Greater Des Moines

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

March 2019

511 E. 6th St., Suite B, DM 50309
Website: **www.namigdm.org**
Mental Health Education, Support and Advocacy

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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.** 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** 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. 6th St., Suite B, DM, IA 50309*

Have You Visited the Science Center of Iowa yet?

Mental Health: Mind Matters

Feb. 5 to April 28 – Daily – at the Science Center of Iowa

Good mental health is an important aspect of everyone's life. Like physical illness, mental illness is not a 'choice' or a personal flaw but a medical condition that requires care. The National Institute of Mental Health reported in the United States 18.1% of all U.S> adults have a mental illness. Yet misunderstanding of mental illness often leads to lack of treatment and needless suffering. That makes mental health a personal issue, a social issue and an economic issue.

Mental Health: Mind Matters, presented by HealthPartners UnityPoint Health, uses hands-on interactives and immersive multimedia experiences to help visitors explore mental illness and its prevalence in society. The exhibit will build awareness and understanding by giving visitors the opportunity to see how mental illness has been treated in the past and to better understand what it's like to live with mental illnesses such as depression, anxiety and post-traumatic stress disorder.

Vote Tuesday, March 5

One cent Local Option Sales Tax - Public Measure A

For more information, contact Ashley aadams@namigdm.org

Background

What has the rest of the state done? Dallas County passed a one cent local option sales tax 2 years ago. 97% of the communities in the state have already passed a local option sales tax. What's Des Moines' story?

In recent years, the City of Des Moines has had a budgetary crisis and services were cut. The budget is primarily based on property tax revenue, along with other revenue sources. 40% of properties are tax exempt in Des Moines, so city revenue is based on the remaining 60% of properties.

In an effort to expand revenue for the City, other sources of income have been considered. A year ago, the local option sales tax could not be implemented. As a result, property taxes had to be increased 20 cents/$1000 property valuation to maintain services.

This year the 1 cent local option sales tax is being considered again. There has been considerably more input from residents on how the funds should be spent. AMOS talked to over 500 citizens to find out what they thought – **"What matters enough to you that you'd raise your own taxes to see it happen?"**

The results are in. The investment in our neighborhoods and families is impressive. *(continued on page 13)*

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
Total	112	32	12	156

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	
Total MHI beds	**96**	64	32	
Staffed Hospital Beds Statewide	**654**	455	113	86
Total Staffed Beds	**750**	519	145	86
Total Licensed Beds	**802**	Clarinda MHI closed by Governor in 2015 Mt. Pleasant MHI closed by Governor 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 85 crisis residential beds developed by the 14 regions
Add 9 subacute beds
Add 72 bed new psychiatric hospital approved in SE Iowa
Add 12 beds proposed to be built in Mason City.
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
Equals a proposed new total of 1053. (shortage of 497 remains)

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.

Circle of Care: A Guidebook for Mental Health Caregivers – go to www.namigdm.org
Click on "Get Help",
Click on Guidebook for MH Caregivers

In the nation, Iowa is:

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

Regions are serving 30,161 unduplicated individuals FY 2017. The 14 regions are serving 27,234 with mental illness, 2810 with intellectual disabilities, 879 with other developmental disabilities and 80 with brain injury. The regions pay for services for some people with disabilities who do not qualify for Medicaid. See information on regions at: **https://dhs.iowa.gov/mhds-providers/providers-regions/regions**

Some of the Services Built in the Regions as of 9-30-18		In development
Jail Diversion (# of counties)	66	25
Mobile Crisis Response (# of counties)	41	32
23 hr Crisis Observation (# of Beds)	50	3
Residential Crisis Beds	85	19
Crisis Stabilization – Community Based (# of co's)	2	2
24 hour crisis line	11	1
ACT teams	11 teams 33 counties	11 counties
# of Subacute Beds	9	16

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 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.

A complete list of substance abuse providers can be found at: **https://idph.iowa.gov/substance-abuse/treatment**

House of Mercy *(Co-occurring treatment, residential for women)* 1409 Clark Street, Des Moines (515) 643-6500

In 1955 – we had 4 mental health institutes and 5300 beds
In 2018 – we have 2 mental health institutes and 96 beds
In 1955 – we had 3 prisons with around 2200 inmates
In 2018 – we have 9 prisons with around 8300 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 Dec 2018	In Process	# on waiting list
Aids/HIV	32	11	0
Brain Injury	1412	256	1253
Children's Mental Health	1006	539	966
Elderly	7822	2303	0
Intellectual Disability	12,160	1292	2227
Health and Disability	2318	749	2802
Physical Disability	1044	624	999
Total	**25,794**	5774	**8247**

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 2018, 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.

Polk County Community Resource Guide
go to Visiting Nurse Service of Iowa website
https://www.vnsia.org/resources/community-resource- directory/default.aspx
Dallas County Community Resource Guide
go to Generation Wellness Coalition – Dallas County website
http://media.wix.com/ugd/5080fb_21ca1d4434314d0fa5726e40ae45cde0.pdf

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.

Community Resources

Polk County Mental Health Services
Polk County River Place – 2309 Euclid Avenue, DM – 243-4545
www.pchsia.org.

Central Iowa Community Services
1007 S. Jefferson, Indianola, IA 50125
515-961-1068 email: mentalhealth@warrencountyia.org
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@dallascountyiowa.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 5th Ave – 244-2267
Eyerly Ball Community MH Center 1301 Center St. – 243-5181
Broadlawns Medical Center- 1801 Hickman Road – 282-6770
New Connections Co-Occurring Outpatient Services – 282-6610
Eyerly Ball Golden Circle – 945 19th 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 14th St. – 248-1400
The Outreach Project, 1200 University, Suite 105 – 248-1500
East Side Center, 3509 East 29th 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 6th 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 contacte 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**

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
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 Nora Breniman at 964-1593 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 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

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 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.

