



mindspring
MENTAL HEALTH ALLIANCE

November 2022



**Take your time reading the newsletter.
It's not meant to be read quickly.**

If you are reading a hard copy of this newsletter –
to access the links for more information, go to
the electronic copy of the newsletter at

[Newsletter Sign Up - Mindspring Mental Health Alliance
\(mindspringhealth.org\)](https://www.mindspringhealth.org)

Mindspring Mental Health Alliance
511 E. 6th St., Suite B, DM 50309
(in DM Historic East Village)
515-850-1467

<https://www.Mindspringhealth.org>

Community Impact Officer–Michele Keenan
mkeen@mindspringhealth.org

Director of Special Initiatives– Kristi Kerner
kkerner@mindspringhealth.org

Development Director – Francis Boggus
Program Coordinator – Zoe Bardin 515-850-1467

Mindspring's Mission Statement

"Empowering community members through mental
health education, advocacy and support."

Community Education Classes for anyone and everyone

Over 50 community classes are **free** and information can be
found at our website [Upcoming Webinars & Events -
Mindspring \(mindspringhealth.org\)](https://www.mindspringhealth.org)

"Workplace Mental Health Webinars"

Call 515-850-1467 if you have questions (a cost involved)
mkeen@mindspringhealth.org

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**Mindspring is hoping to convert
as many "mail" subscribers to
"E-mail subscribers" as possible.**

If you are receiving our newsletter by
mail – please send us your name,
mailing address and your email address
so we can convert how you receive our
newsletter.

Please send the requested information to
tbomhoff@mchsi.com or text to 515-
344-2369. Thanks!!

www.weareherewithyou.com and www.mindspringhealth.org

You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.



Inpatient Psychiatric Bed Program - June 2021

Name	County	Licensed Beds	Staffed Adult Beds	Staffed Older Adult Beds	Staffed Child Beds	Total Staffed Beds
Allen Hospital	Black Hawk	24	21	0	0	21
Broadlawns Medical Center	Polk	42	44	0	0	44
Buena Vista Regional Medical Center	Buena Vista	10	0	6	0	6
CHI Health Mercy Hospital	Pottawattamie	38	21	0	16	37
Clive Behavioral Health	Polk	100	16	0	16	32
Covenant Medical Center	Black Hawk	20	16	0	4	20
EagleView	Scott	72	20	0	10	30
Finley Hospital	Dubuque	9	0	9	0	9
Genesis Medical Center - Davenport	Scott	39	28	0	8	36
Great River Medical Center	Des Moines	8	8	0	0	8
Iowa Lutheran Hospital	Polk	68	30	12	10	52
Jennie Edmundson Hospital Behavioral Health	Pottawattamie	29	20	0	0	20
Mary Greeley Medical Center	Story	19	15	0	0	15
Mercy Medical Center - Cedar Rapids	Linn	20	15	0	0	15
Mercy Medical Center - Clinton	Clinton	14	7	0	0	7
Mercy Medical Center - Des Moines	Polk	34	24	0	10	34
Mercy Medical Center - Dubuque	Dubuque	20	16	0	4	20
Mercy Medical Center - North Iowa	Cerro Gordo	45	24	0	10	34
Mercy Medical Center - Sioux City	Woodbury	16	16	0	0	16
Ottumwa Regional Health Center	Wapello	14	0	14	0	14
Sartori Memorial Hospital	Black Hawk	15	0	15	0	15
Spencer Municipal Hospital	Clay	18	15	0	0	15
St. Anthony Regional Hospital and Nursing Home	Carroll	11	11	0	0	11
St. Luke's Methodist Hospital	Linn	72	21	9	10	40
St. Luke's Regional Medical Center	Woodbury	14	14	0	0	14
University of Iowa Hospitals and Clinics	Johnson	88	58	0	15	73
Community Hospital Total		859	460	65	113	638
Cherokee Mental Health Institute	Cherokee	36	24	0	12	36
Independence Mental Health Institute	Buchanan	60	40	0	20	60
Mental Health Institute Total		96	64	0	32	96
GRAND TOTAL		955	524	65	145	734

4.2% of Iowa's population has severe mental illness or approximately 134,000 people

Iowa 2020 Census total population is 3,190,369 X .042 = 133,996

The large chart above reflects 'staffed' beds. There is a greater number of 'licensed' beds. Finding qualified staff is the key to opening more inpatient beds.

The VA hospital in Des Moines has 10 inpatient psychiatric beds.
The VA hospital in Iowa City has 15 inpatient psychiatric beds.

Psych Acute Care Beds in Des Moines

Location	Adult	Children & Youth	Geriatric	Total
Mercy	18	16		34
Iowa Lutheran	68	16	12	68
Broadlawns	44			44
VA Hospital	10			10
Clive Behavioral	67	33		100
Total	179	65	12	256

See [Psychiatric Bed Supply Need Per Capita](#).

— 40 to 60 beds per 100,000 people — let's use 50 beds/100,000
3.19 million Iowa population divided by 100,000 = 31.9

31.9 X 50 beds = 1595 acute care beds are needed

As per the above chart of Iowa acute care beds, we have 955 licensed beds, but only 734 staffed beds.

References

McBain, R.K., et al. (2022, January). [Adult psychiatric bed capacity, need, and shortage estimates in California—2021](#). RAND Corporation.

Mundt, A.P. et al. (2022, January). [Minimum and optimal numbers of psychiatric beds: Expert consensus using a Delphi process](#). *Molecular Psychiatry*.

Office of Research and Public Affairs. (2016). [Psychiatric bed supply need per capita](#). Treatment Advocacy Center.

Torrey, E. F., et al. (2008). [The shortage of public hospital beds for mentally ill persons](#). Treatment Advocacy Center.
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Healthcare Exchange Open Enrollment Approaches

Iowans may begin purchasing or changing their 2023 Affordable Care Act (ACA) individual health coverage on **Tuesday, November 1, 2022**, through **Sunday, January 15, 2023**. However, Iowans may preview plan options at [healthcare.gov](#) starting **October 1, 2022**. Premium amounts are not official until November's open enrollment date.

Covid 19 - By the Numbers– As of date shown -2020 - 2022

	2020 April 20	Dec 2020	2021 April 20	Dec 20 2021	2022 April	2022 July	2022 August	2022 September	2022 October
# of Iowa cases reported	3159	274,982	389,172	601,531	856,086	914,336	951,309	979,420	989,194
# of Iowa deaths Covid 19	79	3745	5893	7680	9475	9719	9882	10,051	10,152
# of suicides	194	551	132	525	146	342	363		
# of opioid deaths		208	70	250	73	132	138		
Iowa COVID-19 Information – Vaccine Information				1,843,143 58.84%	1,914,689 Booster – 1,021,765	1,940,421 Booster – 1,069,826	1,982,814 Booster – 1,079,980	1,986,231 Booster – 1,094,839	1,986,231 Booster – 1,094,839
# of Covid cases reported nationally	986,596	19,278,006	45,391,030	50,773,620	80,518,989	85,981,213	93,634,408	95,713,363	97,198,630
# of Covid deaths nationally	56,164	336,683	735,703	806,273	987,343	1,023,788	1,041,141	1,053,840	1,067,686

Iowans can now find COVID-19 reporting data on the IDPH website at: idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus/COVID-19-Reporting. Data on the page will be updated weekly on Wed.

The Clarinda Mental Health Institute and the Mt. Pleasant Mental Health Institute were closed by the Governor in 2015.

The Independence PMIC for children was closed in 2016 by the Governor.

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

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.

The Glenwood Resource Center for ID/DD persons has been scheduled to close July 2024.

In the nation, Iowa is:

- 51st for # of mental health institute beds (2023)
- 45th for mental health workforce availability (2023)
- 47th for # of psychiatrists
- 46th for # of psychologists

Recovery Community Center

Anawim and the Beacon of Life have combined their efforts to receive funding from the Iowa Dept. of Public Health to become one of four Recovery Community Centers in Iowa.

The Beacon achieves

National Alliance for Recovery Residences accreditation

[The Beacon](#), a women's recovery house in Des Moines, has become accredited by the National Alliance for Recovery Residences, which has 2,500 certified recovery houses across the nation. NARR is a nonprofit organization dedicated to expanding the availability of well-operated, ethical and supportive recovery housing. "Research from Harvard University indicates that recovery houses can decrease the average amount of time from onset of addiction to achieving the same quality of life as those who did not experience addiction from 15 years down to five years," said Melissa Vine, executive director of the Beacon. "We are honored to be the first in Iowa to complete this extensive and rigorous process and grateful for the support and insight we have received along the way." The Iowa Department of Public Health contacted the Beacon late last year with the desire to bring a standardized approach to services for those in recovery from substance use in Iowa through the NARR certification process. The Beacon serves adult women in Central Iowa who are experiencing homelessness due to domestic violence, incarceration or substance use by providing a trauma-informed residential facility and evidence-based programming and support. Facilities are being renovated at 1750 48th St

Community Mental Health Centers (CMHC) – provide mental health services for individuals of all ages regardless of funding.

<https://yourlifeiowa.org/mental-health/cmhc>

Federally Qualified Health Centers (FQHC) - a reimbursement designation from HHS - community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.

<https://carelistings.com/find/federally-qualified-health-centers/iowa>

Crisis residential beds are residential settings that de-escalate and stabilize an individual experiencing a mental health crisis. Stays can be for 3-5 days.

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

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

The Trevor Project (for LGBTQ+ Youth) - 1-866-488-7386

The Gay, Lesbian, Bisexual and Transgender National Hotline: 1-888-843-4564

Trans Lifeline: 1-877-565-8860

LGBT National Youth Talkline: (800) 246-7743

Crisis Text Line: Text HOME to 741741 to be connected to crisis counseling

Online Mental Health Crisis Chat: iowacrisischat.org

Life Long Links: 866-468-7887

UCS Healthcare Offers Free Transgender Support Group - Open to all transgender, queer, non-binary, gender non-confirming individuals. Whether you're just beginning your journey or somewhere beyond, please join! Allies in direct support of transgender members welcome. Meetings held weekly at UCS Healthcare. Guest speakers on special topics once per month. For transgenderdesmoines@gmail.com

YSS Launches AFFIRM Therapy

YSS introduced AFFIRM, a new affirmative therapy group for LGBTQ+ youth. The group is open to teenagers 14-18 who identify as LGBTQ+ and/or are questioning their gender or sexual orientation. Participants meet virtually each week to learn how to manage stress, enhance coping skills, make healthy choices and build a community of support.

[Read more](#)

www.weareherewithyou.com and www.mindspringhealth.org

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Community Mental Health Centers

Polk Co.	Child Guidance Center – 808 5 th St. - DM – 515-244-2267
	Eyerly Ball Community MH Center , 1301 Center St., - DM - 515-241-0982
	Eyerly Ball Community MH Center 945 19 th St.- DM - 515-241-0982
	Broadlawns Medical Center- 1801 Hickman Rd,- DM – 515-282-6770
	<i>Broadlawns - New Connections Co-Occurring Outpatient Services – Medical Plaza, 2nd Floor, 1761 Hickman Road - DM 515-282-6610</i>
Dallas Co	<i>Southwest Iowa Mental Health Center</i> 410 12th Street Perry, IA 50220 P515) 642-1023 F515) 334-4076 <i>Adel area patients should call the Perry number to be scheduled.</i>
Madison Co	Crossroads Behavioral Health Services 102 West Summit Street, Winterset – 515-462-3105

Primary Health Care and Behavioral Health

Engebretsen Clinic, 2353 SE 14 th St. – DM - 515-248-1400
The Outreach Project, 1200 University, Suite 105 –515-248-1500
East Side Center, 3509 East 29 th St. –DM – 515- 248-1600
Primary Health Care Pharmacy, 1200 University Avenue., Suite 103 – DM – 515-262-0854

County Community Mental Health Services

Polk Co.	Polk Co. Mental Health and Disabilities Dept. 515-286-3570 https://www.polkcountyiowa.gov/behavioral-health-disability-services/
Warren Co.	Central Iowa Community Services https://www.cicsmhds.org 1007 S. Jefferson Way, Indianola, IA 50125 515-961-1068 email: mentalhealth@warrencountyiowa.org https://warrencountyiowa.org/mentalhealth
Dallas Co.	Heart of Iowa Community Services 25747 N Avenue, Suite D, Adel, IA 50003 515-993-5872 Toll free: 877-286-3227 E-mail: dccs@dallascountyiowa.gov Website: hicsiowa.org
Madison Co.	Central Iowa Community Services https://www.cicsmhds.org Madison County Service Coordinator 112 N. John Wayne Drive, Winterset, Iowa 50273 515-493-1453 https://madisoncounty.iowa.gov/offices/community-services/

Community Providers

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

Crisis Phone numbers and Text numbers

National Text Crisis Line

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

9-8-8 is the National Suicide Prevention Lifeline phone #

You can also chat with the 988 Suicide and Crisis Lifeline
at **988lifeline.org**.

