



mindspring
MENTAL HEALTH ALLIANCE

September 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
mkeenan@mindspringhealth.org
Director of Special Initiatives– Kristi Kerner
kkerner@mindspringhealth.org
Development Director – Francis Boggus
New! Program Coordinator – Zoe Bardin

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)
mkeenan@mindspringhealth.com

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Facebook: @mindspringinfo Instagram: @mindspringinfo
Twitter: @mindspringinfo TikTok: @mindspringinfo



Mindspring 7th Annual Golf Tournament and Fundraiser

When: Friday, September 16th

Where: Terrace Hills Golf Course
8700 NE 46th Ave, Altoona, IA 50009
Registration at 9:00 am and shotgun start 10 am

We are humbly asking for a sponsorship and if you are a golfer - sign up a golf team! The sponsorship levels are the same - and range from \$200 to \$15,000. If a sponsorship is beyond your means. . . any amount will be appreciated by the thousands of people who seek our free mental health information. Your support is invaluable for us to continue our mission.

This year, Mindspring has a new and improved website to handle our golf **sponsorships** and golf **team sign-ups** and is a **one stop shop** - <https://www.mindspringhealth.org/get-involved/golf-tournament>

The tournament will be at the same place as last year. We have a limit of 36 golf teams so be sure to sign up soon!

Pro-Golfer Tadd Fujikawa will be at our Golf Tournament. Tadd qualified and played in the 2006 U.S open at the age of 15 making him the youngest golfer to play in that event. Tadd will be joining us for the tournament. See Tadd's story on page 13.

After the tournament, awards will be MC'd by **local comedian Willie Farrell** and followed by a short comedy set.

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.

Eagle View in Bettendorf is open and has plans to staff to 72 beds, but is doing a soft opening and will be increasing the beds slowly.

Clive Behavioral Hospital -West – The 100 inpatient psychiatric beds will eventually be 1/3 for youth and the rest for adults.

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.

So let us not return to what was normal but reach toward what is next.
---Amanda Gorman

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 May	2022 June	2022 July	2022 August
# of Iowa cases reported	3159	274,982	389,172	601,531	856,086	871,612	892,179	914,336	951,309
# of Iowa deaths Covid 19	79	3745	5893	7680	9475	9572	9615	9719	9882
# of suicides	194	551	132	525	146	203	235		
# of opioid deaths		208	70	250	73	88	93		
Iowa COVID-19 Information – Vaccine Information				1,843,143 58.84%	1,914,689 Booster – 1,021,765	1,922,920 Booster – 1,034,082	1,933,003 Booster – 1,052,546	1,940,421 Booster – 1,069,826	1,982,814 Booster – 1,069,826+
# of Covid cases reported nationally	986,596	19,278,006	45,391,030	50,773,620	80,518,989	83,132,374	85,981,213	89,521,016	93,634,408
# of Covid deaths nationally	56,164	336,683	735,703	806,273	987,343	1,001,606	1,012,607	1,023,788	1,041,141

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
- **45th** for mental health workforce availability (2021)
- **47th** for # of psychiatrists
- **46th** for # of psychologists

Find a complete list of **substance abuse providers** at: <https://idph.iowa.gov/substance-abuse/treatment>

Private mental health providers MH/DD Accredited Provider list can be found at:

https://dhs.iowa.gov/sites/default/files/MHDDAccreditedProviders_30.pdf?080920200822

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

Certified Community Behavioral Health Center (CCBHC)-a new provider type in Medicaid, designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate. Required services are: crisis mental health services; screening, assessment and diagnosis; patient-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring;* targeted case management;* psychiatric rehabilitation services;* peer support, counseling and family support services; and services for veterans There are 12 providers in Iowa receiving federal grants for CCBHC: Abbe Center, Seasons Center, Eyerly-Ball, Berryhill, Hillcrest, Plains Area, Robert Young, Elevate Housing Foundation, Heartland Family Services and Community Health Center – Leon, Prairie Ridge of Mason City and Pathways-Bremer County.

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	Southwest Iowa Mental Health Center 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@warrencountiia.org https://warrencountiia.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/>

National Suicide Prevention Lifeline

9-8-8 is the number starting July 16, 2022

or 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) - *Provides confidential access to peer counseling and can connect people with services*



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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Visit everystep.org/program_guide for a current list of programs and services



<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

 COMMUNITY SUPPORT ADVOCATES 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
cjbscoffee17@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
8-week virtual **parent/caregiver support group** beginning Feb. 21 and held every Monday @ 7 pm
8-week virtual **educator support group** beginning Feb. 22 and held every Tuesday @ 4:30 pm
Register at www.pleasepasstheLove.org/supportgroups
8-week **Bilingual teen support group** beginning Feb. 9 and held every Wednesday @ 6-7 pm
Register at www.pleasepasstheLove.org/youth-programming

ADHD Support Group – Please contact Lauren Goetze (local CHADD coordinator) ~ GoetzeLauren@gmail.com – 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 mjohnson@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.

www.weareherewithyou.com and www.mindspringhealth.org

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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](http://www.alz.org/events/event_search?etid=2&cid=08zip=50325) can be found at this link.

Alzheimer's Virtual Support Groups in Iowa

[Events | Alzheimer's Association](http://www.alz.org/events/event_search?etid=2&cid=08zip=50325)

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

**The most courageous act is still to think for yourself.
Aloud.**
-----Coco Chanel

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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](tel:8009444773), 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.

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:

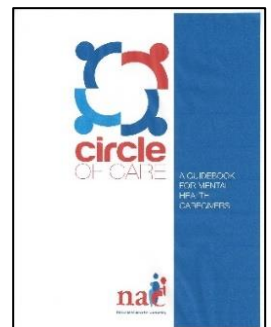
<https://us02web.zoom.us/j/83481142012pwd=R1V4U0pzZE92MHh1aGNnaWF6bUtNdz09>

Meeting ID: **834 8114 2012**

Passcode: **680016**

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

**Circle of Care:
A Guidebook for Mental Health
Caregivers –**
go to www.mindspringhealth.org
Click on "Get Help",
Click on Guidebook for MH Caregivers
and download a copy



No act of kindness, no matter how small, is ever wasted.

