI Greater Des Moines has no consistent source of funding.**

**We sustain our mission through grants and the generosity of those who donate.**

**Donate today. Anything helps.**

**\$10 = 27 Crisis Cards to Individuals in Need**

**\$35 = One Family to Family Program Manual**

**\$50 = One Connections Peer Support Group Meeting**

**\$100 = A One-Hour Community Education Presentation**

Together we are building a future of recovery, respect and opportunity for those who live with mental illness. We couldn’t do it without you. Thank you.

# Click to Donate



If you are receiving this newsletter by **email**, click on the donate button (above) to make your donation.

If you are receiving this newsletter by **mail**, go to our website, [www.namigdm.org](http://www.namigdm.org) – click on news and events, then click on newsletter. Open the September newsletter – go to page 13 and you can donate as shown above.

You, yourself, as much as anybody else in the universe, deserve your love and affection. -----The Buddha

## The ABCs of Cognitive Therapy

HealthyPlace.com



Cognitive therapies, including cognitive-behavioral therapy (CBT), seek to help people change their thoughts. We all have automatic negative beliefs about ourselves and the world that

shape how we feel and act. Improving overall mental health and wellbeing by changing unhealthy thought patterns (like “shoulds all-or-nothing thinking, or mind-reading”) can be very effective.

Simply telling yourself to think differently, though, isn’t very effective at all. Many therapists use the ABCDEF model to help people dispute and modify automatic negative thoughts.

- **A = Activating Event.** What event, person, or situation causes the negative thoughts that cascade into negative emotions and behaviors?
- **B = Beliefs.** What do you believe about your “A”? How do you interpret it?
- **C = Consequences.** Specifically, what happens because of your belief?
- **D = Dispute.** Question your beliefs and responses to the activating events. Look for evidence that your beliefs aren’t true.
- **E = Effective.** You begin to change your thoughts to form effective new beliefs.
- **F = Feelings.** With your changing thoughts come new feelings and emotions.

Engaging in the entire process leads to lasting improvements in thoughts, emotions, and actions.

Cognitive therapists inform us that it’s not an event that causes problems but rather our beliefs about the event. Remembering your ABCs (and DEFs) can help you improve your own mental health. -----

### Datapoint:

- **Just 40.2% of uninsured adults with serious mental illness received mental health care in 2017**

According to the newest volume of the Substance Abuse and Mental Health Services Administration’s [Behavioral Health Barometer](#). Insurance status significantly affects the likelihood an individual will receive treatment, with 70.4% of covered adults receiving care in the same year. -----



### RESEARCH: Schizophrenia Over-Estimated as a Genetic Disease

Researchers have been significantly over-estimating the involvement of genetics in schizophrenia, according to a new paper written by Treatment Advocacy Center founder Dr. E. Fuller Torrey and board member Dr. Robert Yolken.

Combining heritability results from population-based twin studies, excluding those with methodological issues or highly-controlled sampling, Dr. Torrey and Dr. Yolken conclude that the heritability of schizophrenia is much lower than genetic researchers claim. Heritability is how much of the variability of a particular trait is due to genetics as compared to environmental factors.

The authors calculate the heritability of schizophrenia to be 28%, much less than the 80-85% claimed by some genetic researchers.

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### *We like to call it the NAMI effect.*

*Every time you offer your hand to pick someone up, every time you share your strength and ability to persevere,  
Every time you offer support and understanding to a family who is caring for a loved one, Your help changes lives.*

#### CALENDAR OF EVENTS

**Wed., Sept. 11 - NAMI GDM Board Meeting** You are welcome to attend. Board meetings will be held the second Wednesday every other month in 2019 –

*Jan, Mar, May, July, Sept., Nov*  
**Location:** 511 E. 6<sup>th</sup> St., Suite B, DM  
4:30 to 6 PM

**Executive Director**- Michele Keenan  
515-850-1467 – [director@namigdm.org](mailto:director@namigdm.org)

**Associate Executive Director** – Gary Rasmussen 515-277-0672  
[rasmussen@namigdm.org](mailto:rasmussen@namigdm.org)

**Event Coordinator** – Ashley Adams  
[events@namigdm.org](mailto:events@namigdm.org)

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*If you are interested in Board membership -  
Please become involved with one of our  
committees first. Contact the Executive  
Director to discuss what committees we have.  
– 515-850-1467  
or [director@namigdm.org](mailto:director@namigdm.org)*

#### [www.namigdm.org](http://www.namigdm.org)

About Us, Get Help, Get Involved,  
Resources, and News & Events

#### **NAMI GDM Facebook - NAMIGDM**

<https://www.facebook.com/NAMIGDM?ref=stream>

#### **Twitter @NAMIGreaterDSM**

#### **How can you help individuals with mental illness and their families?**

#### **Volunteer** – Join a committee!!

Advocacy and Outreach, Governance,  
Membership, Education & Support,  
Fundraising and Finance

#### **Become a member**

See Page 1 for membership info

#### **Tax Deductible Donations**

#### **Ways to Donate to NAMI GDM**

Cash, Check

Credit/Debit Card on-line at our website

Through Employee Giving programs

or Direct Donation programs

NAMI GDM Endow Iowa Fund

(see our website for more information

[www.namigdm.org](http://www.namigdm.org) – About Us)

Facebook – NAMI GDM has been granted  
verified N/P status and can now solicit  
donations. So far, we have received funds  
through birthday fundraisers.

**Golf Tournament**–Friday, Sept. 13, 2019

[www.namigdm.org](http://www.namigdm.org)  
*Find help. Find Hope*

#### **Letters to the Editor**

You are welcome to send letters to  
the editor by mail or E-mail. If you  
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