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.

National Human Trafficking Hotline

The National Human Trafficking Hotline is a national anti-trafficking hotline serving victims and survivors of human trafficking and the anti-trafficking community. The toll-free hotline is available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year at **1-888-373-7888**.


Alcohol, Drugs, Gambling and Suicide Prevention Lifeline –

Available 24/7. **Your Life Iowa** <https://yourlifeiowa.org>
Call 855-581-8111 Text 855-895-8398.

It is also a source for Mental Health information and resources. All topics will address needs for both children and adults.

Your Life Iowa (YLI) is an integrated project funded and managed by the Iowa Department of Public Health that offers free 24/7 help and resources on alcohol, drugs, gambling, mental health, and suicide. Local YLI ambassador, Tony Leo, offers organizations a 30-minute tutorial of the tools that YLI offers, such as their vast services and professional development offerings. If you are interested in this free tutorial contact Tony at tleo@bbbsia.org or 515-288-9025

Community Providers

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
Iowa WARM Line – 844-775-WARM (9276) - <i>Provides confidential access to peer counseling and can connect people with services</i>
 UCS Healthcare delivers comprehensive and integrated health care services. Our Des Moines office offers medical, behavioral health diagnosis and treatment including mental health therapy, psychiatric services, substance use disorder therapy and medication assisted treatment. We have offices in Ankeny and Knoxville that offer therapy and medication assisted treatment as well. We accept most insurance plans and Medicare/Medicaid (service specific) and we can also provide some services on a sliding fee scale. Spanish speaking assessments and therapy services available. Find out more at UCShealthcare.com or call 515-280-3860 or ucsinformation@ucsdsm.org

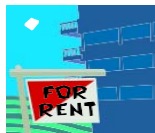
African-American Community Providers

Thriving Family Counseling Services – 2213 Grand Avenue, DM 50312 – Phone: 515-808-2900 https://thrivingfamilieservices.com
Aspire Counseling Center – 3520 Beaver Avenue, Suite D DM 50310 515-333-8003
Urban Dreams – 601 Forest, Avenue, DM 50314 Outpatient Substance abuse treatment and OWI services Mental Health and Treatment Services 515-288-4742 https://urbandreams.org/programs/admin@urbandreams.org
ForWard Consulting, LLC – Breann Ward, CEO and therapist, 4309 University Ave., DsM – 515-410-1716 - http://moveforward2day.com

www.weareherewithyou.com and www.mindspringhealth.org

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<http://iowahousingsearch.org/>

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

What is Momentum? Momentum is a creative, supported art studio and gallery where people learn and practice positive coping tools and create art while building their own resiliency within a safe and uplifting community.



What does it do? It helps people cope, create and rebuild in positive, healthy ways

Who does it benefit? Anyone who identifies as having a mental health diagnosis or disability in Central Iowa can attend for free



515-883-1776
www.teamcsa.org



Amani Community Services

Amani CS started in 2014 by three African Americans who saw the need for culturally specific services in their community. Services are free, confidential and provided statewide. No referral needed. Anyone can call and make an appointment.

It is a domestic violence and sexual assault agency providing culturally specific services to African Americans in Iowa.

Services provided: individual counseling, support groups, medical, legal and housing advocacy, outreach, prevention and teen and children programming.

Phone:

Waterloo (319) 232-5660 Cedar Rapids (319) 804-0741
Davenport (563) 564-5392 Des Moines (515) 991-4589
24 hour after care line: 1 (888) 983-2533

Culturally specific services are designed to meet the needs of communities that are unserved and underserved. Services are culturally focused; values, behaviors, expectations, norms and worldview of the cultural community are present at every level of service delivery. Amani Community Services is funded by VOCA funds and grants.

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>

Support Groups

Thursdays - Addiction recovery (all inclusive addiction) group in person and Facebook live every Thursday at 7pm. In person – at West Des Moines Open Bible 1100 Ashworth Road. An LGBTQ+ support group meeting will start in July.

Our Facebook group page

<https://www.facebook.com/groups/306310047070015/>

Website - Sobersoldierz.com

Contact person: Christina Gist - 515-778-2015

cibscoffee17@icloud.com

For Foster parents, as per the Ask Resource Center Foster Squad support group:

<https://www.fostersquad.org>

Support group locator provided by the

“Iowa Foster and Adoptive Parents Association”:

http://www.ifapa.org/support/support_group_locator.asp

Mindspring Support Group for Families of Persons with mental illness

Eyerly Ball, 1301 Center, Des Moines, Iowa
(across from Methodist Hospital)

Meetings: In person the **third Sunday** of the month from 2:30 to 4:00 pm. Contact: Susie McCauley at 515-274-5095 or mccauleyf@mchsi.com. Offering support for the family.

Please Pass the Love Virtual Support Groups

Contact Alex@pleasepasstheLove.org

virtual caregiver support group and held every other Monday @ 7 pm

Register at www.pleasepasstheLove.org/youth-programming

ADHD Support Group – Please contact Lauren Goetze (local CHADD coordinator) ~ GoetzeLauren@gmail.co – for dates of meetings, times, and zoom link information.

Support for Adults w/ Depression, Anxiety, Bipolar Disorder

Heartland Presbyterian Church - Candles in the Darkness
14300 Hickman Road, Clive, Iowa

Meetings: In person the **second and fourth Monday** of every month at 7:00 pm - Contact: Julie at 515-710-1487 or email: candlesinthedarknesssg@gmail.com

Post Adoption Support Group

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person monthly the on the second Tuesday from 6 pm to 8 pm. Contact: Michelle Johnson at 515-710-3047 or mijohnson@fouroaks.org

Note: childcare for all ages is provided – please RSVP

Alcoholics Anonymous

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Mondays** at 12:00 pm; **Saturdays** at 9:00 am, and **Sundays** at 5:00 pm. (size is limited)
AA membership is open to all those who desire to do something about his or her drinking problem. The primary purpose of AA is to carry the message of recovery to the alcoholic seeking help. AA can serve as a source of personal experience and be an ongoing support system for recovering alcoholics.

Al-Anon and Alateen

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Sundays** at 5:00 to 6:00 pm. Group size is limited.
Al-Anon is a fellowship of relatives and friends of those struggling with alcohol who share experiences, strength and hope. Alateen

participants may choose to attend online Al-Anon if they are not able to attend the in-person group on Sundays at 5:00 p.m.

Gamblers Support Group

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Sundays** at 6:30 pm

This program is based on recovery for compulsive gamblers, debtors/spenders and anyone who seeks recovery from their addictions. Meetings emphasize a solution rather than the problem.

Parents of Addicted Loved Ones

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Mondays** at 6:30 to 8 pm - Parents of Addicted Loved Ones is a support group of parents helping parents. They meet every week to offer education and support, at no cost, for parents who are dealing with a son or daughter battling addiction. PAL can also help spouses who have a partner with addiction issues. PAL is especially helpful for parents and spouses, but all other sober family members and friends (age 18 and older) are welcome at the meetings.

Dementia Support Group

Lutheran Church of Hope, 925 Jordan Creek Parkway
West Des Moines, Iowa

Meetings: In person meetings are held the **fourth Tuesday** of the month from 6:30 to 8:00 pm Being a caregiver to a loved one with dementia is hard, but having others to support you can help.

Dementia, Alzheimer's Caregiver Support

The Alzheimer's Association offers many free resources to caregivers, including the 24/7 help line (800-272-3900), local support groups, and education programs and information on its website – alz.org/iowa – which offers tips on daily care, information on legal and financial planning, the stages of the disease, and more. Resources from the IDPH [Alzheimer's Disease & Related Dementias Program](#) can be found at this link.

Alzheimer's Virtual Support Groups in Iowa

[Events | Alzheimer's Association](#)

https://www.alz.org/events/event_search?etid=2&cid=08zip=50325

Grief Support Group

EveryStep Grief & Loss Services, 1821 Grand Ave.
West Des Moines, Iowa

Contact: Des Moines at 515-333-5810 or
West Des Moines at 515-223-4847

Support groups are hosted at EveryStep locations in eight Iowa communities. EveryStep Grief & Loss Services' bereavement counselors are available to meet with families or visit by phone. Their support groups and services are available to anyone. To learn what services are available in your area, call the EveryStep office near you

Brain Injury Alliance On-line support groups

Connect with Iowans touched by brain injury

Register at: <https://biai.memberclicks.net/support-groups>

Weekly meetings: 3-4:30 pm

Postpartum Support International

has been awarded a landmark contract to operate the **first-ever Maternal Mental Health Helpline** by the U.S. Health Resources and Services Administration (HRSA). The **Helpline**, legislated by Congress and funded by HRSA, is available 24/7, 365 days-a-year, in English and Spanish, voice (800) 944-4773, text "help" to 800-944-4773, or text en espanol 971-203-7773. <https://www.postpartum.net>

The PSI helpline does not handle emergencies. People in crisis should call their local emergency line.

Maternal Mental Health Hotline

HRSA launched the Maternal Mental Health Hotline, a new, confidential, toll-free hotline for expecting and new moms experiencing mental health challenges. Moms can call or text 1-833-9-HELP4MOMS (1-833-943-5746) and connect with counselors for mental health support. This resource is available in English and Spanish!

What is the leading cause of death for new mothers?

In the postpartum period, often during the time when new parents are out of the hospital and beyond the traditional six- or eight-week post-pregnancy visit, cardiomyopathy (weakened heart muscle) and mental health conditions (including substance use and suicide) are identified as leading causes.

Did you know? 1 in 7 mothers and fathers suffer from postpartum depression

Suicide Support Group

Coping After Suicide, Polk County Crisis and Advocacy Services
525 SW 5th, Suite H, Des Moines, IA 50309

Meetings: In person the **second Thursday** of each month from 6:00 to 7:30 pm, and the **last Saturday** of the month from 9 to 10:30 pm.

Contact Person: Kate Gilmore at 515-286-2029 or

kgilmor@co.polk.ia.us

Note: no fee

Addiction Recovery for Veterans

West Des Moines Open Bible, 1100 Ashworth Road
West Des Moines, IA 50265

Meetings: In person **every Thursday** 7 to 8:00pm
Sober Soldierz is an addiction recovery group. Each week is an open discussion format with an overview topic.

Note: Childcare is provided.

Peer Support for Peer Support is Back!!

on the **First and Third Wednesdays of Every Month**
9:30 AM

Are you someone in the workforce supporting others?

Are you a Peer Support Specialist here in Iowa?

Join this meeting to check in and hear what others are doing for their own self-care and wellness.