-----Aesop

Don't count the days, make the days count.

-----Muhammad Ali

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 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=azR11dl-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

www.weareherewithyou.com and www.mindspringhealth.org

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



applicants and respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather background 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 July 16, 2022.

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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September is National Suicide Prevention Month

Suicides in Iowa 2000-2022 Opioid 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			
93	2022	235	As of 6-30-22			

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

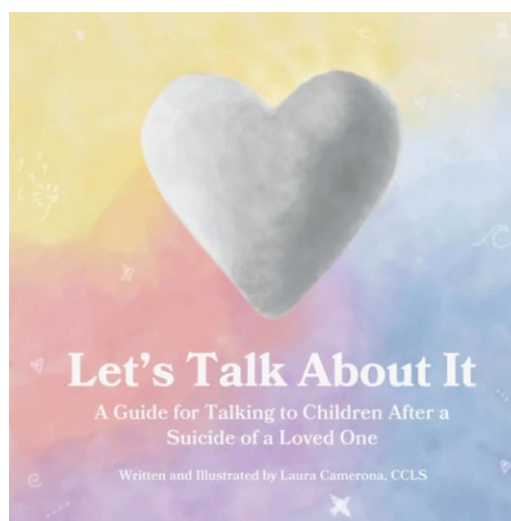


Organization Name

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

Communicating with Someone in Crisis Who Has a Psychiatric Illness

- SLOW DOWN**
- GIVE THEM SPACE**
Don't make them feel trapped
- 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.



"If you're struggling with how to talk to your children about suicide, this book empowers caregivers with the confidence to start the conversation..."
- Rachel, Grief Program Coordinator

Unsure of what words to use with a child who has lost someone to suicide?
Nervous about the questions kids will ask?
This book was written as a guide for caregivers to read with children who have lost someone to suicide. By sharing this book together, families are better prepared for further conversations.

Additional tips are included regarding when to share this book, words to use for very young children, and signs that your child is ready for more.

This is a sad and tragic topic, but you can talk about it. You can build trust and work through hard things together.

Words Worth Repeating

mindspring
MENTAL HEALTH ALLIANCE

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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.

www.weareherewithyou.com and www.mindspringhealth.org

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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 Camerona](#) (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.

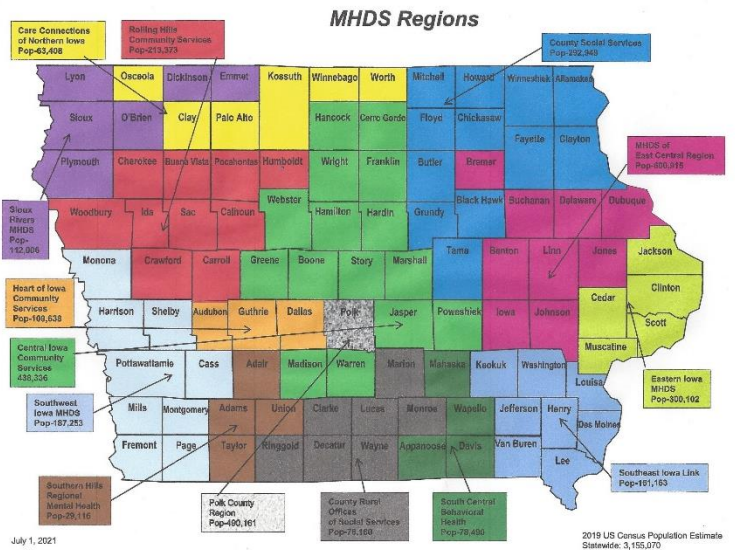
This book gives families the words to use after loss. It can be used as a tool in therapy or with grief groups.

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**



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



Polk County Supervisors replace nonprofit with new department to manage behavioral health and disability services in Polk County and in the Polk County Region

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."

<p>Polk County Mental Health Meetings you can attend:</p> <p>Advisory Council Boards meet on 3rd Tuesday of the month</p> <p><u>Children's Advisory Council</u> 1:30 – 2:30 PM</p> <p><u>Joint Advisory Council</u> 2:30 to 3:00 PM</p> <p><u>Adult Advisory Council</u> 3 – 4 PM</p>	<p>Polk County Behavioral Health and Disabilities Dept is 515-286-3570.</p> <p>The CEO is Annie Uetz. https://www.polkcountyiowa.gov/behavioral-health-disability-services/.</p>
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www.wel... www.mindspringhealth.org

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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.

HEALTH AND HUMAN SERVICES ALIGNMENT

Connie Fanselow, IHHS

A public website has been developed that includes communications, updates, presentations, and the contract and deliverables for the Public Consulting Group: <https://hhsalignment.iowa.gov/>



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, she wrote.

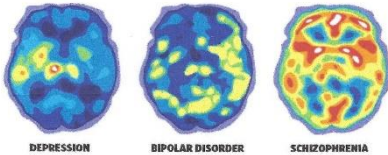
Why it matters: The IDA provides support services for the state's growing 60+ population. Garcia said in her email this is an opportunity for IDA to gain efficiency and better coordinate services for older Iowans.

Catch up fast: IDA will be the third state department to merge under HHS' heading in a year.

HHS launched in July, [combining](#) the state's public health and human services departments.

What's next: Planning and preparations for the move will begin this fall.

THE BRAIN CAN GET SICK TOO.



brainhealth-now.org

We have to remain humble about our understanding of the brain, because even our most powerful tools remain pretty blunt instruments for decoding the brain. In fact, we still do not know how to decipher the basic language of how the brain works.