Crisis Phone numbers and Text numbers

Text Crisis Line http://www.crisistextline.org/

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-TALK (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/myVAoutreachToolkitPreventingVete ranSuicideIsEveryonesBusiness.pdf

Bullying, Suicide Hotline – Available 24/7. Your Life Iowa is a phone call or text away at **www.yourlifeiowa.org** or 855-581-8111. Trained counselors will provide guidance and support about bullying and critical help to youth.

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, intended as a one-stop shop for Iowans in search of affordable housing resources.

Community Support Advocates
6000 Aurora, DM 50322

We offer FREE art services 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. Contact Shannon @ 515-681-4099 or 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 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

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

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

Tell Me Where to Turn

Support Groups for Persons with Mental Illness

2nd & 4th Mondays of each month – 7 P.M. – depression, anxiety and bipolar support group., Heartland Presbyterian Church, 14300 HIckman, Clive. Julie 710-1487 candlesinthedarknesssg@gmail.com

Every Tuesday afternoon 2-3:30 PM at the NAMI GDM office, 511 E. 6th, Suite B, DM For more information, contact Matthea Little Smith 515-783-2763 or Matthea.little.smith@gmail.com

On the 1st and 3rd Wednesday evenings each month – 5:30 to 7 PM at NAMI GDM office, 511 E. 6th 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. 24th 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

New! Tuesday evenings, 7:00pm. Weekly 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 24th 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

An **Epilepsy Support group**
The Epilepsy Empowerment Group held 4th Thursday of each month- 6 PM -Mercy Medical Center, East Tower, Room 3, 1111 6th Avenue, Des Moines. For more info, contact Roxanne Cogil 515-238-7660 or efiowa@efncil.org

Every Saturday evening-“The Road”-Christian Life Center, 710 NE 36th 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

The Mental Health Mobile Crisis Team provides community-based assessments of individuals in 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 Crisis Mobile 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. The mobile crisis team is located at Police Headquarters, 25 E. 1st, lower level.

Mobile Crisis Response Team
Emergency Calls: 911
Non-Emergency Calls: **515-283-4811**

If you have a mental health crisis in your family and are in need of emergency assistance – call 911 Be clear with the dispatcher what the situation is, that it is a mental health crisis, and you need the Polk County Mobile Crisis Response Team to assist. The goal is to keep everyone safe and to seek the appropriate level of assistance for the ill family member or friend.

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

The non-emergency phone number for the mobile crisis team is **515-283-4811**. The police liaison to the Mobile Crisis Team is Officer Lorna Garcia. Her hours are 8 to 4 Mon-Fri phone is 205-3821.

If the crisis situation is in Polk County - 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 Crisis Observation Center and Psychiatric Urgent Care 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. **Crisis Observation Center – open 24/7.**
Broadlawns Hospital, West entrance, 1801 Hickman, DM
Phone: 515-282-5742 – See map for new location

The Pre-Petition Screener Service is 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 M-W from 8:30am to 4:30pm. If you or someone you know is in need of a psychiatric and/or substance abuse evaluation, please contact Chelsea Sailsbury, LMSW by calling either 515-336-0599 (direct line) or **515-**282-5742 (main office) or via email at csailsbury@broadlawns.org. The County clerk of court and the pre-petition screener are located in the same building.

Broadlawns Crisis Team 515-282-5752 – mental health professionals on duty 24/7 for responding to mental health emergencies

Broadlawns Community Access 515-282-6770

Under consideration

1. Working with stakeholders to establish a sobering center/engagement center.
2. Working with Polk County Supervisors to identify uses for the three 9 bed transitional homes they own. In all likelihood, one facility will be for subacute, one will be for crisis residential, and the third will be a residential group home for persons with mental illness.

Crisis Services in Dallas County

24/7 Crisis Line – 1-844-428-3878

Mobile Crisis Team - For a mental health crisis in need of emergency assistance call 911. 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. *(Covers Dallas, Guthrie, Greene and Audubon)*

Hope Wellness Center, 706 Cedar Street, Woodward, IA 50276 Director – Karen Rosengreen 515-438-2331 – a safe place where individuals who may be experiencing a mental health crisis can voluntarily access crisis intervention services. Open 24 hours a day/7 days a week. Typical stay is less than a week.

Hope Wellness Center Transitional Living Services – provides short term (2-3 month) housing for an individual coming out of a placement or hospitalization who needs to redevelop skills needed to be successful in the community.

Crisis Services in Warren County

Website for more information:
http://cicsmhds.org/services/crisis-services/

24/7 Crisis Line – 1-844-258-8858

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

For emergency situations always call 911. Tell the dispatcher that the situation is a mental health crisis and you need the Mobile Response Crisis Team to assist.
Mobile Crisis Team – 1-844-258-8858

Warren County Community Services Director – Betsy Stursma - 515-961-1059 betsy.stursma@cicsmhds.org
The main phone number is 515-961-1068.

There is a "Mental Health Resources in Warren County" booklet you can ask for.

Crisis Services in Madison County

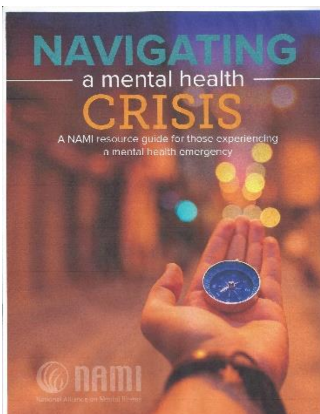
Krystina Engle, Director and the Eyerly Ball Staff, will provide the new **Mobile Crisis Response Service**. There is not an age limit nor income guidelines to this program. The service itself is free of charge and is available 24/7.

Mobile Crisis Response is a service that provides teams of professionals that can 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.

The team will be dispatched through the existing CICS Crisis Line (844-258-8858) available 24/7.

For emergency situations always call 911. Tell the dispatcher that the situation is a mental health crisis and you need the Mobile Response Crisis Team to assist.