This virtual meeting will be co-facilitated by Laura Semprini, Nancy A. Teubel, and Amy Ortiz, picking up the PSS 4 PSS group that Todd Lange and Todd Noack started. Come be supported for the support you are providing!

Join the Zoom Meeting:

<https://us02web.zoom.us/j/83481142012pwd=R1V4U0pzZE92MHh1aGNnaWF6bUtNdz09>

Meeting ID: 834 8114 2012

Passcode: 680016

Dial by your location +1 312 626 6799 US (Chicago)

Living Grace Group

Living Grace Group is a 16 week small group experience to guide you through simple biblical and neuroscience insights and tools to reduce stress, depression, anxiety and other challenges.

Starts on Oct. 4, meet Tuesday evenings at 7 PM at Hope+Elim Church, 2500 University Avenue, Room #201. If questions, please contact Brad Wilson, 515-441-4292, Bradley.david.wilson@gmail.com

Facebook: @mindspringinfo
Twitter: @mindspringinfo

Instagram: @mindspringinfo
TikTok: @mindspringinfo

www.weareherewithyou.com and www.mindspringhealth.org

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Crisis Services in Polk County



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 on every mental health call to 9-1-1.** 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: 515-283-0818

Polk County

Experiencing an emergency mental health crisis?

Call 911

- Acute or untreated medical issue
- Self-harm or suicide attempt in the last 24 hours
- Safety is a concern for self, others, or property
- Highly intoxicated, in withdrawal, or needing detox

Expect Mobile Crisis Team to respond (will include police and a mental health professional)

For non-emergency mental health needs:

Call 988 or 515-288-0818

or go to

Adults: Crisis Observation Center
1801 Hickman Rd., Des Moines, IA
Phone: 515-282-5742

Children: Behavioral Health Urgent Care
1250 E. 9th St., Des Moines, IA
(across the street – east - from Iowa Lutheran Hospital)
Phone: 515-263-2632

Be clear with the dispatcher what the situation is, that it is a mental health situation. **Mental health counselors** will respond to some of Des Moines' 911 calls instead of law enforcement officers starting in July 2022. If it is a matter of life and death, the mobile crisis team is dispatched along with law enforcement.

The new approach, the Crisis Advocacy Response Effort (CARE) aims to better allocate police resources, reduce arrests and improve access to mental health programs for people in need and keep situations from escalating.

The police liaisons for the Mobile Crisis team are:

Officer Lorna Garcia (day shift) **O:** 515-283-4988 **C:** 515-205-3821
Officer Sean O'Neill (night shift 4-midnight M-F) cell 515-300-4644

Beginning July 1, 2022 - Waukee Police to Use Mental Health Crisis Team as part of a pilot program. A uniquely equipped car with a specially trained officer and an intervention specialist will answer mental health calls. Similar efforts are to be activated in Urbandale, Clive, West Des Moines, Norwalk and the Dallas County Sheriff's office.

The 23 Hour Crisis Observation Center for Adults

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 is open 24/7.

Located at Broadlawns Hospital (1801 Hickman Rd in DSM – West Entrance)

23 hour Crisis Observation Center - Phone: 515-282-5742

See map for location



Psychiatric Urgent Care Clinic for Adults:

Will accept walk-in appointments for individuals 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.

Broadlawns located at 1801 Hickman Rd in DSM – West Entrance).

Hours are 9am-7pm, Monday through Friday. Serves ages 18 and older. Phone: 515-282-5742

Psychiatric Urgent Care Clinic for All Ages:

Services include, but are not limited to Mental health services, Psychiatric evaluation and assessment, Addiction medicine, Crisis services and Community resources. Onsite coordination for additional interventions will be coordinated with Eyerly Ball Community Mental Health Services, Orchard Place Integrated Health Program and other behavioral health agencies in central Iowa.

UnityPoint Health located at 1250 East 9th Street in DSM. Hours Mon-Thurs 9 AM to 7 PM, Fridays 9AM to 5PM. Serves all ages.

Phone: 515-263-2632

Watch this before determining school security measures

I Was Almost a School Shooter | Aaron Stark | TEDxBoulder

<https://www.youtube.com/watch?v=azR1dl-Cts>

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

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

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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 5th Ave in DSM)
Phone: 515-336-0599 (direct line) or 515-282-5742 (main office)**

Emergency Room: When a loved one is experiencing a mental health crisis, they have a plan to act on their suicidal, homicidal or self-harm thoughts, and you feel as if you have tried all other avenues and the current environment is unsafe, it is time to utilize an emergency room. The emergency room is used to stabilize a patient and transition them to the next appropriate treatment option.

Broadlawns Emergency Department located at 1801 Hickman Rd in DSM. Phone: 515-282-2200

Lutheran Emergency Department located at 700 E. University Ave in DSM. Phone: 515-263-5120

Methodist Emergency Department located at 1200 Pleasant St. in DSM. Phone 515-241-6213

Methodist West Emergency Department located at 1660 60th St. in WDSM. Phone: 515-343-1200

MercyOne Emergency Department located at 1111 6th Ave in DSM. Phone: 515-247-3211

MercyOne Emergency Department located at 1755 59th PI in WDSM. Phone: 515-358-8280

The Clive Behavioral Health Hospital will operate as a 134-bed independently licensed hospital on two campuses – 34 beds on the Des Moines campus at 1111 6th Avenue and 100 beds on the Clive /West campus at 1450 NW 114th Street, Clive, Iowa. Beds will eventually be 1/3 for youth and the rest for adults. The downtown location of 34 beds will be for adults with mental health and medical issues.

Clive Behavioral Health Intake & Assessment Center – accessed by calling 1- 844-680-0504. Website at: <https://clivebehavioral.com>

Crisis Services in Dallas County

Mobile Crisis Response Team: If you have a mental health crisis in your family and are in need of emergency assistance – call 911.

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.

Safe Harbor Crisis Line: You can talk with mental health professionals if needing assistance in a non-emergency situation.

24/7 crisis line covering Dallas, Guthrie and Audubon Counties: 1-844-428-3878

Safe Harbor Crisis Center: A safe place where individuals who are experiencing a mental health crisis can voluntarily access crisis intervention services.

Safe Harbor Crisis Center is open 24/7

Located at 706 Cedar Avenue in Woodward

Phone: 515-642-4125

Safe Harbor Center Transitional Living Services: The transitional living program is a 3-6 month program for individuals coming out of hospitals, crisis, or jail. They receive therapy, SUD services, work services, and housing assistance.

Phone: 515-642-4125

Beginning July 1, 2022 - Waukee Police to Use Mental Health Crisis Team as part of a pilot program. A uniquely equipped car with a specially trained officer and an intervention specialist will answer mental health calls. Similar efforts are to be activated in Urbandale, Clive, West Des Moines, Norwalk and the Dallas County Sheriff's office.

Crisis Services in Warren County

If you have a mental health crisis in your family and are in need of emergency assistance – call 911

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. This line also provides support on the telephone, day or night, for people looking for immediate help with their emotions or mental health. **To access mobile crisis response, call the Your Life Iowa Crisis line 24/7 at 855-581-8111**

Crisis Services in Madison County

If you have a mental health crisis in your family and are in need of emergency assistance – call 911

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 Your Life Iowa Crisis line 24/7 at 855-581-8111

Special Needs Estate Planning – Dennis Burns

Phone: (515) 371-6768 dennis.burns@prudential.com



Live nationwide

The National Suicide Prevention Lifeline number transitioned to the 3-digit number 9-8-8

A reminder that emergency calls still need to go to 911 – if police or an ambulance are needed

Call 988 for suicide prevention, mental health crisis support – it is a talk line, not the number to call to dispatch services.

New website location for IDD Council – which includes the Infonet newsletter and legislative information [Home \(iowaddcouncil.org\)](http://Home(iowaddcouncil.org))

www.weareherewithyou.com and www.mindspringhealth.org

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Suicides in Iowa 2000-2022

Opioid and Suicide Deaths in Iowa 2016-2022

Iowa Dept. of Public Health

<https://idph.iowa.gov/substance-abuse/substance-use-and-problem-gambling-data-reporting/in-the-know-common-data-reports>

Total Opioid Deaths	Year	Total Suicides	24 and under	25 thru 44	45 thru 69	70 and older
	2000	288	51	115	78	44
	2001	304	67	97	102	38
	2002	310	55	122	96	37
	2003	351	58	118	131	44
	2004	345	60	119	127	39
	2005	331	57	120	120	34
	2006	336	57	121	126	32
	2007	331	49	116	130	36
	2008	383	55	138	148	42
	2009	368	56	129	135	48
	2010	375	49	118	163	45
	2011	423	58	150	174	41
	2012	380	65	141	140	34
	2013	445	66	148	172	59
	2014	409	72	117	177	43
	2015	424	77	139	166	42
176	2016	459	68	161	186	44
201	2017	470	85	151	173	61
136	2018	495	71	170	201	53
156	2019	521	81% increase from 2000- 2019			
208	2020	551	91% increase from 2000-2020			
250	2021	525	As of 12-31-21			
138	2022	363	As of 8-31-22			

**2021-2022 data is preliminary and is subject to change*

What should I do?

Three Critical Situation Cards to have at your fingertips

1. Do's and Don'ts Communicating with Someone in a Mental Health Crisis
2. Suicide Prevention
3. Compassionate Communication

To purchase, go to: [View Our Crisis Guides & Cards - Mindspring \(mindspringhealth.org\)](https://www.mindspringhealth.org)

Click on the card link to purchase

Personalize with your organizational contact information.

Cards are available in English & Spanish
Shipping costs are included in the purchase price
The 3 cards have been copyrighted.



Organization Name

Organization Phone Number
Organization Street, City, State Zip
organization website

Communicating with Someone in Crisis Who Has a Psychiatric Illness

- SLOW DOWN**
Don't make them feel trapped
- GIVE THEM SPACE**
BE CALM. Express support and concern.
- SPEAK SLOWLY AND SOFTLY.**
USE SHORT, SIMPLE SENTENCES.
- AVOID** sudden or quick movements.
- BE HELPFUL.** Respond to basic needs.
Be low key. "We are all here to help."
- GIVE FIRM, CLEAR DIRECTIONS;**
One person should talk to the subject.
- RESPOND TO DELUSIONS or HALLUCINATIONS** by talking about the person's feelings rather than what he or she is saying.
- LISTEN** to their story.
- EXPLAIN POLICY,** especially if handcuffed.



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Let's Talk About It: A Guide for Talking to Children After a Suicide of a Loved One

Paperback – Large Print, May 5, 2022

by [Laura Cameron](#) (Author), [Susan Dannen](#) (Editor), [Lindsey Jenkins](#) (Contributor), [Kristi Kerner](#) (Contributor)

This book gives adults the words to talk to kids after the death of a loved one by suicide.

Talking about mental health with your child and supporting their feelings after losing a loved one to suicide is important. For a long time, many people in society have avoided talking about suicide. Unfortunately, not talking about it doesn't make it go away. Many people struggle to find the right words for this conversation, and so, this book was created as a resource to help guide the conversation.

Honest and simple explanations help children make sense of what has happened. Supportive phrases and suggestions in this book can help children find coping skills, people to talk to, and words to describe their feelings.

After reviewing the information and tips on the first pages, an adult can read the remainder of the book with the child. The words and illustrations make it appropriate for most situations, no matter the family dynamics, race, culture, or relationship to the deceased.

This book gives families the words to use after loss. It can be used as a tool in therapy or with grief groups.

Available for purchase through Amazon Prime \$11

Amazon Smiles

Remember, if you want Amazon to donate to Mindspring Mental Health Alliance, you need to start each shopping session at the URL <http://smile.amazon.com/ch/42-1333379>. You need to select a charitable organization to receive donations from eligible purchases before you begin shopping. They will remember your selection, and then every eligible purchase you make at smile.amazon.com will result in a donation.