— **Thomas R. Insel**



Covid Recovery Iowa is now

PROJECT RECOVERY IOWA

The need for these services has not abated.

FEMA funds have been 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, and anxiety

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 stressor 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.

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

www.weareherewithyou.com and www.mindspringhealth.org

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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

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

www.weareherewithyou.com and www.mindspringhealth.org

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advancing the mental health and wellbeing of Asian American communities through research, professional practice, education, and policy.

- [Fact Sheets](#)
- [Bullying Awareness Campaign](#)
- [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 \(by state\)](#)

[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.



Special Sponsorship Opportunity!

Tadd's Story



Pro Sponsor \$2,500

Tadd qualified and played in the 2006 U.S Open at the age of 15 making him the youngest golfer to play in the US Open.

Sponsorship includes:

- Golf Team with Tadd Fujikawa as your fourth team member
- One 2' x 6' banner with logo at a tee box
- Logo displayed with golfer lunches
- Logo on interior golf cart signage
- Logo on event scorecard
- Logo on course map
- Sponsor reference on tournament promotional materials & digital marketing
- Sponsorship trophy

Growing up, mental health was never something that we talked about. Being able to now share my story and to help others means so much to me.

Having success at an early age was such a great experience. It gave me so many amazing opportunities. But it also came at a cost; my mental health. During the time of these accomplishments, I was struggling off the golf course with my family life. I was trying to be so perfect to hide the fact that other aspects of my life were lacking. In this pursuit for perfection, I put a lot of pressure on myself. In

2011, I really started seeing the effects of the added pressure. Consequently I started struggling with my golf. At that point I didn't know where to turn. During that time I was also struggling with my sexuality. I didn't know who I was. The thing that had defined me was gone and I felt like I didn't have anything to live for anymore. It was a snowball effect and I felt like my whole world was gone. I didn't want to wake up in the morning. I didn't want to go to the golf course. I was lost.

I was so afraid to tell someone what I was going through, but I was fortunate that my mom was living with me at the time. Although I wasn't able to be upfront with her with all that was going on, having her there by my side really helped me. It took many years to come to terms with everything. I had to learn about myself, and how to process and deal with my emotions in a healthier way. I've found that being open, honest, and vulnerable, has not only helped me but can also help others. Today, my mental health is so much better but it is still something that I have to be aware of and work on every day.

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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.



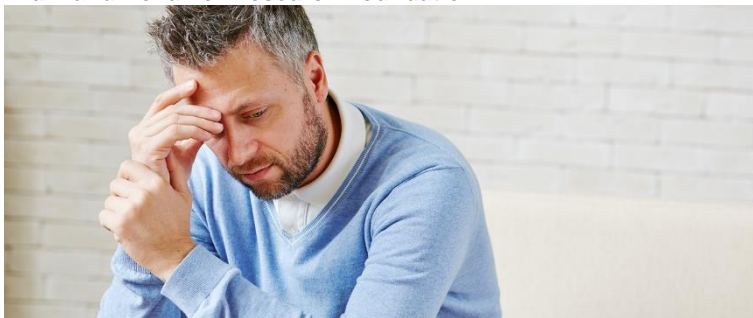
Brain Injury Training Coming in September and October
www.biaia.org | 855-444-6443 | info@biaia.org

Update on Concussions – 9-20-22 – 11am -Noon

Family Caregiver Workshop – 9-22-22 – 11:45 am to 4 pm
Muscatine Community College

Brain Injury Fundamentals – 4 week workshop on Thursdays
Beginning 10-6-22 | 1-3 pm

Brain and Behavior Research Foundation



Researchers Identify Molecule That Orchestrates Association of Events With Positive and Negative Memories

Being able to emotionally tag important experiences as either “positive” or “negative” and to remember those associations is one of the great achievements and marvels of evolution. When our ancient ancestors visited a place where dangerous animals lurked, or when they ate an unfamiliar food that supplied them with energy or whose flavor they particularly liked, they stood to profit by forming memories of these experiences that could be recalled to inform future behavior. This was a boon to survival.

In a range of psychiatric disorders, including depression, anxiety, and post-traumatic stress, people can fixate or rely to an unhealthy degree

on memories of negative experiences and emotions. In the language of neuroscience, such individuals tend to accentuate or keep in mind memories with a negative “valence.” Experiences that may have contributed to formation of such negative memories may indeed have been painful or fear-provoking. The problem comes when the individual fixates or stresses the negative to the point where it impairs normal functioning in life.

Several years ago, **Kay M. Tye, Ph.D.**, of The Salk Institute, a BBRF Scientific Council member, winner of the 2016 BBRF Freedman Prize for Exceptional Basic Research, and 2013 BBRF Young Investigator, led a team that discovered a group of neurons in the brain that help assign a valence when mice are learning. Located within a structure called the basolateral amygdala (BLA), one set of neurons was activated with positive valence—when the animals learned to associate a tone with a sweet taste. A separate set of neurons in the BLA was activated, the team found, when the animals learned to associate a different tone with a bitter taste.

Commenting on that discovery, Dr. Tye says, “We found these two pathways—analogue to railroad tracks—that were leading to positive and negative valence.” But, she adds, “we still didn’t know what signal was acting as the ‘switch operator’ to direct which track should be used in a given situation in which a positive or negative experience was being tied to a memory.

In a vivid example of how one basic research result forms the basis for another, with even greater import, Dr. Tye and a large group of collaborators from Salk, MIT, the Broad Institute, and Harvard Medical School, have published a new paper in the journal *Nature* describing experiments which enabled them to discover the “switch operator.” It turns out to be a molecule—a neuropeptide that acts as a neurotransmitter—called **neurotensin**.

In addition to shedding new light on the problem of how valence is linked with memory, the research is important because it suggests a potential biological target for new therapies to treat psychiatric conditions in which emotional valence is problematic.