For more information about services in Madison County, please see the website at:
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/**



Navigating a Mental Health Crisis

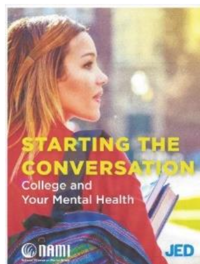
To download a copy, go to www.namigdm.org, click on "Get Help" – the manual is the first item on the page

MCO's – Managed Care Organizations

If you have a question or a problem, call:	If problems remain unresolved, contact:
Amerigroup Iowa, Inc. 1-800-600-4441 www.myamerigroup.com/IA/	**Managed Care Ombudsman Program (866) 236-1430 or email ManagedCareOmbudsman@iowa.gov** Only for people on waivers – see the complaint form www.namigdm.org Click on "Get Help", click on "Health Insurance" scroll to bottom of page
United Healthcare Plan of the River Valley, Inc. 1-800- 464-9484 www.UHCCommunityPlan.com/ia/	**Office of Ombudsman** Toll-free 888-426-6283 http://www.legis.iowa.gov/Ombudsman/ For members who are not Long term Services and Supports (LTSS) or are non-Waiver cases – also take complaints from Medicaid providers
If there are unsuccessful repeated attempts to resolve, contact Tony Leys at tleys@dmreg.com or send a letter to 400 Locust St., Suite 500, Des Moines, Ia. 50309	
Emergency Medical Transportation (NEMT) Amerigroup Iowa Inc. Logisiticare 1-844-544-1389 United Healthcare Plan.- MTM 1-888-513-1613	
Iowa Medicaid Member Services 1-800-338-8366 (toll free) www.IAHealthLink.gov IMEMemberServices@dhs.state.ia.us	**For Iowa Medicaid Providers IME Provider Services** Phone: 1-800-338-7909 (toll free) IMEProviderServices@dhs.state.ia.us Provider Managed Care Organization Contacts: https://dhs.iowa.gov/ime/providers/MCO-contact-info

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.



Starting the Conversation: College and Your Mental Health - go to www.namigdm.org

Click on "Resources",
Click on "School Resources"

*Suicide is the 10th leading cause of death across all age-groups, with suicide rates increasing **30%** since 1999 and half of states experiencing an increase in suicide of more than 30% during that time period. (Iowa 36%) There were **47,173** deaths by suicide in the United States in 2017, almost 20% of all injury-related deaths, according to new data released from the Centers for Disease Control and Prevention (CDC).*

Factors contributing to suicide risk are extremely complex and can include mental illness as well as a host of other factors including substance misuse or financial instability.

Individuals with serious mental illness have more than a 20-times higher risk of suicide compared to the general population.

Approximately 50% of all suicides occur by firearms and 63% of all firearm injuries in the United States are self-inflicted.

Having a Serious Mental Illness as a Parent

Treatment Advocacy Center
Office of Research and Public Affairs

Parents that suffer from a serious mental illness are significantly more likely to have contact with child protective services and lose custody over their children, according to research published this month.

The research does not indicate that parents with a serious mental illness have higher rates of abuse or neglect, nor that custody loss is due to the mental illness alone. However, the results do indicate that parents with serious mental illness are disproportionately more likely to have interactions with child protective services and to endure stress and other devastating psychological impacts as a consequence of losing custody over their children.

Published online in *Psychiatric Services*, Katy Kaplan, PhD, and colleagues from Temple University utilized data from a national survey that assesses a variety of health factors, including serious mental illness, parenting status, child protective services contacts and the nature of such contacts. The results are the first comparable national prevalence estimates of child protective services involvement. The findings also provide a stepping stone for further research into the implications of such involvement and how to prevent these events.

Contemporary results

Individuals with serious mental illness have parenting rates similar to those who do not suffer from a mental illness, according to the results. However, parents with a serious mental illness were eight times more likely to have contact with child protective services and 26 times more likely to have the court involvement result in out-of-home placement of the child.

Implications of findings

The authors argue that these results are indicative of the bias and discrimination faced by parents with disabilities, including serious mental illness. "Federal and state statutes continue to limit parental rights by either allowing a mental illness as grounds to terminate parental rights in 36 states or expediting the process to terminate parental rights," the authors write. "Some states allow for a mental illness as grounds to not provide reasonable efforts to reunify a family."

Discrimination towards individuals with disabilities has been well documented, and child protective services, courts and clinicians may have bias when making parental competency decisions. Addressing the biases of child protective services and others involved in these decisions through training and education is essential to prevent illegitimate decisions.

However, untreated severe mental illness can lead to symptomatic behavior that may jeopardize an individual's ability to take care of a child. Therefore, a lack of an adequate mental health treatment system that takes care of those with the most severe psychiatric diseases also contributes to these findings.

An adequate treatment system for individuals with serious mental illness is needed, including adapting mental health services to address the parenting role among individuals with serious mental illness, the authors write. The consequences of non-treatment are far too great.

Multi-decade Study Found Childhood Trauma Exposure Common, Raising Health Risks in Adulthood

Brain and Behavior Research Foundation

A long-term study of 1,420 people finds that childhood trauma is more commonplace than is often assumed, and that its effects upon the transition to adulthood and adult functioning are not only confined to post-traumatic stress symptoms and depression but are more broadly based.

These conclusions were reported November 9, 2018 by a team led by 2009 BBRF Young Investigator William E. Copeland, Ph.D., of the Vermont Center for Children, Youth and Families at the University of Vermont. He and his colleagues are part of The Great Smoky Mountain Study, a study of children in 11 mainly rural counties in North Carolina.

Beginning in 1993 and continuing through 2015, the study annually observed 1,420 children, selected randomly from a group of 12,000 local children, through age 16, and again when they reached ages 19, 21, 25 and 30. Results are based on analysis of over 11,000 individual interviews. The sample was designed to over-represent frequently overlooked rural and Native American communities.