Choose: **Mindspring Mental Health Alliance**

MH

YOUR CONNECTION TO MENTAL HEALTH SERVICES

Polk County Dept. of Behavioral Health and Disabilities

Board Chair Angela Connolly said of Polk County's commitment to behavioral health and disability services, "Polk County is nationally recognized for the implementation of our crisis services, and we are excited that this allows us to return to our core mission."

Polk County Mental Health Meetings

you can attend:

Advisory Council Boards meet on 3rd Tuesday of the month

Children's Advisory Council

1:30 – 2:30 PM

Joint Advisory Council

2:30 to 3:00 PM

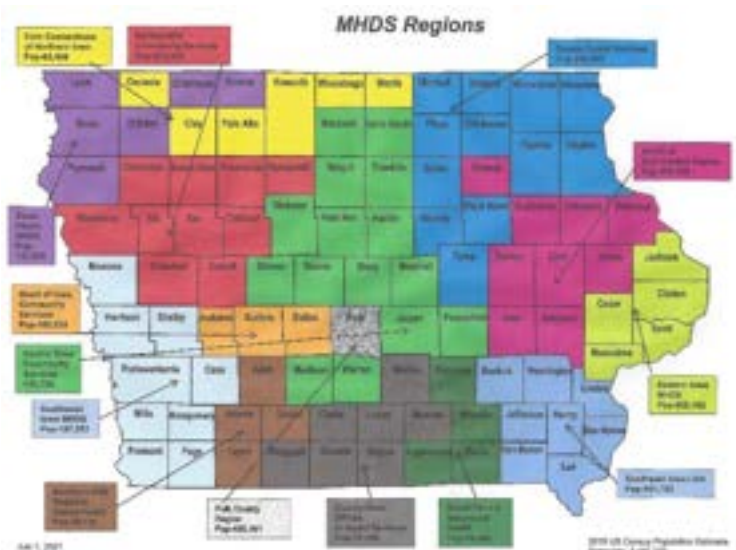
Adult Advisory Council

3 – 4 PM

Polk County Behavioral Health and Disabilities Dept is 515-286-3570.

The CEO is Annie Uetz.

<https://www.polkcountyiowa.gov/behavioral-health-disability-services/>.



The Iowa Mental Health System has 14 regions

At <https://dhs.iowa.gov/mhds-providers/providers-regions/regions>

You can find the following items:

- Map of Approved MHDS Regions
- Regional CEO Contacts
- Regional Coordinators of Adult Disability Services
- Regional Coordinators of Children's Behavioral Health Services
- DHS Community Systems Consultants
- Regional Services Waiting List
- Each region's website
- Each region's children's behavioral health services implementation plan
- Each region's complex service needs regional community plans
- Each region's regional service system management plan

Of the 14 MHDS Regions in the state of Iowa, Polk County is the only 1 county region.

MHDS Regions website: <https://www.iowamhdsregions.org>

MHDS Regions & AEA website: <https://iowaeeamentalhealth.org>

Dashboard: https://dhs.iowa.gov/dashboard_welcome

Major changes at the state level

STATE OF IOWA DEPARTMENT OF Health AND Human SERVICES

Alignment of DHS and IDPH

IDPH and DHS has become a new, single agency as of **July 1**. This alignment – creating a new Department of Health and Human Services – aims to integrate programs, policies, and practices to improve service delivery with a population health approach, and to leverage funding more effectively.

- HHS public website continues to include communications, updates, and presentations: <https://hhsalignment.iowa.gov/>

www.weareherewithyou.com and www.mindspringhealth.org

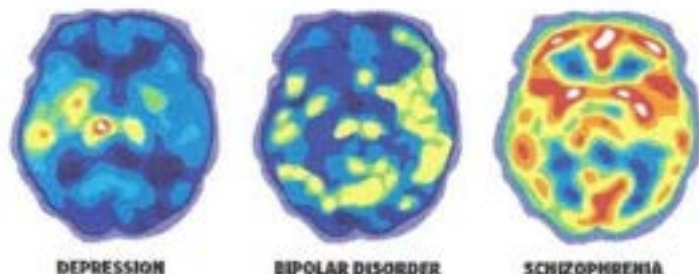
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The **Iowa Department on Aging** will become a division within the state's Department of Health and Human Services, HHS director Kelly Garcia announced in an email to employees.

The expected transition will occur July 1, 2023.

THE BRAIN CAN GET SICK TOO.



brainhealth-now.org



Covid Recovery Iowa is now PROJECT RECOVERY IOWA

The need for these services has not abated.

FEMA funds are exhausted.

Additional funding has been found and is hopefully going to meet needs 7-1-22 through June 2023

Statewide MH crisis counseling program is continuing

Moved from a virtual to a hybrid approach

Have a daily presence on Facebook

Able to attend county fairs and community events, health fairs, summer camps and youth activities, school events

Individuals call with all sorts of concerns and needs including housing, employment, food as well as feelings of isolation, fearfulness, anxiety as well as domestic abuse

Continues to offer crisis lines, virtual outreach counselors, short term, individual supports and referrals and specific activities

Over the next year the focus will be on mental well-being, recognizing mental health stressors and anxiety, and reaching out to places of employment

Here are the free resources

8 Dimensions of Wellness

<https://www.facebook.com/groups/304914707458079>

A Home For Hobbies

<https://www.facebook.com/groups/1673775739439502>

A Place For Everything

<https://www.facebook.com/groups/309913920328197/about>

A Place For Everything:

<https://www.facebook.com/groups/309913920328197>

Book Club For Elders:

<https://www.facebook.com/groups/317037909640155>

Book Club: <https://www.facebook.com/groups/280051713313291>

COVID Numbers:

<https://www.facebook.com/groups/3316321331756451>

Domestic Violence:

<https://www.facebook.com/groups/277973576605783>

Easing Anxiety Over Covid-19:

<https://www.facebook.com/groups/276474223635311>

Four Legged Therapy:

<https://www.facebook.com/groups/785206062013450>

How Does Your Garden Grow:

<https://www.facebook.com/groups/298450564668994>

Inclusion For All:

<https://www.facebook.com/groups/1527902267369280>

Iowa - A - Zinnia:

<https://www.facebook.com/groups/599308484061448>

Meditation & Yoga:

<https://www.facebook.com/groups/1146630482359182>

Meet The (Grand)Parents:

<https://www.facebook.com/groups/645444526101023>

Month of Sundays:

<https://www.facebook.com/groups/567884850554888>

Next Level Gaming:

<https://www.facebook.com/groups/3439379396086318>

Over Coffee:

<https://www.facebook.com/groups/345471240189484>

Parenting in a Pandemic

<https://www.facebook.com/groups/937325153412822>

Songs From the Good Old Days With Carlene Hall:

<https://www.facebook.com/groups/2284812245146972>

Story Starters:

<https://www.facebook.com/groups/1109759116060849>

Substance Use:

<https://www.facebook.com/groups/337667384277299>

Sunday Connections:

<https://www.facebook.com/groups/3324026684308403>

Tell Me A Story:

<https://www.facebook.com/groups/1581970971987124>

Village of Hope:

<https://www.facebook.com/groups/2748982981997549>

Vivo En Iowa:

<https://www.facebook.com/groups/224936542192851>

Well, That Looks Good Enough to Eat:

<https://www.facebook.com/groups/603062780395504>

Work Resources:

<https://www.facebook.com/groups/261569204943086>

Agricultural and Rural Education available on request:

Stress on the Farm – Strategies that Help Farmers with stress reduction

Stress on the Farm – Strategies to Help Each Other During a Pandemic

Ongoing sessions: - FREE

Avoiding Burnout in a Crisis – The ABC is for Self-Care

Question. Persuade. Refer (QPR) – Three simple steps anyone can learn to help save a life from suicide.

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Workplace Diffusion – Virtual one-hour sessions are a safe place to talk about the way work has changed due to the COVID-19 pandemic.

Connection Points: COVID Recovery Iowa–Facebook, Instagram, Twitter, Discord and You Tube www.COVIDrecoveryiowa.org

Iowa WARM Line – 844-775-WARM (9276) - *Provides confidential access to peer counseling and can connect people with services*

Iowa Concern – 800-447-1985 - *confidential access to stress counselors and an attorney for legal education, as well as information and referral services for a wide variety of topics.*

Spanish Line – 531-800-3687 - Click on [Pre-Teen Support Groups](#)
Click on [Teen Support Groups](#) Click on [Parent Support Groups](#)

Services for Older Americans – contact Ash Roberts 531-800-4450
aroberts@heartlandfamilyservice.org



Mental Health Resources for Native & Indigenous Persons

Mental Health America

Indigenous Story Studio: creates illustrations, posters, videos, and comic books on health and social issues for youth (Canada-based)

- [Strength of the Sash](#) and [Tomorrow's Hope](#): suicide prevention
- [Making it Right](#): community justice, policing
- [Just a Story](#): mental health stigma

One Sky Center: The American Indian/Alaska Native National Resource Center for Health, Education, and Research; mission is to improve prevention and treatment of mental health and substance use problems and services among Native people

- [A Guide to Suicide Prevention](#)
- [Presentations and Publications](#): number of downloadable resources by topic (addiction treatment, adolescents, crisis care & disaster management, disparity of health services, mental health management, and more)

WeRNative: a comprehensive health resource for Native youth by Native youth, promoting holistic health and positive growth in local communities and nation at large

- **My Culture** – [Traditions, Identity](#)
- **My Life – My Mind** – [Building Mental Resilience, Mental Health Challenges, Getting Help](#), and more (including specific MH issues)
- **My Relationships** – [Relationships & Dating, Sexual Health](#)
- **Ask Auntie**: similar to advice column – type in your question and it will pull up similar ones; if none answer what you're asking, Auntie Amanda will write up an answer and notify you when it is posted

StrongHearts Native Helpline: The StrongHearts Native Helpline (1-844-762-8483) is a confidential and anonymous culturally-appropriate domestic violence and dating violence helpline for Native Americans, available every day from 7 a.m. to 10 p.m. CT.

Mental Health Resources for Latinx/Hispanic Communities

Mental Health America

Sevelyn, a mental health support platform designed for the Latino community (Clive, Iowa)

Therapy for Latinx: national mental health resource for the Latinx community; provides resources for Latinx community to heal, thrive, and become advocates for their own mental health.

- [Therapist Directory](#)

- [Book Recommendations](#)

Latinx Therapy: breaking the stigma of mental health related to the Latinx community; learn self-help techniques, how to support self & others.

The Focus on You: self-care, mental health, and inspirational blog run by a Latina therapist.

American Society of Hispanic Psychiatrists
americansocietyhispanicpsychiatry.com

National Alliance for Hispanic Health – healthyamericas.org

National Latino Behavioral Health Association – nlbha.org

National Latinx Psychological Association – nlpa.ws

[Supporting Mental Health of Immigrant Communities](#)

Mental Health Resources for Black Communities

Mental Health America

Black Emotional and Mental Health (BEAM): BEAM is a training, movement building and grant making organization dedicated to the healing, wellness, and liberation of Black communities. BEAM envisions a world where there are no barriers to Black Healing.

- [Toolkits & Education](#): graphics on accountability, self-control, and emotional awareness; journal prompts; articles on Black mental health
- [Videos](#): trainings, webinars, recorded and available for free

The Boris Lawrence Henson Foundation: changing the perception of mental illness in the African-American community by encouraging people to get the help they need; focuses on stigma/self-stigma reduction and building trust between Black people & the mental health field.

- [Resource Guide](#): directory of mental health providers and programs that serve the Black community; includes therapists, support groups, etc, but also digital content, faith-based programs, educational programs, etc

Therapy for Black Girls: online space encouraging the mental wellness of Black women & girls; referral tool to find therapist in your area

- [Therapist Directory](#): find trusted therapists that can help you navigate being a strong, Black woman; can search for in-office therapist by your location or virtual therapist.