Dr. Tye and her colleagues already knew that neurotensin is released to neurons in the BLA that her team previously associated with valence processing. But other signaling molecules, such as dopamine, are also released to these neurons. To tease out neurotensin’s role, they used a gene-editing technology called CRISPR to remove the gene that encodes neurotensin from neurons that release it to the BLA. It was the first time CRISPR had ever been used to isolate specific neurotransmitter function.

In mice, when the neurotensin-encoding gene had been deleted from its “upstream” source to the BLA, the team found that the animals could no longer assign positive valence to new experiences and specifically could not learn to associate a tone, for example, with a positive experience. Yet these same mice were still able to assign negative valence to new experiences and to learn the association.

Additional experiments, some involving the use of optogenetics, in which specific neurons or groups of them can be switched on or off with beams of colored light, indicated that neurons in the BLA associated with negative valence are activated by default until neurotensin is released—at which point neurons in the BLA associated with positive valence are activated. This suggests that the brain’s default state is to have a bias toward fear, the researchers suggested.

This makes sense, according to Dr. Tye, because it helps animals and people avoid potentially dangerous situations. Still other experiments by the team showed that high levels of neurotensin promoted reward learning and dampened negative valence. This further supports the idea that neurotensin is responsible for positive valence.

“We can actually manipulate this switch to turn on positive or negative learning,” said Hao Li, Ph.D., a postdoctoral investigator in the Tye lab who was first author of the team’s paper. “Ultimately, we’d like to try to

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identify novel therapeutic targets for this pathway,” for example, targets such as neurotensin and/or its cellular receptors that would potentially prevent overactive assignment of negative valence to specific memories. Such treatments might one day be tested in people with anxiety and PTSD.



Self-Care Tips

Learn relaxation techniques. Meditation, progressive muscle relaxation, guided imagery, deep breathing exercises, and yoga are powerful relaxation techniques and stress-busters. Discover how to calm yourself.

Strengthen your social network. Connect with others by taking a class on-line, staying in touch with family and friends in organizations you belong to by participating through skype or zoom or phone.

Find Your Flow - Ever become so absorbed in a hobby that you lose track of time? Whether you knit, write sci fi, garden, or work on your car, you should spend time on things that keep your full interest. When you're "in the zone," your mind doesn't churn, you feel more sure of yourself, and you aren't as afraid of taking risks. Make time to do what you love, and you'll also give your life more meaning.

Nix Negative Friendships - "Toxic" people can leave you drained and less sure of yourself. After spending time with them, it's easy to feel frustrated. If you have a friendship with someone like that, it's time to rethink it. We all need true friends in our lives. Look for ones who offer support and comfort and make you feel happy.

Nurture yourself. Take a nice long bubble bath. Rock in the rocking chair, eyes closed and envision happy times.

Go to Nature - No matter your age or where you live, being outdoors can help you feel more calm and balanced. Studies show that time spent in nature also lessens pain, improves your focus, and helps you better connect with others. Can't get out as much as you like? Sit next to a window, look at nature photos, or buy a plant. These will help you feel grounded <https://www.nps.gov>

Unplug Already - Stare at any screen for hours and you'll miss what's going on. Make it a priority to fully connect with your loved ones -- in person. This also allows your brain to slow down so you can better focus. It makes you calmer and lifts your mood. It may take (a lot of) practice to put your phone and laptop away, but try to do so more often -- and especially when you're with family and friends.

Get enough sleep. Going to bed early can feel like a splurge when you have so much to do. It's not! Your body and brain need plenty of sleep to be at their best. That shut-eye you get helps you to think clearly, be alert, and handle stress. It also helps manage your immune system, heart, hormones, and weight. Aim for 7-8 hours each night. Inadequate or poor-quality sleep can negatively affect your mood, mental alertness, energy level, and physical health.

Move On If you tend to space out or feel "stuck" when you're stressed, getting active can get you back in the zone. Turn up your favorite playlist and dance in your living room, swim laps, take a brisk walk around the block. ... Rhythmic movements get you out of your head and into the present moment so you're ready for the next challenge. Truly savor an experience: for example, eat slowly and really focus on the taste and sensations of each bite. Take a walk or a nap, or listen to your favorite music.

Give Back - Walk dogs at a local shelter, pick up trash in a park, bring a meal to a sick neighbor. When you donate time and energy to others --

be it another person or a cause you believe in -- you forge a stronger link to the world. Helping others also gives your body and brain a good workout, boosts your self-esteem, and helps you build a social support system. Bonus: The more you volunteer, the happier you may feel.

Seek Out Happy People - You can "catch" others' emotions just like you would a cold. So what vibes are the people around you speaking? Where

you can choose to, try to surround yourself with people who have a cheerful, positive outlook on life, even while they face their challenges. "Happy" is one of the best emotions to absorb. And then you, in turn, can pass it on to someone else.

Plan a Getaway - Some research shows that you may get a mood boost by simply planning your trip. It's fun to have something to look forward to, like which beach to visit or what shows to book.

Tap Into Thankfulness - Stop for a moment and take stock of what you're grateful for. It helps you notice that even when some things are hard, there's still good in the world and some of it has come your way. (It may also distract you from other, less pleasant feelings like envy.) Try this: Think of someone who's helped you, in a large or small way, and write them a thank-you note. Even if you never send it, you'll still get a positive mental boost.

Jet It in a Journal - Put your thoughts and feelings on paper, and you may find them easier to deal with. A journal can help you see which of your worries and fears aren't such a big deal, give you a chance to work through problems, and break the habit of negative self-talk. Keep a paper and pen handy, and try to write something every day, or type it into your phone. Remember, your journal is just for you, so let your true feelings flow.