One striking perspective emerging from the study is that "it is a myth to believe that childhood trauma is a rare experience that only affects few," the researchers say. Rather, their population sample suggests, "it is a normative experience—it affects the majority of children at some point." A surprising 60 percent of those in the study were exposed to at least one trauma by age 16. Over 30 percent were exposed to multiple traumatic events.

"Trauma" for the purpose of the study included violent events (violent death of a loved one, physical abuse or harm, war or terrorism, captivity); sexual trauma; witnessing a trauma that caused or could have caused death or severe injury; learning about a traumatic event involving a loved one; and other traumas such as diagnosis with a serious illness, serious injury, or fire.

"Our study suggested that childhood trauma casts a long and wide-ranging shadow," the researchers say, associated with elevated risk for many adult psychiatric disorders affecting many "important domains of functioning," with impacts in the form of diminished health, financial and academic success, and social life.

The impact of trauma across the lifespan has been noted in many past studies. The newly reported study, appearing on the website of the *Journal of the American Medical Association (JAMA)*, differed because it followed children from year to year. Prior studies relied upon memory-based reports of childhood events made by participants during their adulthood, which tend to be less accurate. The new study also statistically compensated for the presence of other childhood factors that often co-occur with childhood trauma such as poverty and family instability or dysfunction.

The researchers say their results are consistent with an "accumulation" model of trauma that assigns increased lifetime risk of psychosocial impact with each additional traumatic exposure during childhood. While they do not shed light on the question of which children are more likely to experience trauma, the team hopes the results will inform public policy, via "interventions or policies that broadly target this largely preventable cluster of childhood experiences."

The impact of childhood trauma on an adult's health is also outlined in "ACES – Adverse Childhood Experiences". Go to www.iowaaces360.org for more information.

What is peer support?

The value of peer support specialists (PSS) is well documented. A peer support person has lived-experience with mental illness and/or addiction recovery and combines that with training to deliver services in behavioral health settings.

These PSS provide a path to lower relapse rates, social support, social functioning, decreased psychotic symptoms, and reduced hospitalization rates for the peers they assist.

The Six Challenges of Making Peer Services Work

Open Minds

For most organizations, the question is not whether to add PSS (peer support services) to their service delivery team—but how. And how to bring those services to scale across a service location. *OPEN MINDS* Senior Associate Sue Bergeson noted:

Provider organizations should leverage peers in the areas of activation, engagement, reduction of isolation/increase support, communication, and education. Involve peers as you would other staff in the organization's decision-making process. Peers will see things differently and can give you feedback, and insights others will not see that can positively impact the effecttiveness of your programs. Effectively on-board peers into the organization, supervise, and promote them as a part of the overall treatment team. Pay them a fair wage and offer them access to continuing education so they can continue to build skills and serve your clients.

Done right, she observed that this approach can improve consumer outcomes, including increased consumer empowerment, increased sense that treatment is responsive, and increased social support and social functioning.

But she noted that there are six key issues that consistently diminish the effectiveness of peers in the workforce—role confusion, lack of integration, performance measures, management training, career paths, and specialties of focus.

Role confusion*—Often job descriptions are unclear, and staff does not know what to do with peer staff. This can lead to peers used simply as extra hands to drive a bus, to do filing, or to clean. Its fine if peers are hired to do these roles specifically but they are not peer roles - they do not used the skills or leverage the experience of trained and certified peer specialists. It's no more appropriate for peer specialists to drive the bus than it is for clinicians to drive the bus. Peer job descriptions and roles need to align with the core competencies or the system employing them is missing out on the benefits of adding peer support to the system of care - in short, they will not achieve the very benefits they were hoping to achieve by adding peers to the workforce.*

Being treated as separate from the rest of the workforce*—Because the staff team has usually not had any orientation to the work of peers, often peers are not invited to the table, not involved in committees, not involved in meetings, not informed or asked about organizational changes. Because peers have different experiences and can see things differently, the system misses important feedback if they do not involve peers as they create and implement new policies, programs and systems.*

Not being held to the same standard*—Peers are sometimes treated as fragile and the company might make special allowance for behavior not acceptable in other staff. This does the peer a disservice. Peers need to be held accountable for the same kind of professional behavior as other staff members. Sometimes hired peers are new to the workforce and so a mentor that helps them acclimate can be a great addition to the onboarding process*

Training for supervisors*—Because the role is often new to a system, supervisors often need additional support in learning how to effectively supervise this new role. It is not unusual for the peer to mistakenly be supervised as a "mini therapist" or "junior social worker" because that is the field the supervisor knows best. This diminishes the effectiveness of the peer worker.*

Career paths*—Hiring peers as supervisors is an effective way to ensure peer roles remain peer and are optimized for success. Successful peers should also be considered for other leadership and administrative roles as they demonstrate their effectiveness.*

Areas of focus*—We are seeing additional areas of focus emerging within the field, each its with its corresponding training. For example, peer support within later life populations, within transition age youth, within co-occurring health conditions like diabetes and depression.*

Like any change in the service delivery system, planning for incorporating PSS demands planning. Managers of health and human service organizations will need to make this a priority to remain competitive in the coming years.

6 Diagnostic Features of Hoarding Disorder

Characteristics of Hoarding Symptoms
Psychiatric Times

1. **Hoarding Disorder** - Maladaptive beliefs that possessions being accumulated are necessary; often, emotional attachment to objects or need to keep objects to “aid memory”; positive emotions for collecting/acquiring reinforce the behavior; distress is associated with having to discard items, not urge to control thoughts; insight is variable, from good to very poor; symptom onset is in adolescence; impairment typically begins in later adulthood.
2. **Obsessive Compulsive Disorder** - Hoarding behaviors often associated with OCD themes such as contamination or fear of harm; distress arises from need to perform hoarding compulsions or associated hoarding obsessions rather than from difficulty discarding; symptoms are typically ego-dystonic; insight typically good (although can vary); symptom onset and impairment typically coincide.
3. **Schizophrenia-Psychosis**- Item accumulation is the result of delusions or other negative symptoms; items collected likely serve a specific purpose in these delusions, even if it is not the intended use of the object; insight typically poor.
4. **Mood Disorders** - Clutter is the result of low energy and lack of motivation to clean and/or organize rather than a result of difficulty discarding; excessive acquiring not likely present.
5. **Neurodevelopmental Disorders** - In the case of neurodevelopmental disorders (including autism spectrum disorders and intellectual disability), patients have difficulty discarding items. This is typically due to extreme attachment to specific objects or types of objects rather than generalized difficulty with discarding.
6. **Neurocognitive Disorders or other Medical Conditions** - Cognitive inability to properly organize objects/discard; may also see collectionism of specific objects (eg, cigarette butts, bottles, etc); onset is later in life, although can precede neurocognitive dysfunction.