The Loveland Foundation: financial assistance to Black women & girls seeking therapy

Therapy for Black Men: primarily a therapist directory for Black men seeking therapy; includes some resources and stories.

Dr. Ebony's My Therapy Cards: self-exploration card deck created by a Black female psychologist for other women of color; created with the intention of helping other women of color grow and elevate in the areas of emotional and mental health.

Innopsych: InnoPsych's mission is to bring healing to communities of color by changing the face and feel of therapy. They strive to make therapists of color more visible in the community by creating a path to wellness-themed business ownership; to make it faster (and easier) for people of color to match with a therapist of color; and to create a major shift in how communities of color (or POCs) view therapy.

Safe Black Space: Safe Black Space is the umbrella under which various services are offered to address people of African ancestry's individual and community reactions to cultural and racial trauma.

Mental Health Resources for Asian American/Pacific Islander Communities

Mental Health America

Asian American Psychological Association (AAPA): dedicated to advancing the mental health and wellbeing of Asian American communities through research, professional practice, education, and policy.

- [Fact Sheets](#)
- [Bullying Awareness Campaign](#)

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○ [LGBTQ+ Resources](#)

[Asian & Pacific Islander American Health Forum](#): focused on improving the health of Asian Americans, Native Hawaiians, and Pacific Islanders

- [Community Care Package](#): COVID focused weekly digital community care package" includes inspirational stories, resources in a variety of languages, tools for adjusting and managing mental health, and platform to share your story/connect with others

[Asian American Health Initiative](#): part of the Montgomery County Dept of Health & Human Services, but they have a lot of general Asian American resources

○ [Online Photo Novels](#)

[National Asian American Pacific Islander Mental Health Association](#)

- [Directory of Mental Health Service Providers for Asian Americans, Native Hawaiians, and Pacific Islanders \(by state\)](#)
- [COVID-19 Resources](#)
- [Combating Racism Resources](#)

[southasiantherapists.org](#): directory of South Asian therapists, including therapists of Indian, Pakistani, Bangladeshi, Sri Lankan, Afghanistani and Nepali heritage.

[Asian Mental Health Collective](#): raises awareness about the importance of mental health care, promotes emotional well-being, and challenges the stigma concerning mental illness amongst Asian communities globally.

[Asians for Mental Health Directory](#)

[Asian Americans with Disabilities Resource Guide](#)

[National Asian American Pacific Islander Mental Health Association](#)

Mental Health Resources for Arab/Middle Eastern/Muslim/South Asian Communities

[South Asian Public Health Association](#)

[AMEMSA Fact sheet](#) - AMEMSA is a political identity construction grouping Arab, Middle Eastern, Muslim, and South Asian communities together under shared experiences.



Volunteer Opportunity

Mindspring Mental Health Alliance is looking to improve its support group programming. We are currently seeking volunteers to facilitate these support groups. Ideal candidates will have lived mental health experiences and/or work or study in the mental health sector.

Interested? Please reach out to volunteer@mindspringhealth.org.

Keep an eye on InfoNET for legislative information at: their new website: <https://www.iowaddcouncil.org>

**IT'S OK TO
TALK WITH
SOMEONE.**

Your community is here for you.

**END THE
STIGMA
NOW.**

brainhealth-now.org

Exposures to Poverty and Crime in Pregnancy Found to Perturb Prenatal Brain Development

Brain and Behavior Research Foundation
A team from Washington University, St. Louis that includes two BBRF Scientific Council members has reported results from two studies involving mother-child pairs that is part of a larger project to trace the fetal origins of health and disease. The two studies focused on whether a mother's exposure to adversity in the prenatal period had any detectable effects on infant brain development as measured immediately following birth.



One study, appearing in [JAMA Network Open](#), focused on the potential impact of poverty. Analysis was performed on 280 women who had been recruited in the second or third trimester of pregnancy, average age 29, 61% of whom were "Black/African-American", 35% "White" and 4% "Other." All in this cohort gave birth to healthy, full-term infants between 2017 and 2020.

Within a few days or weeks of birth, each infant was given a functional MRI scan. Mothers, meanwhile, provided data which enabled the team to assess "disadvantage" in those who experienced it. The sample included women from across the socioeconomic spectrum.

Disadvantage was reflected in income data for the subject's home neighborhood, and measures of their diet, how much education they had received, and their insurance status. Indices of psychosocial stress were also collected, including measures of stress, anxiety, depression, and discrimination.

The prenatal period is a particularly vulnerable stage of brain development, the team noted, encompassing the birth of most neurons and their migration to places throughout the brain, as well as the process of synapse formation, the pruning of excess synapses, and myelination—when the axons connecting neurons acquire a fatty protective insulation to protect signal transmission.

Most existing research has focused on ways in which psychosocial stress impacts brain areas central in the processing of emotions, notably the hippocampus and amygdala. But possible impacts related to economic disadvantage have not been well explored. The U.S. rate of childhood poverty is about 16%, and "pregnant women with low

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incomes are at disproportionately greater risk of psychiatric disorders and stress during pregnancy,” the team noted.

Analysis of the fMRI scans of infants born to mothers who were exposed to poverty during pregnancy showed reduced grey matter in the cerebral cortex and in subcortical areas, as well as reduced white matter and reduced folding of the cortex. Cortical folding increases the brain's surface area and is essential for optimal functioning.

“The associations between poverty and reduced brain volumes begin *in utero* and are evident in the first weeks of life,” the team wrote. At the same time, the study did not show a “preferential association” between maternal poverty or psychosocial stress in pregnancy and the structure of the hippocampus or amygdala. What was seen was “a more widespread alteration of brain growth and development.” Future studies will seek to determine the role of specific contributing factors, including macro- and micronutrient deficiencies, impacts of environmental toxins including lead and water or air pollution, as well as the potential contributions of racial discrimination and socioeconomic inequities.

Many of the same team members contributed a separate paper to *Biological Psychiatry*, involving over 300 members of the same cohort of women and their newborns. This study focused on the potential impact of maternal exposure to neighborhood crime upon infant brain development in the fetal period, as measured immediately following birth.

The study found that mothers who, during pregnancy, lived in a neighborhood with high levels of property crime were more likely to give birth to infants with weaker limbic and frontal brain connections. The limbic system regulates mood and emotions.

In this respect the second study differed from the first. Unlike the effects of poverty, the effects of exposure to crime were seen in specific areas of the infant brain. “We found that this weakening of the functional connections between emotion-processing structures in the babies’ brains was very robust when we controlled for other types of adversity, such as poverty. It appears stresses linked to crime had more specific effects,” said Dr. Brady.

But the two studies had something important in common: environmental stressors (poverty and local crime) experienced by pregnant women were found to impact the way the brain developed in their infants, prior to birth.

Future research based on members of the same cohort of mothers and children will now be able to track how departures from developmental norms seen in these two studies change over time. They may prove transitory—or, they could worsen with the passage of years. The two studies thus establish a baseline for these two specific environmental exposures in the gestational period.

RESEARCH WEEKLY: *Early Intervention in Psychosis Programs in Preventing Suicide*

By Elizabeth Sinclair Hancq

(9-1-22) *Early intervention in psychosis* programs aim to support individuals in the early stages of illness, referred to as first-episode psychosis. Research into these prevention programs has shown positive outcomes for individuals in both improving quality of life, including educational attainment and employment, and reducing longer term suffering, such as by decreasing hospitalizations and symptom severity over the individual's lifetime.

Two new research articles published this month provide further evidence into both the predictors of self-harm among individuals with first-episode psychosis and whether *early intervention in psychosis* programs can be effective in preventing suicide. Taken together, the results from these two studies suggest that *early intervention in psychosis* programs should be widely implemented in the United

States while paying particular focus to preventing suicidal behaviors in this at-risk population of individuals with first-episode psychosis.

Predicting self-harm in first-episode psychosis

Researchers from the University of Hong Kong and University of Pennsylvania examined the relationship between symptoms of self-harm among individuals with first-episode psychosis schizophrenia-spectrum disorders. The results, published in *Schizophrenia Bulletin* this month, suggest that depression symptoms contribute to self-harm during the first year after diagnosis, while psychotic symptoms have a greater contribution to self-harm in later years. The results suggest that suicide prevention in individuals with first-episode schizophrenia requires a tailored and phase-specific approach to target the factors contributing to self-harm behaviors among these individuals.

The cost-effectiveness of early intervention in psychosis programs

Early intervention in psychosis programs include medication management and psychosocial support for individuals who are first meeting diagnostic criteria for having a psychotic disorder, termed first-episode psychosis. These programs can vary in terms of additional program components and program goals, but overall, these programs have shown positive outcomes when evaluated.

New research published in *Psychiatric Services* this month by authors from University of Toronto and Harvard University suggests that *early intervention in psychosis* programs are cost-saving to society, while simultaneously cost-effective within the health care system. To come to these conclusions, the study authors developed a decision-analytic model utilizing U.S.-based data from clinical trials, published meta-analyses and government data. Data points included hospitalizations, employment, lifetime health care costs, and quality-adjusted life years (QALY), a standard measure of how well a given intervention improves patients’ lives.

The authors found that *early intervention in psychosis* programs contributed to, on average, 3.2 fewer hospitalizations and 2.7 more years employed over the course of patients’ lives compared to individuals with the same diagnosis who received standard care. Combined with health care costs of the intervention, as well as both productivity benefits and health care consumption costs of the individual over time, the study authors found that *early intervention in psychosis* programs saved costs from a societal perspective or, in other words, had higher health benefits and lower costs compared to standard care. Part of this result is due to its effect on reducing suicide risk in individuals receiving *early intervention in psychosis* program care, according to the authors. Overall, the authors conclude that “it is economically favorable to fund this treatment program in the United States.”

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Elizabeth Sinclair Hancq is the director of research at Treatment Advocacy Center.

Iowa has four First Episode Psychosis programs –Restore @ Eyerly Ball, FERST @ Abbe Center, Harmony @Siouxland MH Center and a new program will be at Prairie Ridge



988 has resulted in a 45% increase in call, chat and text message volume.

A preliminary [report](#) from the U.S. Department of Health and Human Services highlighting the effectiveness of the 988 Suicide Crisis Lifeline (which launched in July 2022) found a 45% increase in service use compared to August 2021. Only one month after the

launch of 988 calls have increased from 165,000 last August, when [1-800-273-8255](#) was the primary service number, to 300,000 this August. There has also been a 72% decrease in service response time since the implementation of 988.

These findings suggest that 988 is off to a successful start and has a lot of potential to increase the general public's engagement with mental health counselors.

'9-1-1' Has Meant 'Help, Please' Since 1968

Smithsonian Magazine

The first 911 call ever placed came from the small town of Haleyville, Alabama

On this day in 1968, a phone rang in the police station of Haleyville, Alabama. But unlike all the days before, the caller—Alabama Speaker of the House Rankin Fite, who was not in an emergency situation—didn't dial the local police number.

He dialed 911, a three-digit number that would go down in local and national history.

The idea for a universal emergency phone number didn't start in Haleyville, a town of fewer than 5,000 inhabitants that was dry until 2010. It started with a 1957 recommendation from the National Association of Fire Chiefs, writes Carla Davis for the Alabama News Center.

Their recommendation was prompted by a serious problem, she writes: before 911, anyone who needed emergency help had to figure out if they needed the fire department, the police, or medical help, and then call the appropriate local number. Not easy to do when someone is bleeding, a baby is being born, or the building's on fire.

It took more than a decade before the fire chiefs' recommendation was put into effect, Davis writes. Haleyville came into the picture when the president of the Alabama Telephone Co., an independent telephone company, fought to have his company launch the new system.