Simplify - Your home won't feel as cozy as it should if it's filled with too much stuff. Clutter makes us less happy about where we live, as well as how we feel about ourselves. It can even prevent you from getting a good night's sleep. Little by little, chip away at what you don't need or want anymore.

Feed Your Spirit - People who tend to their spiritual side are less apt to worry and feel sad. For some, that means prayer and worship services. For others, it has nothing to do with religion. You may simply meditate every morning. Either way, the result can be that you're better able to take on stress.

Ask for Help When You Need It - Don't be afraid to ask for help from your spouse, friends, and neighbors. If stress and anxiety persist, talk to your doctor. When a big problem hits, don't pretend nothing's wrong. Speak to a counselor in private. It helps you get a different view of your situation so you can make your best choices. Although your problem probably won't vanish right away, get it off your chest. You'll feel recharged by taking charge -- with help from a pro.

Live in the moment. Focus your attention on what is happening right now, wherever you are. ... **Living in the moment means** that you become aware of when your thoughts have drifted to the past or the future — anything but the now — and you redirect your attention to the **moment**.



RESEARCH WEEKLY: Challenging Solitary Confinement for People with Serious Mental Illness

By Morr  Taylor

(August 10, 2022) People with serious mental illness have a long history of being highly engaged in the criminal justice system, as at least 40% of individuals with serious mental illness have been in jail or prison during their lifetime, according to a Treatment Advocacy Center [report](#). When people with serious mental illness are incarcerated, they are subjected to segregation, also known as restrictive housing or solitary confinement, more frequently than their peers without serious mental illness, according to a new study from *The Prison Journal*.

Defined as spending 22 or more hours in a single cell for extended periods with little to no stimulation or social contact, segregation is often used to punish inmates for infractions or separate those who are presumed to be dangerous to themselves or the rest of the prison population. This isolation, however, has been known to have short and long-term mental health consequences, such as worsening suicidality and depression. Some researchers and psychiatrists have even claimed that solitary confinement can induce hallucinations, panic attacks and paranoia, which are preexisting symptoms in many with serious mental illness.

Study details

For this study, the Vera Institute of Justice provided technical assistance to state corrections departments in five states between 2017 and 2019 with the goal of reducing segregated housing and providing effective alternatives. Looking at one state example, researchers investigated how many people with serious mental illness were in solitary confinement, the relationship between self-harm and isolation and whether correctional mental health policy was being followed.

Administrative data containing demographic information, as well as movement data containing information on changes in housing status, segregation status and pending stays in disciplinary segregation were used in the researchers' investigation. Data was collected from the state's prison population as of [June 30, 2016](#), totaling 20,824 inmates.

Results

Of the inmates observed in this study, 9.5% (n = 1,970) were identified as having serious mental illness and of those in maximum custody (15.7% or n = [3,272](#)), [16.8%](#) (n = 549) were identified as having serious mental illness. The researchers found that people with serious mental illness spent an average of 56.7 days longer in social isolation compared to those without serious mental illness.

In the prison's mental health treatment unit, 31 individuals were held in segregation-like conditions— 22 of whom had records of self-harm, which is a behavioral infraction for which someone can be put in isolation. Of those 22 individuals, 20 were identified as having serious mental illness. While the authors cannot suggest that segregation caused the self-harm, they were able to state that more people began self-harming while in segregation than before entering segregation.

With regard to whether correctional mental health policy was followed, the authors of this study found that 2.2% of the observed population did not receive a mental health assessment prior to entering segregation, which is a violation of standards set by the American Correctional Association. Additionally, no individual who was assigned to the most critical mental health indicator level was placed in a treatment unit, which is a deviation from Department of Corrections policy.

Discussion and implications

These findings highlight the problematic trends in which mental health symptoms, such as self-harm, are treated by placing individuals in solitary confinement, putting people with serious mental illness at high risk for segregation. To challenge these trends, the authors of this study

encouraged the observed state prison to update their policies to reflect best practices regarding the diagnosis and treatment of serious mental illness, no longer classify suicide attempts and self-harm as a disciplinary offense and provide monthly mental health assessments for people in solitary confinement. The goal of these recommendations is to reduce time spent in segregation among people with serious mental illness whose disproportionate isolation currently prevents them from receiving the proper mental health treatment they require.



References

Maszak-Prato, S., & Graham, L. (May 2022). [Reducing the use of segregation for people with serious mental illness](#). *The Prison Journal*.

Morr  Taylor is a research intern at the Treatment Advocacy Center.



RESEARCH WEEKLY: Social Satisfaction Leads to Personal Recovery for Serious Mental Illness

By Kelli South

(August 17, 2022) [Increased social satisfaction, along with increased autonomy, can improve the likelihood of recovery for a person with serious mental illness](#), according to a new study released in *Schizophrenia Bulletin Open*. While many experts note the importance of socialization and satisfaction for those with serious mental illness, fewer have focused on the importance of autonomy for these individuals. The authors found that, despite their contrary initial hypothesis, [living alone was a protective factor for recovery](#) for individuals with serious mental illness.

Study details

Using data from the Population Assessment of Tobacco and Health (PATH) survey, a study that examines tobacco use effects on individuals living in the United States, the authors analyzed the most recent survey data collected from 2018-2019. The final sample size for the study was 710 respondents, all above the age of 18.

The outcome measured for this analysis was based on the survey item: ["Self-perception of mental health now compared with 12 months ago,"](#) where participants rated their perception of their mental health recovery on a scale from "worse" to "better" than it was one year ago. The authors note that they are the first study to utilize this specific dataset to study psychosis outcomes.

Results

The authors broke down their findings into two categories: internal and external factors associated with increased perceived mental health recovery in the past year. They found that [internal factors that predicted an increased recovery were being younger, having less frequent feelings of panic and having increased social satisfaction](#). [The external factors that were found to positively impact recovery were](#)

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having a higher income, working more hours and living alone. The social satisfaction measure had the strongest association with personal recovery compared to all the other factors that the authors measured.