Why Treatment is Needed -People with HD can experience social isolation, divorce, separation or alienation from family members and friends, risk of eviction and homelessness,

removal of children or elders from the household by government officials, risk of death and injury due to clutter, structural instability and fire, health risks due to unsanitary living environments, and financial stressors due to excessive acquisition. HD is associated with high levels of medical disability and work impairment, as well as anxiety and depression. Patients often complain of difficulties with memory, decision-making, categorization, and symptoms consistent with the inattentive subtype of ADHD.

Treatment Options

- **Psychotherapy-** Cognitive-behavioral therapy (CBT) is considered the first-line treatment for HD and focuses on:
  - Confronting maladaptive belief patterns and behaviors related to hoarding
  - Managing emotional distress related to discarding
  - Exposures aimed at actively discarding objects and avoiding acquisition of new objects
  - In some cases, addressing problems related to information processing
- **Pharmacotherapy -** Pharmacotherapy for HD has been even less well studied than the therapies. The majority of the available data are based on studies that investigated the treatment response of hoarding symptoms in OCD. Interpretation of these studies has also been limited by the lack of randomized, double-blind, controlled trials.

For more information, see Hoarding Throughout the Life Span, by Carol A. Mathews, MD and Ryan McCarthy, on which this information is based.

In Iowa - Medications for Those Who Really Need Them

SIMplify Newsletter

Twenty-five percent of the US population, or 82 million people are medically underserved. This figure includes roughly 30 million uninsured persons ages 19-64, 41 million underinsured persons with employer-provided, marketplace, or Medicare plans and approximately 11 million undocumented immigrants. One in four people in the US are medically underserved – a staggering figure. Resources to adequately address the medical needs of 82 million underserved individuals is scarce to say the least. Health systems and providers are continually searching for efficiencies and innovations to do more with less, make lemonade from lemons and turn waste into resources. One non-profit in Iowa is doing just that. Let's focus on a bright spot.

Drug Donation – Life Stories

Through SafeNetRx, more than 90,000 people have been provided prescription drugs for free. A mother was given enoxaparin injections – without this donation she would not have been able to undergo life-saving cardiac surgery. A father was provided enzalutamide (Xtandi) when he could not afford his prescription co-pay to effectively treat prostate cancer. A young man avoided a 10-day hospital stay after he received donated linezolid (Zyvox) to treat MRSA. Without a drug donation program, these individuals would have suffered life changing events and the medications would have been discarded, incinerated, flushed down the toilet or simply tossed in the trash.

The SafeNetRx Drug Donation Repository redirects unused medications and provides them to patients in need. **Donated drugs are inspected by pharmacists and distributed to medical facilities or pharmacies to serve uninsured and underinsured patients with low incomes.** Established in 2007, the Iowa Drug Donation Repository is the nation's largest state drug donation program and serves as a national model to re-purpose unused medications and supplies. Clinics or pharmacies interested in donating or becoming a dispensing site may learn more by visiting **https://safenetrx.org/drug-donation/** (link).

Charitable Pharmacy Services

Through the SafeNetRx-Pharmacy, donated medications from the Drug Donation Repository and three other national pharmaceutical safety net programs are now available for dispensing directly to the patient. In June 2018, SafeNetRx launched Iowa's first charitable pharmacy. SafeNetRx-Pharmacy maintains donated inventories from the Drug Donation Repository, Americares USA, DirectRelief and the Dispensary of Hope. **Patients complete a short application and are qualified for assistance**. SafeNetRx-Pharmacy customers pay a small dispensing fee and receive all their prescriptions free or at cost, with no markup. **Prescriptions are sent directly to the patient's home and are provided medication counseling over the phone.** SafeNetRx-Pharmacy increases access to medication assis-tance for patients who are not located near a medical facility or pharmacy that participates in the Drug Donation Repository and reduces the burden of maintaining medication inventories on-site. For more information please visit **https://safenetrx.org/safenetrx-pharmacy** (link) or contact the pharmacy at 515-276-0066. New or transfer prescriptions can be sent via E-script (SafeNetRx-Pharmacy) or fax 515-401-1191.

Eligibility

Any uninsured or underinsured individual living in Iowa with a household income at or below 200 percent of federal poverty level is eligible for medication assistance.

10 Must-Read Memoirs From People With Bipolar Disorder

Bp Magazine

#1 Just Like Someone Without Mental Illness Only More by Mark Vonnegut (Bantam, 2011)

Mark Vonnegut, the son of the late Kurt Vonnegut, recounts his time at Harvard Medical School, years of self-medication with alcohol and prescription pills, and a fourth psychotic break in 1985 that found him strapped to a gurney in the very hospital where he practiced. That same year Vonnegut was named Boston Magazine's "No. 1 Pediatrician". Another of Vonnegut's titles that should grace anyone's bookshelf is his 2002 highly praised *The Eden Express: A Memoir of Insanity.*

#2 More Fool Me - by Stephen Fry (*Michael Joseph, 2014)*
More Fool Me, the recently released third instalment of Fry's memoirs. As in the previous volumes—which touched on his adolescent expulsions from private schools, a brief stint in prison for credit card fraud, crippling self-doubt, and a suicide attempt—he is candid about the darker side of his incredibly successful life and living with bipolar disorder. Don't miss Fry's first two reads: *The Fry Chronicles: An Autobiography*, 2010 and *Moab is My Washpot: An Autobiography,* 1997.