The call was picked up at the police station on a special red phone, wrote Hoyt Harwell for the Associated Press on 911's 25th anniversary in 1993. At the receiving end of the call was Congressman Tom Bevill, Alabama's longest-serving congressman—who was still in office when Harwell interviewed him 25 years after that first call. "Immediately afterward, we had coffee and donuts," Bevill recalled.

But the early days of 911 weren't all coffee and donuts, Harwell wrote:

- ***A couple of years after the system was installed, newly hired Haleyville police dispatcher Ronnie Wilson received a frantic 911 call.***
- ***"A woman said, 'My water just broke,' and I told her I'd get her a plumber right away," Wilson recalled.***
- ***"Then she said I didn't understand, and I realized she was about to have a baby and ordered an ambulance for her."***

Haleyville still celebrates the event that put it on the map with an annual [911 Festival](#), Davis writes.

But out of the 10 possible numbers on a telephone, why were the digits

"9-1-1" chosen? That question has an answer that dates back to the 1960s as well. Rotary phones were still common in the 1960s, writes Sarah Stone for *Today I Found Out*, and the digits of the emergency number were both easy to remember and quick to dial, as they used the number at the end of a rotary phone's rotation and the number that was fastest to dial.

Kat Eschner is a freelance science and culture journalist based in Toronto.



80% of Maternal Deaths are Preventable, Mental Health a Leading Cause

Mind the Gap

The [Centers for Disease Control and Prevention](#) (CDC) has found that over 80% of maternal deaths between 2017-2019 were preventable. Through a review of Maternal

Mortality Review Committee (MMRC) data from 36 states, the CDC determined that mental health conditions were the most frequent underlying cause of death. This report confirms the dire need for quality care throughout the perinatal period to save lives. [Read more](#)

"The **majority** of pregnancy-related deaths **were preventable**, highlighting the need for quality improvement initiatives in states, hospitals, and communities that ensure all people who are pregnant or postpartum **get the right care at the right time.**" - Wanda Barfield, Director of CDC's Division of Reproductive Health

Iowa Hospital Closes, Lays Off 151 workers

Becker Hospital's CFO Report

Blessing Health System [closed](#) its hospital in Keokuk, Iowa, Sept. 30.

Quincy, Ill.-based Blessing Health said the decision to close the hospital was driven by several factors, including financial challenges and low demand for inpatient care. "The hospital has been in a financial crisis for 10 years," the health system said in a [news release](#).

The closure will affect 151 workers, according to a [notice](#) Blessing Health filed with state regulators. The layoffs take effect Nov. 4. The employees will do on-site work or be placed on administrative leave until the layoff date, Blessing Health said.

Blessing Health, which took over management of the hospital in March 2021, said the hospital property will be put up for sale.

Blessing Health Keokuk is one of 10 hospitals to [close this year](#). Other hospitals have closed due to dwindling patient volumes and cashflow and staffing challenges.

Need Health Insurance?

There is free, grant-funded program to help you figure out insurance options. New rules and rates for ACA marketplace health insurance. Most can get a plan for \$10 or less/month Even high earners now qualify for financial assistance.

Contact:

[IOWANAVIGATOR.COM](https://iowanavigator.com)

877-474-NAVI

Warmline

AbbeHealth runs the state Peer-run Warmline which operates 24/7/365. The number is **844-775-9276**. They have been receiving about 1,200 - 1,400 calls a month.

New Iowa Peer Workforce Collaborative website

<https://iowapeersupport.sites.uiowa.edu/>

www.weareherewithyou.com and www.mindspringhealth.org

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Substance Abuse Resources

<https://recovery-iowa.org/>

A frustrating story - [Mentally ill languish in California jails without care - Los Angeles Times \(latimes.com\)](#)

THE EQUALITY ACT

The Trevor Project

To thwart the stigma, discrimination, and criminalization that LGBTQ people face, **there is a national movement to make The Equality Act — which would expand federal civil rights to LGBTQ people — the law of the land.**

This watershed legislation would ensure that existing **federal** protections prohibit discrimination based on sexual orientation and gender identity in employment, housing, public spaces, education, federally funded programs, credit, and jury service.

STATE-LEVEL ADVOCACY

In 2022, legislators across the nation introduced 250+ anti-LGBTQ bills. Twenty-four became law. Most target transgender and nonbinary young people. To counter this onslaught, Trevor's advocacy team collaborates with local partners, speaks in legislatures and other state bodies, and cites our research in amicus (friend of the court) briefs to support lawsuits.

Our local partner is One Iowa. To find out more about anti-LGBTQ legislation in Iowa, contact One Iowa at: <https://oneiowa.org>
950 Office Park Road, Suite 240, WDM – 515-288-4019
Email: info@oneiowa.org

Suicide Prevention Fact

LGBT persons attempt suicide 4x more and 41% of trans persons attempt suicide. This needs to be alarming for all that we have to do better. Trevor Project and One Iowa are both amazing organizations dedicated to LGBTQ advocacy and mental wellness.

Every day, 1,920 **LGBTQ young people attempt suicide**. 73% have **experienced discrimination** because of their sexual orientation or gender identity. More than 2 in 3 transgender and nonbinary youth **don't live in gender-affirming homes**.

Healthcare Organizations to AG: Investigate Threats Over Transgender Children's Health care

Becker Hospital's CFO Report



The American Academy of Pediatrics, American Medical Association and Children's Hospital Association are [asking](#) Attorney General Merrick Garland to step in to protect physicians

and hospitals who have reported threats and harassment over medical care they provide to transgender children.

In an Oct. 3 [letter](#), the groups urge Mr. Garland to investigate the organizations, individuals and entities responsible for the threats and harassment.

"From Boston to Akron, [Ohio], to Nashville, [Tenn.], to Seattle, children's hospitals, academic health systems, and physicians are being targeted and threatened for providing evidence-based healthcare," the letter states. "These attacks have not only

made it difficult and dangerous for institutions and practices to provide this care, [but] they have also disrupted many other services to families seeking care."

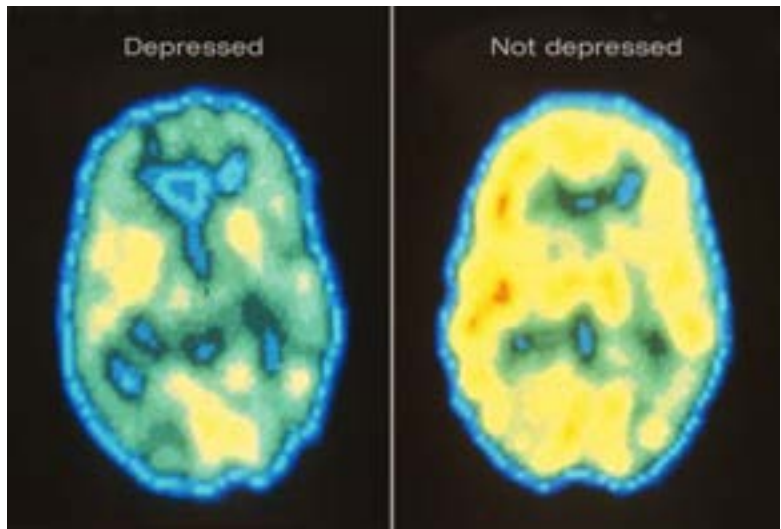
Hospitals and physicians across the U.S. have encountered harassment in different forms and severity, including from a conservative activist group. Boston Children's, for instance, confirmed that police [investigated](#) a report of an anonymous bomb threat at the hospital Aug. 30. No explosive device was located, but the hospital was on lockdown as police investigated. A Westfield, Mass., woman was ultimately [charged](#) in connection with the fake bomb threat.

In their letter, the healthcare groups said threats via social media continue to affect children's hospitals and their workers that provide gender-affirming healthcare, in addition to harassing emails, phone calls and protesters at healthcare sites.

That is why they said they are calling on Mr. Garland to investigate and prosecute all organizations, individuals and entities responsible.

"Our organizations are dedicated to the health and well-being of all children and adolescents. We are committed to the full spectrum of patient care — from prevention to critical care," their letter states. "We stand with the physicians, nurses, mental health specialists and other healthcare professionals providing evidence-based healthcare, including gender-affirming care, to children and adolescents."

Depression – What is it?



Shown here are PET scans of the brain showing different activity levels in a person with depression, compared to a person without depression.

It's natural to feel down sometimes, but if that low mood lingers day after day, it could signal depression. Major depression is an episode of sadness or apathy along with other symptoms that lasts at least two consecutive weeks and is severe enough to interrupt daily activities. Depression is not a sign of weakness or a negative personality. It is a major public health problem and a treatable medical condition.

The 2022 Child Mind Institute Children's Mental Health Report

shows that promising interventions can foster kids' resilience and give them and their families the support they need to thrive.

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Website Available to Help Iowans with Opioid Use Disorder

The Iowa Attorney General's office unveiled a website providing Iowans with a path to recovery from Opioid Use Disorder (OUD). (IowaOpioidHelp.com directs Iowans to treatment centers and other resources across the state.

In Iowa, 258 people died from opioid overdoses last year, a 21.2% increase from 2020. First responders are using more and more doses of naloxone to counteract overdoses and prevent the death toll from increasing.

The new website will provide Iowans and their loved ones a pathway to recovery for OUD. Those who use the website will learn about Medications for Addiction Treatment (MAT), a proven method of using FDA-approved drugs to reduce opioid cravings and withdrawal symptoms. An interactive map shows a list of MAT and OUD clinics contracted with the state. The Integrated Provider Network (IPN) is funded by the Iowa Department of Public Health and Human Services (IDPH).

90% of Americans Agree – Country Experiencing a Mental Health Crisis, Survey says

Becker's Hospital Review

Nine out of 10 adults [believe](#) there is a mental health crisis in the U.S. today, according to the Kaiser Family Foundation/CNN Mental Health In America Survey, as reported Oct. 5 by *CNN*.

When asked to rate the severity of six mental health concerns, respondents placed the opioid epidemic near the top, with more than two-thirds identifying it specifically as a crisis rather than a problem. More than half of people identified mental health issues among children and teenagers as a crisis, as well as a severe mental illness in adults, according to the report.

About 50 percent of survey respondents indicate they have had a severe mental health crisis in their family, including in-person treatment for family members who were a threat to themselves or others or those who engaged in self-harming behaviors.

Data from the report indicates that 1 in 5 adults has received mental health services in the past year, and nearly 6 out of 10 adults say their mental health is fair or poor and say they have not been able to get needed care.

Eighty-five percent say they would be at least somewhat likely to call the hotline if they or a loved one were experiencing a mental health crisis. Fifty-five percent say there aren't enough mental health care providers. Three-quarters say that insurers not covering mental health the same way they cover physical health is a significant concern. Eighty percent are concerned about the cost of mental healthcare.

The survey sampled about 2,000 adults and was conducted on July 28 through Aug. 9, 2022, more than two years after the start of the COVID-19 pandemic.

The Covid-19 pandemic exacerbated numerous social stressors that we know can increase the risk of both substance use and mental illness," Nora Volkow, MD, director of the National Institute on Drug Abuse told *CNN*.

According to the most recent data from the CDC, drug overdose deaths [reached](#) record levels in 2021, while suicide rates were near a record high after a two-year decline. Furthermore, in 2020 mental health-related emergency room visits jumped 31 percent among adolescents aged 12 to 17.