Implications

Those surveyed who were the most satisfied with their relationships were found to be the most likely to also say that their mental health had improved over the past year. Given the strength of the relationship between social satisfaction and personal recovery, the authors note the importance of this factor for those seeking personal recovery from their serious mental illness. This relationship was even stronger than the relationship between personal recovery and the existence of mental health symptoms, like depression, restlessness and difficulty paying attention, implying that an individual's perception of their recovery was based more on how they viewed their relationships than how they viewed their symptoms.

The study authors predicted that living alone would cause a decline in mental health symptoms over the past year but found the opposite to be true: **living alone significantly increased the likelihood that a person perceived their mental health had improved over the year.** The authors posit that this may be because living alone increases social satisfaction, possibly because it decreases the amount of mental illness stigma that one may encounter and because individuals with serious mental illness tend to be less social than the general population. This finding suggests that some individuals with serious mental illness may benefit from housing assistance that still allows them to live alone, rather than in a group setting. Though needs can vary by individual, the authors note that this finding should be a consideration for those who work with individuals experiencing psychosis and those leaving the hospital after a psychotic episode.

References

Turner, P. R. & Saeteurn, E. R. (August 2022). Social satisfaction and living alone: Predictors of self-perception of mental health improvement after psychosis. *Schizophrenia Bulletin Open*.

Kelli South is the research & policy manager at the Treatment Advocacy Center



REPORT: SOUTH DAKOTA PILOT PROGRAM HELPED DIVERT 80 PERCENT OF VIRTUAL CRISIS CARE USERS FROM INVOLUNTARY HOSPITALIZATION OR JAIL

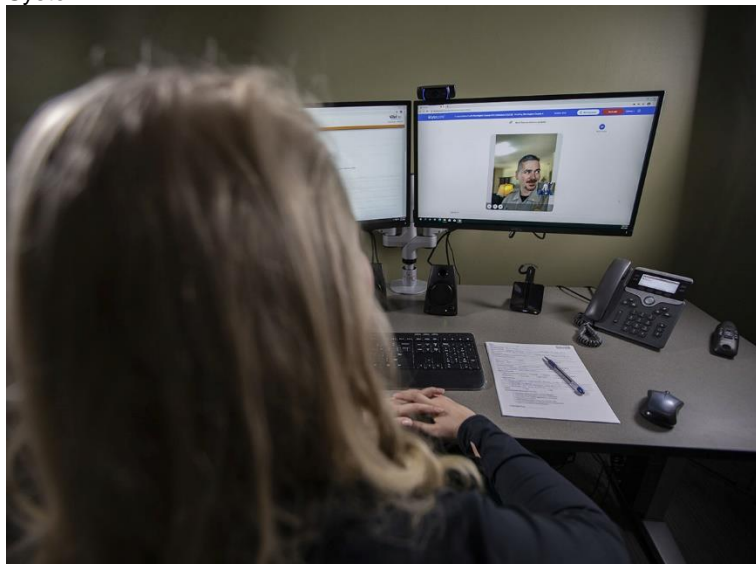
Eight of every 10 people who used South Dakota's Virtual Crisis Care pilot program during a mental health crisis were successfully diverted from jail or involuntary hospitalization, according to a report from the Crime and Justice Institute (CJI).

South Dakota's Virtual Crisis Care pilot, supported by \$1 million in grant funding from the Helmsley Charitable Trust, equipped 18 sheriff's departments and South Dakota's 4th Circuit Probation Services with tablets, allowing officers to provide 24/7 access to behavioral health professionals via telehealth.

"Most often, people were able to remain at home and continue with their daily activities, avoiding the costs associated with hospitalization and the stigma of being transported by law enforcement in handcuffs," the report said.

CJI prepared ["South Dakota's Virtual Crisis Care Pilot Program: A](#)

[model for rural states"](#) on behalf of the South Dakota Unified Judicial System.



Data drawn from the program demonstrate that initial concerns that people might not be willing to engage with a mental health professional through video were unwarranted. Only five percent of the participants refused to engage or prevented the mental health professional from completing an assessment.

Of the 185 people who used Virtual Crisis Care from [January 2020](#) through [June 2021](#), 43 percent were dealing with suicidal ideation, 18 percent were suffering from depression, 15 percent were showing aggressive or disruptive behavior, and 11 percent were threatening self-harm.

Program leaders say that the 80-percent diversion rate from jail or involuntary hospitalization can save counties money, yet the vast number of agencies involved in mental health care makes it difficult to quantify program-wide financial savings. One western South Dakota county was able to track a 15-percent savings on mental health costs and a 31-percent savings on Mental Health Board costs, according to the report.

CJI's report offers several recommendations to states considering a Virtual Crisis Care program:

- Create a formal leadership and oversight structure with clearly defined roles for all people and organizations involved.
- Cross-train project partners so telehealth providers understand law enforcement's role and terminology, and vice versa.
- Collect data on handoffs from the telehealth provider to the local provider and follow up with the person who was able to remain at home while experiencing a crisis.
- Focus on encouraging appropriate utilization rather than more utilization, as agencies might encounter small numbers of usage in particularly remote areas.
- Work with county sheriffs and local police departments when providing VCC service.
- Strengthen communication and determine key metrics.
- Create a sustainability plan.

If you judge people, you have no time to love them. ----

Mother Teresa

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The Neurobiology Behind Young People's Shift in Interest from Mother's Voice to Those of Non-Family Members

Teenagers who seem to stop listening to their parents are the very image of youth rebelliousness, but new brain research tells us that something more interesting—and completely unconscious—is going on.

In addition to any oppositional tendencies that youths may start to show around the age of puberty, they are also experiencing a previously undiscovered shift in the neurobiology of the brain. This shift, a **normal and “adaptive”** one that supports the inevitable separation that takes place between children and their parents, disposes teens of both sexes to express more interest and engagement with the voices of non-family members than the voice of their own mother.