#3 An Unquiet Mind: A Memoir of Moods and Madness by Kay Redfield Jamison, Ph.D. (*Vintage, 1995)*
Kay Redfield Jamison is an accomplished woman with academic credentials and a professor of psychiatry at the prestigious John Hopkins University School of Medicine. Her bestselling memoir is a raw and honest story of her own battles with bipolar, a diagnosis that came after she joined the UCLA faculty as an assistant professor of psychiatry and her own resistance to treatment.

#4 All the Things We Never Knew, Chasing the Chaos of Mental Illness by Sheila Hamilton (*Seal Press, 2015)*
Sheila Hamilton lost her "once brilliant and passionate" husband

to suicide within six weeks of a bipolar diagnosis. *All The things We Never Knew* is a memoir, but it's also a guide for families in crisis, with dozens of resources to help figure out where to turn for care and treatment.

#5 Detour: My Bipolar Road Trip in 4-D
by Lizzie Simon *(Simon & Schuster, 2003)*
From the outside Lizzie Simon had everything: friends, loving family, ivy-league education, coveted career as a theater producer, yet she still felt lonely and misunderstood. *Detour* is a road trip of sorts… "along the way she finds romance and madness, survivors and sufferers, and, somewhere between the lanes, herself."

#6 Fast Girl: A Life Spent Running from Madness
by Suzy Favor Hamilton (*Dey Street Books, 2015)*
Olympic distance runner Suzy Favor Hamilton confronts her experience with bipolar mania with brutal honesty. "In my case, my bipolar was driving me toward sex. It could have just as easily have been driving me toward drugs and alcohol or gambling, the way it does many people. The message, though, is that it can be treated if diagnosed correctly, with the help of medical people and family and friends. There is hope, and I'm living proof.''

#7 Madness: A Bipolar Life
by Marya Hornbacher (*Houghton Mifflin, 2009)*
On the heels of her Pulitzer-nominated memoir *Wasted: A Memoir of Anorexia and Bulimia* (1998) Marya Hornbacher shows a triumphant effort to refocus her life's narrative through the lens of her diagnosis. She once again considers her erratic behavior, crippling depressions and suicide attempt, fits of rage and joy, and her arduous battle with an eating disorder, but with a new clarity. The result, she says, is an assured story of a woman who has grown into her illness, but also a writer who has grown into her craft.

#8 Manic: A Memoir by Terri Cheney (*Harper, 2009)*
Once a successful entertainment attorney representing the likes of Michael Jackson and Quincy Jones, Cheney has chronicled her lifelong battle with bipolar disorder in this bestseller. She pulls no punches in *Manic: A Memoir* as she recounts the despair, the suicide attempts, flirting recklessly with men, and the dramatic side effects of treatment.

#9 Wishful Drinking by Carrie Fisher *(Simon & Schuster, 2008) Wishful Drinking*, an autobiographical collage that originated as a highly praised one-woman performance by Carrie Fisher, became an HBO special, and was published in book form in 2008. "I'm apparently very good at it." People magazine in its four out of four-star review of *Wishful Drinking*, put it this way: "Fisher makes each crushing tragedy hilarious."

#10 Patty Duke's Brilliant Madness: Living with Manic Depressive Illness *(Bantam, 1992)*
Patty Duke wrote her memoir *Call Me Anna* in 1987, but was approached to write another book specifically about bipolar disorder. *A Brilliant Madness*, co-authored with medical writer Gloria Hochman, pairs her personal account of having bipolar with scientific information about the illness and ways to treat it. Her enduring message about bipolar: "It's fixable. People need to know that there is forgiveness for the bad things, and the illness does not own you."

Open Minds

Mental illnesses are complex disorders which affect millions of adults in the United States. The burden of these conditions, as well as the risk of comorbidities for the patient population living with mental illness, requires ongoing support and collaboration from various stakeholders across the care and support continuum. One strategy to help ensure that a patient's needs and preferences are assessed is to coordinate care with a person-centered, assessment-based, interdisciplinary approach that addresses not only health care and mental health treatment, but also links patients with necessary social service supports. Developing comprehensive, integrated care plans, and incorporating caregiver and peer perspectives within those plans, contributes to the successful treatment outcomes for individuals living with mental illness.

A Psychiatrist, a Veterinarian, and an Emergency Physician Resolve to Improve Mental Health

***Psychiatric Times* - H. Steven Moffic, MD, Michele Gaspar, DVM, LCPC, Randall Levin, MD**

Between animal and human medicine there are no dividing lines—nor should there be. –Rudolf Virchow, MD, father of cellular pathology

On the shortest day of the year in December 2018, the American Psychiatric Association's (APA) daily featured a dark subject about the suicide rate in veterinarians, also reported in the *Journal of American Veterinary Medical Association*[1] Both the field of psychiatry and veterinary medicine have in common our concern for our own suicides.[2] Indeed, a few days later, on Christmas Eve, *Medscape Psychiatry* reported its top news article for 2018: "NYU Resident, Medical Student Die by Suicide 5 Days Apart."[3]

A terrible truth of student suicides is that those who start medical school and residency are generally psychologically healthy. One can deduce, then, that educational systems themselves factor into suicides.[4] Veterinarians and physicians, including psychiatrists, have the highest rates of suicide of any professions and higher than the general population. The paradox is that we are all devoted to healing, yet the ultimate vessels of our well-being—our lives—are being lost by our own hands.

Moreover, suicide is the tip of the iceberg of our personal psychological distress and disorders. Our mutual professions have higher rates than the general population for clinical depression, epidemic rates of burnout, and related problems. Those healers with the most compassion seem most at risk for burning out.[5] No wonder quality-of-care suffers.