Iowa HHS expands free naloxone program to schools

Business Record

The Iowa Department of Health of Human Services announced it is expanding its initiative to provide naloxone, an opioid overdose reversal medication, to Iowa organizations, businesses and schools, which may be in a position to render aid to a person at risk of experiencing

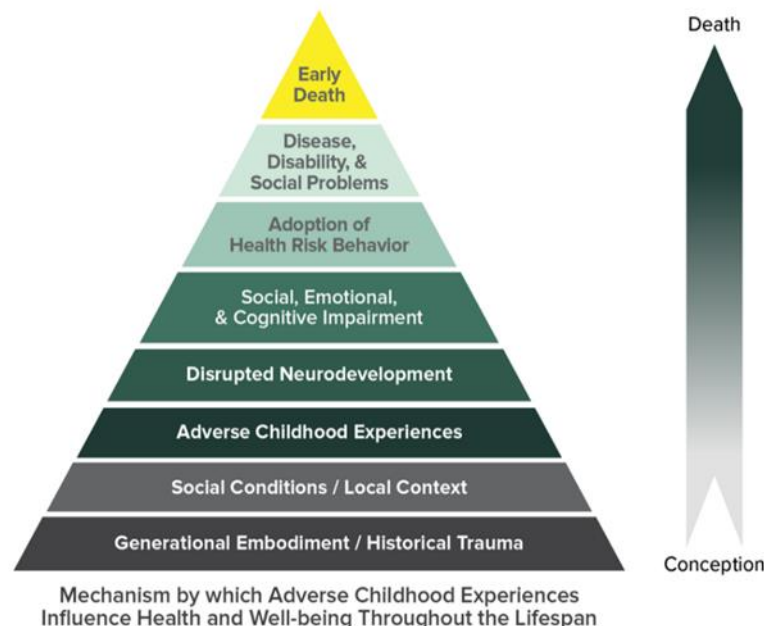
an opioid overdose.

Since February, HHS has offered eligible organizations and businesses free naloxone nasal spray kits. Now the program is **expanding to include schools**.

The purpose of this initiative is to equip organizations, businesses and schools, in the event that their employees, agents or volunteers encounter someone experiencing a suspected opioid overdose.

Although Iowa is considered a low-incidence state compared with many others, the increases in opioid-related deaths are concerning, with 258 official records of opioid-related deaths in Iowa for 2021, up from 157 in 2019 and 213 in 2020.

HHS' State Opioid Response office was recently awarded \$9,083,075 per year for two years to provide treatment and recovery programs for an estimated 1,100 people. In addition, the program will provide prevention and harm reduction services to more than 11,000 people [Click here](#) to view eligibility information and program requirements.



Here's the point, and the science is irrefutable now: Just as a bullet rips through flesh and bone, a child who experiences ongoing encounters that cause toxic stress – but doesn't get positive intervention to help them – will suffer real, measurable damage to the structure and function of their brain.

This toxic stress affects health and behavior. All people have an ACE score of 0 to 10. Each type of trauma counts as one, no matter how many times it occurs. You can think of an ACE score as a cholesterol score for childhood trauma.

For example, people with an ACE score of 4 are twice as likely to be smokers, seven times more likely to be alcoholic and 12 times more likely to attempt suicide.

People with high ACE scores are:

- more likely to be violent,
- to have more marriages,
- more broken bones,
- more drug prescriptions,
- more depression, and
- more autoimmune diseases.

A 2009 study showed that people with an ACE score of 6 or higher died, on average, almost 20 years earlier than those with no ACEs.

The effects of ACEs begin showing up in childhood. Kids experiencing trauma act out. They can't focus. They can't sit still. Or they withdraw.

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Fight, flight or freeze – that’s a normal and expected response to trauma. So, they have difficulty learning.

The schools that respond by suspending or expelling them just further traumatize them. When they get older, if they have no positive intervention from a caring adult at home or in school, in a clinic or other organization who is trained to understand trauma, they find unhealthy ways to cope.

They turn to addictions of all types – alcohol and other drugs, violence, stealing, lying, overeating, gambling, thrill sports, etc. – to soothe themselves to endure their trauma and the effects of their trauma, such as depression or violence.

We Need to Talk About Marijuana’s Potential Harm to our Youth

Washington Post



President Biden’s [pardon](#) of people convicted of a federal crime for simple marijuana possession is a long-overdue step to rectify policies that have disproportionately impacted communities of color. But the push for decriminalization should not be misinterpreted as signaling

that marijuana is safe for everyone or that recreational use — especially among youths — ought to be normalized.

The dominant narrative about marijuana seems to be that it is harmless. Indeed, 19 states and D.C. have legalized recreational marijuana, and young people are increasingly nonchalant about using it. One [study](#) shows nearly half of college students said they consumed marijuana. Eight percent reported they used it daily or nearly every day. One in 5 [high school students](#) used marijuana in the preceding 30 days.

But there are real dangers associated with the substance, as a 2020 report from the National Institute on Drug Abuse (NIDA) [shows](#). [Abundant research](#) demonstrates how exposure to marijuana during childhood impacts later cognitive ability, including memory, attention, motivation and learning. Studies have linked regular cannabis use in adolescents with [lower IQs](#) in adulthood and higher propensity to [drop out of high school](#). This association persists in college-age students. One [large study](#) followed college students and found frequency of marijuana use to correlate with skipping classes, lower grade-point average and longer time to graduation.

Some studies have also linked frequent cannabis use in youths to increased rates of schizophrenia, depression and anxiety. One [Lancet article](#) reported that smoking high-potency marijuana every day increased the chance of developing psychosis by nearly five times.

More research is needed on whether the causality could be the other way around — perhaps those predisposed to mental health diagnoses are more likely to seek out marijuana. But as Nora Volkow, a psychiatrist and the director of NIDA, told me, “Based on the data we already have, we can clearly say that marijuana is not a benign drug, especially for children and adolescents.”

In addition, there is evidence that marijuana — though often [misleadingly touted](#) as a “treatment” for opioid addiction — might increase the likelihood of [using opioids](#) and other drugs by disrupting the reward system in the brain.

Moreover, people can become dependent on and addicted to marijuana itself. As many as [30 percent](#) of people who use marijuana have marijuana use disorder. Those who start using marijuana before age 18 are [four to seven times](#) more likely to develop marijuana use disorder than those who begin as adults. Unfortunately, though nearly [6 million Americans](#) have this condition, only about 7 percent have received targeted treatment.

Volkow compares the favorable narrative built around marijuana to that created for smoking. “Initially, people said there was no harm from tobacco,” she said. “The data were manipulated by those who want to promote it. Now, people say that marijuana is safe and doesn’t lead to addiction, but the data show otherwise.”

Lack of treatment was one of the main concerns Volkow expressed. “If you’re thinking about legalization, you should make sure that you have the public health structure to provide treatment for people who have harmful patterns of marijuana consumption,” she said. “We need to provide a system of care for marijuana use disorder, which the United States doesn’t have.” She cited Portugal as an example of a country that decriminalized marijuana but also increased treatment access.

Volkow is a proponent of specific regulatory standards, including a standard unit dose to measure concentrations of active ingredients. This makes sense; we have standardized measurements for alcohol and nicotine content in cigarettes. Similar unit doses for marijuana would help users better understand how much they are consuming. Standardization would also make it easier for researchers to assess short- and long-term harm from the drug.

None of Volkow’s warnings contradict Biden’s announcement, which represents a shift in criminal justice policy to decriminalize marijuana possession. I think more needs to be done to correct previous drug policies, including expunging criminal records of those prosecuted for simple possession. We also need to distinguish recreational use from medicinal use, because there is evidence that cannabis can help certain patients, such as those with cancer, with intractable pain.

Perhaps the right balance to strike is to think of recreational marijuana as we do tobacco. Tobacco is legal, and people don’t go to jail for having cigarettes. But nicotine content is regulated, and tobacco sales to young people are banned. Treatment also exists for those who want to quit.

Critically, just as there are concerted efforts to educate on the dangers of smoking, there should be national efforts to warn against recreational cannabis use. If not, the myth that marijuana is totally safe will keep getting perpetuated, and today’s generation of young people will pay the price.

The Envision Iowa Statewide Leaders Economic Outlook Survey results

Business Record

More than 3,500 Iowa business and community leaders were invited to participate in a sentiment survey conducted by [Business Publications Corporation](#) (BPC) and [Bâton Global](#).

The results of the survey were unveiled at our Envision Iowa event on Oct. 5, and revealed four key findings:

1. Leaders are broadly optimistic about Iowa’s business opportunity fundamentals
2. Statewide leaders agree major changes are needed to address Iowa’s social infrastructure crisis, namely housing, healthcare, education, and childcare
3. 87% of Iowa leaders express concern that the state will not be able to meet workforce needs, even with changes
4. A majority of leaders expect decline in Iowa’s population, with particular concern in manufacturing and logistics sector

Read and share the [full report](#), which looked at 12 questions under three key themes, to learn what this means to you, your organization and the state of Iowa.

[Iowa’s suicide spurs family to call out lack of mental health care \(desmoinesregister.com\)](#)



Some Doctors are Reluctant to Care for Patients with Disabilities, report says.

Details of three focus groups offer disturbing details about the challenges individuals with disabilities face when seeking care – Boston Globe, Oct. 7, 2022

Dr. Lisa Iezzoni pulled her wheelchair up to the screen and asked the physicians on the video call about their experiences and attitudes caring for people with disabilities.

Iezzoni's wheelchair was out of view as the physicians spoke candidly and shockingly about their experiences. Not only did several of the 22 doctors say they did not have the equipment or training to care for people with disabilities, but some felt burdened by the work. Some clinicians openly talked about how to avoid caring for the population altogether.

Details of the three focus groups she moderated made public this week offer disturbing and eye-opening details about the challenges individuals with disabilities face when seeking care.

"[Physicians] don't necessarily know about making accommodations," said Iezzoni, a professor at Harvard Medical School and a longtime disability researcher, who has multiple sclerosis. "For almost 25 years now people have been asking me, 'Why is health care so far behind every other industry?' You go to see a Celtics game or Fenway and they have great disability access. But health care facilities, not so much."

The focus groups, conducted by scientists from Northwestern Medicine in collaboration with Iezzoni, a senior author, and colleagues from the University of Massachusetts, were conducted to help design a national online survey. The focus groups identified barriers patients might encounter when receiving health care and found that physicians are often unfamiliar with how to accommodate individuals with disabilities. Other barriers that patients with disabilities might encounter included short appointment times, bias, and a lack of training.

The subsequent national study, which ran from October 2019 to June 2020, surveyed over 700 physicians online, revealing that over a third knew little or nothing about their responsibilities under the Americans with Disabilities Act, and nearly 70 percent believed they were at risk of lawsuits under the ADA because of a lack of accommodations. The research was published in the journal *Health Affairs* in January.

The researchers then published the focus group data separately in *Health Affairs* on Monday, because the inflammatory comments weren't cited in the national study and were important on their own, said Dr. Tara Lagu, professor of medicine at the Northwestern University Feinberg School of Medicine and a lead author of the study. "It was upsetting and indicative of the disparities we're seeing," Lagu said. "It does seem like these attitudes might play a role in some of the barriers to care that people with disabilities face."

Researchers conducted video interviews with three groups of physicians, asking them about their experiences caring for patients with mobility, vision, and hearing impairments as well as mental illness and intellectual disabilities. What they discovered were barriers to providing care at nearly every part of the encounter, undergirded by negative attitudes some had toward people with disabilities.

All clinicians reported physical barriers to providing proper health care, such as nonadjustable height exam tables and scales that couldn't accommodate a person in a wheelchair. Some reported using workarounds. Some physicians said they sent patients to a supermarket, grain elevator, zoo, or cattle processing plant to obtain a weight.

Communication also proved a challenge. None of the physician participants provided written materials in Braille to their patients, and only a few offered them in large type. Physicians frequently said they relied on caregivers or turned to written communication, such as using a white board for people with hearing loss.

Some accommodations created hurdles of their own. One physician reported hiring a sign language interpretation service and found that it cost \$30 more than the reimbursement for the entire visit.