This is one of the central findings of a study led by 2018 BBRF Young Investigator **Daniel A. Abrams, Ph.D.**, and 1998 BBRF Young Investigator **Vinod Menon, Ph.D.**, both of Stanford University.

It extends findings they and colleagues made several years ago: that children 12 and under are able to recognize the sound of their mother's voice with an accuracy exceeding 97%, and that the mother's voice activates a number of brain areas, as visualized in functional brain imaging scans.

These areas, in addition to the auditory cortex, which processes sound, include the reward centers of the brain, emotion-processing regions, and brain networks that enable individuals to determine when incoming information is salient, i.e., particularly worthy of attention.

Regarding the new findings, which compare the results of auditory tests in children with those of youths aged 13-16, Dr. Abrams explains: “Just as an infant knows to tune into her mother's voice, an adolescent knows to tune into novel voices” of people not in one's own family. “As a teen, you don't know you're doing this. You're just being you—you've got your friends and new companions and you want to spend time with them. Your mind is increasingly sensitive to and attracted to these unfamiliar voices.”

Dr. Menon stresses the utility of this transition, from the point of view of becoming an independent person: “The process of a child's becoming independent is precipitated by an underlying biological signal. That's what we uncovered. This is a signal that helps teens engage with the world and form connections which allow them to be socially adept outside their families.”

Drs. Abrams, Menon and colleagues say that their study not only helps us understand an important event underlying normal development; it also provides a template for analyzing the patterns of brain activation and development in individuals diagnosed with social and communications difficulties, such as children diagnosed with autism spectrum disorder (ASD).

To make their discovery, the team compared results in 24 children aged 7-12 with those in 22 adolescents aged 13-16. All were recruited from schools near Stanford University, and all were the biological offspring of mothers whose voices were recorded while fMRI imaging and behavioral experiments were conducted.

Each mother was recorded while uttering sentences containing what the team calls nonsense words—words with no meaning that are intended to generate no specific semantic or emotional associations in the

minds of the children. The purpose was to gauge how accurately the children recognized their mother's voices, discriminating them from the voices of two unfamiliar women who were recorded uttering the same words; and to assess, via neuroimaging, what parts of the brain were activated when the children heard and identified their own mother's voice as compared with the voices of the women they did not know (who were also mothers, but strangers to the children).

These tests revealed that in response to their mother's voice, as compared with the voices of unfamiliar women, younger children showed greater neural activity in the nucleus accumbens of the reward circuit and the ventromedial prefrontal cortex (vmPFC) of the brain's default mode network, which is associated with social valuation.

It was the reverse in adolescents, who showed greater neural activation in response to nonfamiliar voices compared with those of their own mothers. The team considers this result to be the neural correlate of changes in social orientation that occur during adolescent development.

The results in the older children were consistent with and echoed observations that have previously been made about adolescents: that they show a heightened sensitivity to novelty in reward systems; and they are more sensitive to social signals than they were earlier in life.

“Tuning in to perceptual aspects of social information such as human vocal stimuli during adolescence may serve as a critical precursor for increased higher-order social cognitive processing, including understanding the perspectives and intentions of others during interactions,” the team wrote in its paper appearing in the *Journal of Neuroscience*.

The mother's voice, being unique and biologically salient, is associated by infants and young children with social and language learning and is engaged by increased neural selectivity in reward processing regions of the brain. The new study, says the team, is the first to demonstrate that adolescents show the opposite effect, with increased neural sensitivity in reward regions for the voices of people who are not only not their own mothers but entirely outside the family circle.

Scientists Identify More Genes Linked to Autism

Disability Scoop



New research is uncovering dozens of genes associated with autism and helping to explain a broader swath of cases across the spectrum.

While science has previously linked several genes

to autism, they only account for about 20% of cases of the developmental disorder. And, many known genes are tied to more profound forms of autism that present with co-occurring conditions like epilepsy and intellectual disability.

But in a new [study](#) published this month in the journal *Nature Genetics*, researchers found 60 genes related to autism, including five with a more moderate impact on cognition and other characteristics of the condition. The study is based on data from nearly 43,000 people with autism.

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condition. The study is based on data from nearly 43,000 people with autism.

Notably, the variants in these five genes were often inherited from a child's parents — even though the majority of the parents did not have autism or cognitive differences — while most previously known autism genes are considered de novo, or spontaneous.

“Overall, the genes we found may represent a different class of genes that are more directly associated with the core symptoms of ASD than previously discovered genes,” said Dr. Wendy Chung of Columbia University Medical Center, a coauthor of the study. “We need to do more detailed studies including more individuals who carry these genes to understand how each gene contributes to the features of autism, but we think these genes will help us unravel the biological underpinnings that lead to most cases of autism.”

The findings were published alongside the results of three other studies in Nature Genetics assessing similar large sets of genetic data.

One of the other studies — which is the largest ever of its kind — examined information collected from 150,000 people including 20,000 with autism. [It found](#) over 70 genes “very strongly associated with autism” and another 250 with “strong links” to the condition.

“A critical takeaway is that autism has many genetic mutations driving it and thus genetic testing is warranted, not just for the benefit of families and individuals at risk for autism spectrum disorder, but also to drive development of therapeutics,” said Joseph D. Buxbaum, director of the Seaver Autism Center for Research and Treatment at Mount Sinai and a coauthor of the study looking at 150,000 people. “The more we can advance therapeutics, based on the targets identified in these genetic findings, the more people we have the potential to help, which could have a significant impact in addressing autism and developmental delay worldwide.”

What are the Different Kinds of Anxiety?