For the public, the prevalence of mental disorders has increased to over 20%, and most never receive any effective treatments. Outside of formal diagnostic disorders, a host of other public psychological problems are cause for concern.[6] These include the fact that over half of adolescents already have had a significant life trauma; cosmetic surgery procedures are booming, perhaps as a response to body dysmorphia; rates of xenophobia and related prejudices (ie, racism, sexism, anti-Semitism, Islamophobia) are rising; people are suffering mental repercussions of climate instability; technology is being overused and misused; and our society is pervasively lonely.

The American Psychiatric Association Foundation, the funding arm of the APA, called for "A Mentally Healthy Nation for All" in 2018. However, simple math suggests that we are moving toward mental dis-ease.[7]

Historically, beyond a general altruistic calling, many believed that those who chose to be veterinarians, psychiatrists, or other kinds of physicians, were often doing to so to address some traumatic and/or inspiring medical or psychological experience in their childhood. For veterinarians, that would likely involve beloved animals. That emotional tie to the past could leave us vulnerable to frustration in helping our patients. Such frustration results more and more from the systems we work in that have

become more corporate and business-oriented, with the consequence of controlling how we practice, decreasing our empowerment, and providing obstacles for our ability to heal and fulfill our callings.

Along the way, those entering our fields start out under a mountain of debt with an income that fails to keep up with opportunities to alleviate that debt. That can lead to career choices that emphasize reimbursements over the passion to treat certain populations which may not be as financially lucrative. A balanced home life with children and family is a dream that is pushed more into a distant future.

With all these stressors, it would not be surprising that mental health care for ourselves would be needed. Indeed, when psychiatrists conducted more psychotherapy, psychiatrists in training were expected to receive their own psychotherapy. But no more. Professionals in our fields often are even more reluctant than the public to get such care because of stigma and the negative consequences of people knowing about one's mental illness. Many fear loss of jobs and/or licensure. The tragedy is that intervention is often successful, and the recipient can enjoy the benefit of true empathy for the psychological suffering of everyday patients.

Until recently, psychiatry has not focused much attention on mental health challenges less severe than diagnosable disorders. Unfortunately, the field has largely neglected wellness and burnout, even to the extent of not trying to better understand and define what these colloquial terms mean.

What a loss it has been, and will continue to be, if psychiatry does not expand its range of concerns and seek to resolve them. Perhaps our absence is even associated with the rise of burnout at epidemic levels. After all, our expertise in deeper psychological processes, which are often counterintuitive, has been missing. For instance, there has been an almost universal quest for more resilience in physicians. Certainly, developing resilience is helpful for psychological and post-traumatic growth. Yet, that resilience is almost part and parcel of becoming a veterinarian or physician. Can we have "too much" resilience—that is, do we ignore psychological problems and instead soldier on as we have been taught to do?

Psychiatry and veterinary medicine
We in psychiatry can do better with veterinarian patients, who have unique challenges. The desires of animal owners, who are the clients, may conflict with how the veterinarian wants to help the animal patient. Owners can be critical of the costs and blame the veterinarian for being greedy and not loving the animals "enough," causing unnecessary guilt. Fortunately, some of us in psychiatry have experience trying to help animals, whether that be behavior modification techniques, the use of medications, and appreciating that service dogs can be ancillary healers. Animals and humans, too, share some of the same mental health challenges, including loneliness and loss.

In turn, perhaps veterinarians can help us deal with death. Although rare in psychiatric practice, deaths directly related to psychiatric practice are suicides, homicides, and medication adverse effects. Veterinarians have an acute understanding of death in their animal patients. Those who have learned to positively cope may help psychiatrists in processing the rare patient suicide. The potential to work together is mutual, as our expertise in grief can help veterinarians who are overwhelmed by such losses. For some veterinarians, can taking the lives of so many animals blur the ethics of taking one's own life?

Only in recent years has psychiatry become familiar with euthanasia. Physician-assisted deaths are now available in some states and various European countries. The role of psychiatry in screening and/or treating patients who request death varies. Intense debate surrounds the ethics of participating or not; both sides seem to share a commitment to compassion and respect for human dignity and rights, but draw different moral conclusions.[8] Such assisted deaths may increase as the world population ages and health care resources become more limited. As radical as it may sound, perhaps veterinarians can help prepare us for such roles.

Emergency medicine and burnout
Emergency medicine has made strides in developing programs to increase wellness and to reduce burnout after burnout rates soared to epidemic levels. Attention expanded from focusing on individual physician wellness to the greater influence of systems that dis-empower physicians from healing as best as we know we can. In 2018, Medscape reported that their efforts may be paying off as their burnout rate dropped strikingly.[9]

Addressing mental "unwellness"
The alarming suicide rate of veterinarians is an unexpected wake-up call. We need to act. With so much in common, our professions can learn from one another, and we suggest ten strategies to address "unwellness":

1. Label our high rates of suicide, mental disorders, burnout, and xenophobia **a national mental health care crisis** and find **the best ways to communicate this to the public and politicians.**
2. **Normalize self-disclosure** of our own emotional problems; and **convey as much compassion, validation,** and **mercy to one another as we do to our patients.**
3. **Expand psychiatry beyond integrated medicine into integrated veterinary medicine.**
4. **Consider the use of safe, accurate, and effective screening tools** for suicidality, depression, trauma, burnout, racism, and resilience**.**
5. **Help develop research-based interventions** for conditions that may be less severe than DSM disorders.
6. **Develop psychologically engaging communities** via prevention, treatments, maintenance, self-actualization, community actualization, and disaster planning.
7. **Include veterinary medicine with all the medical specialties in the National Academy of Medicine coalition** that is working on wellness and burnout and, in turn, have psychiatry included in joint endeavors like the **One Health Initiative,** which is devoted to the well-being of people, animals, plants, and the environment.
8. **Learn from emergency medicine that these problems will not be solved quickly but need an ongoing commitment.**
9. **Pull together conferences, books, small retreats, and related projects that include** all healing professions and physician specialties, mental health care professionals, nurses, dentists, veterinarians, and other allied health caregivers.
10. **Be active politically to advocate for leadership that embraces the mental health of mankind as its business.**

The three of us know through experience that our fields can work together successfully, as illustrated by a retreat last October for veterinarians from all over America. With the facilitation and overlapping expertise of the authors, they shared and discussed their workplace stories that needed to be heard.