Clinicians also lacked knowledge, experience, and skills necessary to provide proper care and frequently mentioned concerns about how to move patients with mobility issues.

All the problems were compounded by structural issues, with physicians feeling they didn't have the time to properly address such concerns within a 15-minute visit. Electronic medical records also don't currently ask about disabilities or accommodations, and often physicians were unaware patients requiring accommodations had been scheduled for an appointment.

The focus groups additionally revealed negative attitudes among some doctors toward people with disabilities, with some saying that providing care to such individuals was burdensome. There was also limited recognition of the large number of people who fit into these categories, though more than 61 million Americans reported having a disability in 2016.

Some participants said they denied care to people with disabilities or attempted to discharge them from their practice, saying they were no longer taking new patients.

The findings add to a canon of work by Iezzoni, Lagu, and others on the barriers those with disabilities confront when seeking care. The studies have found that physicians have a limited understanding of what accommodations they are obligated to provide as well as inaccurate views of the quality of life of a person with disabilities.

Lagu envisions a comprehensive set of solutions to change attitudes and environments. Reimbursements for seeing patients with a disability should increase, and electronic medical records should have ways to collect data on disabilities and accommodations. Not only would that help medical practices prepare for such visits, but it would enable researchers to track whether individuals with disabilities have poorer health outcomes.

Groups need more and better incentives to buy accessible equipment, Lagu said, and staff should also receive training on how to work with disabled populations. Additionally, disability training is not currently required as part of accredited medical school education or graduate medical education.

Despite this, disability advocacy group The Arc has been working with medical schools in Massachusetts to provide instruction on caring for individuals with intellectual and developmental disabilities, including autism. Because it isn't part of the accredited curriculum, The Arc is generally not paid for the work, though legislation has been pending for several sessions that would codify the program and establish state funding for it.

Another piece of legislation would establish standards of care in hospitals for patients with autism, and intellectual and developmental disabilities and create a committee to come up with continuing education requirements.

Such training is key to ensure there isn't discrimination and that doctors don't incorrectly chalk up medical problems to a person's

disability. Maura Sullivan, senior director of government affairs and health policy at The Arc, recalled that physicians attributed her young son's sleeplessness and self-injurious, aggressive behavior to his nonverbal autism. But a doctor eventually discovered he had severe reflux, and the behavior stemmed from the pain he felt when lying down.

"What we find is implicit bias, and the bias that exists in the medical community affects treatment and assessment and the overall quality of health care provided," she said. "And a lot of this is lack of experience."

Lagu said the attitudes people had were a product of both a difficult treatment environment and medical training that didn't give them the tools to provide better care.

"We do have to change medical education and figure out how not to train people into these attitudes," Lagu said. "That's what I think has happened here. Through medical education and training, lack of support, and financial incentives being as upside down as they are, we train people to do the wrong thing. We have to figure out how to change the system while we try to address these attitudes."

Disturbing data on how doctors treat people with disabilities

Health care providers could learn much from occupational therapy field

I was disappointed, though not surprised, to read the arresting results of the study reported in ["Doctors' attitudes on disabilities questioned: In study, lack of accommodation and insensitivity"](#) by Jessica Bartlett (Page A1, Oct. 7).

More than 61 million adults and 3 million children in the United States live with a disability, including [about 25 percent of adults in Massachusetts](#). That there are physicians who actively avoid providing health care to disabled people, and that more than one-third of physicians know little or nothing about their responsibilities under the Americans with Disabilities Act, is a failure that needs to be addressed.

Physicians are not the only ones who need to learn more, do more, and be more for and with people with disabilities. Many in health care and related fields, including public health, social work, counseling, and education, lack the training and resources to ensure that what they do reflects best practices for people with disabilities.

Occupational therapists and other allied health professionals in rehabilitation sciences are ready to help. Our doctoral-level occupational therapy students and faculty, for example, are prepared to educate and collaborate with physicians and other health care professionals about disability and evidence-based practices for serving people with disabilities. I hope that those who, like me, read Bartlett's shocking article and thought, "We have to do better," will consider consulting with and learning from occupational therapists so that we can take action together.

Doctors Open Up About Turning Away Patients with Disabilities

Disability Scoop

Physicians are using excuses to intentionally dissuade people with disabilities from their practices, researchers say in a new study exposing just how pervasive discrimination against this population is in health care.

In focus groups, doctors described making strategic choices to turn away individuals with disabilities. They reported telling patients with disabilities that they would require specialized care and that "I am not the doctor for you." In other cases, physicians said they simply indicate that "I am not taking new patients" or "I do not take your insurance."

The findings come from a [study](#) published this month in the journal Health Affairs. It is based on focus groups conducted in late 2018 by researchers at the Northwestern University Feinberg School of Medi-

cine, the University of Massachusetts and Harvard Medical School with 22 primary care and specialist doctors who were selected from a national database.

Many of the participants described accommodating people with disabilities as burdensome and some used outdated language like "mentally retarded." Doctors frequently indicated that individuals with disabilities account for a small number of patients, making it hard to justify having accessible equipment. They also had little knowledge of their obligations under the Americans with Disabilities Act, with one suggesting that the law works "against physicians."

The latest study builds on findings [published](#) earlier this year from a survey of 714 doctors that was done by some of the same researchers. Just 56% of physicians who participated in the survey said they welcome people with disabilities at their practices and only 41% indicated that they could provide such patients with a similar quality of care to others. Meanwhile, more than a third of doctors queried said [they had little or no knowledge of their legal obligations under the ADA](#).

To read the rest of the article, go to: [Doctors Open Up About Turning Away Patients With Disabilities - Disability Scoop](#)

As Suicides Rise, US Military Seeks to Address Mental Health

Boston Globe

After finishing a tour in Afghanistan in 2013, Dionne Williamson felt emotionally numb. More warning signs appeared during several years of subsequent overseas postings.

"It's like I lost me somewhere," said Williamson, a Navy lieutenant commander who experienced disorientation, depression, memory loss, and chronic exhaustion. "I went to my captain and said, 'Sir, I need help. Something's wrong.'"

As the Pentagon seeks to confront spiraling suicide rates in the military ranks, Williamson's experiences shine a light on the realities for service members seeking mental health help. For most, simply acknowledging their difficulties can be intimidating. And what comes next can be frustrating and dispiriting.



Williamson, 46, eventually found stability through a monthlong hospitalization and a therapeutic program that incorporates horseback riding. But she had to fight for years to get the help she needed. "It's a wonder how I made it through," she said.

In March, Defense Secretary Lloyd Austin announced the creation of an independent committee to review the military's mental health and suicide prevention programs.

According to Defense Department data, [suicides among active-duty service members increased by more than 40 percent between 2015 and 2020. The numbers jumped by 15 percent in 2020 alone. In longtime suicide hotspot postings such as Alaska — service members and their families contend with extreme isolation and a harsh climate — the rate has doubled.](#)

A 2021 study by the Cost of War Project concluded that since 9/11, [four times as many service members and veterans have died by suicide as have perished in combat](#). The study detailed stress factors particular to military life: "high exposure to trauma — mental, physical, moral, and sexual — stress and burnout, the influence of the military's hegemonic masculine culture, continued access to guns, and the difficulty of reintegrating into civilian life."

The Pentagon did not respond to repeated requests for comment. But Austin has publicly acknowledged that the Pentagon's current mental health offerings — including a Defense Suicide Prevention Office established in 2011 — have proven insufficient.

"It is imperative that we take care of all our teammates and continue to reinforce that mental health and suicide prevention remain a key priority," Austin wrote in March. "Clearly we have more work to do."

Last year the Army issued fresh guidelines to its commanders on how to handle mental health issues in the ranks, complete with briefing slides and a script. But daunting long-term challenges remain. Many soldiers fear the stigma of admitting to mental health issues within the internal military culture of self-sufficiency. And those who seek help often find that stigma is not only real but also compounded by bureaucratic obstacles.

Much like the issue of food insecurity in military families, a network of military-adjacent charitable organizations has tried to fill the gaps with a variety of programs and outreach efforts.

Some are purely recreational, such as an annual fishing tournament in Alaska designed to provide fresh air and socialization for service members. Others are more focused on self-care, like an Armed Services YMCA program that offers free childcare so that military parents can attend therapy sessions.

The situation in Alaska is particularly dire. In January, after a string of suicides, Command Sergeant Major Phil Blaisdell addressed his soldiers in an emotional Instagram post. "When did suicide become the answer," he asked. "Please send me a DM if you need something. Please ..."

Senator Lisa Murkowski, an Alaskan Republican, said that although a posting to Alaska can be a dream for some service members, it's a solitary nightmare for others that needs to be addressed.

"You've got to be paying attention to this when you see the statistics jump as they are," Murkowski said. "Right now, you've got everybody. You've got the Joint Chiefs looking at Alaska and saying, 'Holy smokes, what's going on up there?'"

The stresses of an Alaska posting are compounded by a shortage of on-the-ground therapists. During a visit to Joint Base Elmendorf-Richardson in Alaska earlier this year, Army Secretary Christine Wormuth heard from base health care workers who say they are understaffed, burned out, and can't see patients on a timely basis. If a soldier seeks help, they often have to wait weeks for an appointment.

"We have people who need our services and we can't get to them," one longtime counselor told Wormuth during a meeting. "We need staff and until we get them, we will continue to have soldiers die."

Others who speak up say it's a struggle to get assistance.

Despite the on-base presence of "tons of briefings and brochures on suicide and PTSD," Williamson said she found herself fighting for years to get time off and therapy.

Eventually, she entered a monthlong in-patient program in Arizona. When she returned, a therapist recommended equine-assisted therapy, which proved to be a breakthrough.

For Williamson, the regular riding sessions have helped stabilize her. She still struggles, and she said her long campaign for treatment has damaged her relationship with multiple superior officers. She's currently on limited duty and isn't sure if she'll retire when she hits her 20-year anniversary in March.

Nevertheless, she says, the equine therapy has helped her feel optimistic for the first time in recent memory.

"Now even if I can't get out of bed, I make sure to come here," she said. "If I didn't come here, I don't know where I would even be."



Mindspring Mental Health Alliance Benefit Update

We raised around \$125,000 and had so much fun beating the stigma, raising awareness and spreading our mission of educating, advocating and supporting mental health.

A HUGE THANK YOU to everyone who attended and all who supported us financially.

SAVE THE DATE
SEPT 15TH 2023! SAME GOLF COURSE



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CALENDAR OF EVENTS

Wed., Nov. 9 - Mindspring Board Meeting
Jan, Mar, May, July, Sept., Nov
Location: 511 E. 6th St., Suite B, DM
4:30 to 6 PM

Community Impact Officer- Michele Keenan
515-850-1467

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Director of Special Projects –

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Program Coordinator -Zoe Bardin

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Development Director – Francis Boggus

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If you are interested in Board membership -

Please become involved with one of our committees first. Contact the Director of Special Projects to discuss what committees we have. –

515-850-1467 or kkerner@mindspringhealth.org

We See You. We Accept You. We've Got You.

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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

Tax Deductible Donations

Who do you contact at Mindspring?

Contact: Community Impact Officer -

Michele Keenan- 515-850-1467

mkeen@mindspringhealth.org

Regarding: Community Education, Webinars and Workplace Mental Health Education Webinars, any other educational activities, Program funding, Marketing, requests for information and resources, Legal

Contact: Director of Special Initiatives –

Kristi Kerner kkerner@mindspringhealth.org 515-850-1467

Regarding: Fundraising, Financials, Social media, Website, Marketing, Newsletter, Mindspring Presentations, resource tables, requests for information and resources

Letters to the Editor

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

Ways to Donate to MindSpring

-- Cash, Check

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-- MindSpring Endow Iowa Fund

Facebook – MindSpring has been granted verified N/P status and can now solicit donations.

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You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.