Therefore, as the year 2019 begins, we hope that we are representing our professions well, and we resolve to do whatever we can to solve our mental health challenges. Will you join us?

(Cont'd from Page 1) – **Vote Tuesday, March 5 – Public Measure A – for the One Cent Local Option Sales Tax –** Here's what funds will be spent on:

Critical Infrastructure Improvements to improve our neighborhoods and make Des Moines a better place to live and visit.

- Road and bridge improvements and repairs
- Sewer and storm sewer improvements to reduce the impacts of flooding throughout the city
- Fund our first responders while improving emergency response times throughout Des Moines
- A fully staffed new Fire Station on the NE side of Des Moines

Property tax relief for Des Moines - 50% of sales tax revenue will be dedicated to property tax relief

- It will reduce Des Moines' reliance on property taxes
- If Public Measure A is passed, the 20 cent increase from last year will be removed and the property tax levy will be reduced by another 40 cents.
- The income produced from the local option sales tax will delay future property tax increases, reduce city debt and preserve core city services.
- If the March 5 vote does not pass, Des Moines will have to raise property taxes $1.50/$1000.
- Groceries, prescriptions, gasoline and utilities are **exempted** from the Local Option Sales Tax, **helping reduce the impact on lower-income families.**
- **33% of the revenue** generated by the Local Option Sales Tax will come from **visitors from out of town.**
- All spending will be subject to oversight, public notice and audit.

Additional benefits

- Expansion of the "Blitz on Blight" to help remove properties that have fallen into disrepair and/or have been abandoned. Currently the city can remove 7-15 properties per year, with Public Measure A the city can remove nearly 150 per year.
- Expansion of requirements on rental housing, including the addition of 4-6 inspectors to work throughout the city neighborhoods to inspect rental properties and protect public safety.
- Restore library hours. All libraries would be open till 8 PM and Saturdays. Two libraries would be open on Sundays. Library access is critical for access to educational/vocational services, learning opportunities, the internet and many other public services.
- **Support for mobile crisis services for youth and provide mental health services.**

Save the date and mark down **Tuesday, March 5** to vote on Public Measure A
or
Request an **absentee ballot** and vote prior to March 5.
https://www.polkcountyiowa.gov/auditor/election/absentee-voting/ or call 515-286-3247

Key endorsements so far:
Central Iowa Taxpayer's Association, AARP, Des Moines City Council as a group and as individuals, Greater Des Moines Partnership, AMOS (A Mid Iowa Organizing Strategy), former councilman Bob Mahaffey, Mary Chapman, Somerset Neighborhood Association, Des Moines Police Officers Association, Des Moines Professional Firefighters Association, Former Councilwoman Christine Hensley, Doug Gross, Emily Westergaard, Des Moines Partnership, retired DM Police Officer, Joe Gonzalez

Things on the Inside or Outside That Might Cause or Contribute to Mental Illness

HealthyPlace.org

What causes mental illness? It's an important question and one researchers are working to answer. While much of mental illness and its causes remain a mystery, scientists are learning enough to develop plausible theories about factors that might underlie mental illness.

One way to understand elements that can contribute to the development of mental illness is to arrange those elements into two groups: factors from within, and factors from the outside.

While mental illness isn't a character trait or flaw, there are certain biological factors that can lead to the development of mental illness. These include:

- Abnormalities in the nerve cell pathways between regions of the brain
- Imbalances in brain chemistry (neurotransmitters)
- Genetics
- Infections
- Poor nutrition

Other causes lie outside of us, significant stressors that can lead to mental illness, especially in people with some of the internal contributors. Some possible environmental influencers include:

- Brain injury
- Trauma or abuse
- Significant loss, such as a child losing a parent
- Exposure to toxins
- Prenatal or delivery problems that impact the developing brain

If you're wondering why you or a loved one lives with mental illness, understanding factors in both your internal and external worlds can help you use your knowledge in treatment.

Testimonial: Mental Health First Aid in Faith Communities

After the class I became more committed to become an advocate or at least a person that would start a conversation about the subject. I approached my pastor and got permission to display mental health information for the month of July in honor of Minority Mental Health Awareness Month. Some time later I received a call from someone that was having thoughts of self-harm. As a person of faith, my first response was a quick silent prayer and my second response was to go to my desk. I took out the Mental Health First Aid action plan and used the tools it provided. **The caller needed a calm, nonjudgmental listener who encouraged a conversation with a professional for help. The class helped me become that person.**

- Gail Berry, First Aider

National Alliance on Mental
Illness of Greater Des Moines
511 E. 6th St., Suite B
Des Moines, Iowa 50309

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RETURN SERVICE REQUESTED

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., March 13 - 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. 6th St., Suite B, DM
4:30 to 6 PM

Executive Director- Michele Keenan
515-850-1467 – **director@namigdm.org**
Associate Executive Director – Gary Rasmussen 515-277-0672
rasmussen@namigdm.org
Event Coordinator – Ashley Adams
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Don Laster
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Allyne Smith

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

www.namigdm.org
About Us, Get Help, Get Involved, Resources, and News & Events
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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 Page1 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 – 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.

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. If you receive our newsletter by e-mail and would rather receive it by snail mail – or if you receive our news-letter by snail mail and would rather receive it by e-mail – communicate your preference to:
tbomhoff@mchsi.com or
namigdm@gmail.com

NAMI is composed of 3 levels of independently financed 501(c)(3) organizations- National, State affiliate (Iowa), and each **local affiliate -NAMI GDM**
Your donations to GDM make it possible to have **local** education programs, support groups and advocacy for Polk. Dallas, Warren and Madison counties.

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