Child Mind Institute



We all feel anxious sometimes, but some children experience anxiety that is so serious that it can be diagnosed as a disorder. A child may have an anxiety disorder if their anxiety is:

- Unrealistic
- Doesn't go away
- Makes them start avoiding everyday things

Here are some different kinds of anxiety that children may be diagnosed with.

Separation anxiety disorder

Children with [separation anxiety](#) become extremely upset when they are separated from their caregivers. The distress that they feel is unusual for their age.

Some signs include:

- Worrying about parents getting sick or dying
- Worrying about getting lost or kidnapped
- Not wanting to go to school

Social anxiety disorder

Children with [social anxiety disorder](#) are very self-conscious. They can find it difficult to hang out with peers or participate in class.

Some signs include:

- Avoiding social situations
- Feeling panicky during social situations. Older kids may shake, sweat, or be short of breath. Younger kids may have tantrums or cry.
- Worrying people will judge them for being anxious

Selective mutism

Children with [selective mutism](#) have a hard time speaking in some places, like at school. Their anxiety goes beyond typical shyness. Kids with [SM](#) can't speak even when they badly want to.

Some signs include:

- Feeling “frozen” with anxiety and unable to speak
- Being able to speak in some places but not others (like school or around certain people)

Generalized anxiety Disorder

Children with [generalized anxiety disorder \(GAD\)](#) worry about lots of everyday things. Kids with [GAD](#) are often particularly worried about how they are doing in school.

Some signs include:

- Being a perfectionist
- Feeling “out of control” anxiety about many different things
- Having trouble sleeping

Panic disorder

Children with [panic disorder](#) have a history of panic attacks. Panic attacks are a scary and very sudden surge of symptoms that can make kids worry they are dying or “going crazy.”

Some signs include:

- Racing heart
- Sweating
- Shaking
- Dizziness
- Shortness of breath
- Nausea

Obsessive Compulsive Disorder

Children with [OCD](#) experience unwanted thoughts, worries or impulses called obsessions. They often also develop repetitive actions — called compulsions — to calm the anxiety caused by their obsessions.

Some signs include:

- Fear of doing something “bad”
- Repeatedly asking for reassurance
- Repeatedly washing hands or making things even

Specific phobia

Children with [specific phobia](#) have extreme fears about a particular thing. These things aren't typically considered dangerous but seem very scary to the child.

There are five common kinds:

- The [animal type](#), or avoiding animals and bugs
- The [natural environment type](#), or avoiding things like storms, heights or water
- The [blood-injection-injury type](#), or avoiding things like seeing blood or getting a shot
- The [situational type](#), or avoiding things like flying, tunnels and bridges
- The [other type](#), or avoiding things like loud sounds, choking, vomiting and costumed characters

Child Mind Institute on YouTube

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Excerpts from

They Worried About Housing For their Son with a Disability – Until They Built an ADU

Disability Scoop

LOS ANGELES — Walking into the sunlit accessory dwelling unit (ADU) just steps from his family's home in Culver City, Adrian Perez places his hands on the wall of his bedroom and smiles broadly.

"Adrian likes to touch everything," explains his mother, Andrea Villicana. "When the ADU was completed, he knocked on all the walls and tested the acoustics. He likes to help. He's a big helper."

Villicana has long worried about long-term care for the 33-year-old Perez, who has a developmental disability and is nonverbal due to health complications when he was a baby.

"My biggest fear is what is going to happen to Adrian when I'm no longer here," she says of her son, who lives at home with Villicana, her husband Joey Chavez and their son Alex, 18. ("We sound like a Mexican law firm," Joey jokes of their blended family.)

Consequently, when a counselor at the Westside Regional Center, a state-funded organization that helps clients with developmental disabilities, asked about their long-term plans for Perez, Villicana decided it was time to start researching housing options for her son.

"Group homes are fine, but not for Adrian because he can't speak," says Villicana, 58. "He's extremely vulnerable. I wanted him to be close to home and his younger siblings. I was told that parents often rent an apartment for their child but ... try renting an apartment on the Westside."

After seeing the explosion of accessory dwelling units, or ADUs, throughout Los Angeles — small-scale homes, or granny flats, built on single or multifamily home lots — Villicana wondered if Adrian, who attends an adult day program, could live with a caregiver in a similar house in their backyard.

"The idea intrigued me," she says. The arrangement also would work well for Alex, who will eventually inherit the family's home. In theory, they both could live independently: Perez with an aide in the ADU and Alex in the front house.

In an effort to find out more about ADUs, Villicana attended a remote class taught by real estate agent-turned-certified construction manager Monica Higgins at West L.A. College. In the class, Higgins covered the permitting and design process, budgeting and the latest housing laws, which have changed over the years to help alleviate the state's housing crisis.

"Building an ADU can be confusing," says Higgins, who became a consultant after watching her mother grapple with a difficult renovation project. "It's not a new phenomenon, but the laws have changed and it's hard to figure out how it impacts homeowners. It all boils down to having conversations with the homeowner and determining their 'why.' That is what is going to drive every decision. It's critically important to know what they want."

For Villicana and Chavez, their "why" was clear: An ADU would allow Perez to live near his family and have around-the-clock care.

Following the class, the couple an architect and builder to design and build a 500-square-foot ADU behind their home on the 6,500-square-foot lot.

Knowing how traumatic it can be to move a child with disabilities out of a familiar family home following the death of a parent, Villicana says she wanted to act now, rather than rush to finish the project when the circumstances might be more urgent.

Three housing options were conceived for the family: a detached ADU, an ADU that would be attached to the garage and an ADU placed on top of the garage. The couple chose the detached ADU

configuration because it would offer the easiest access for Perez, who has balance issues. It also would preserve the garage, which the family uses as a workshop and a portion of their backyard.

The ADU features smooth wood floors and wide, wheelchair-accessible doors. In addition to the main bathroom, which includes a curbless shower with a handheld shower head, a powder room was added to provide privacy for potential caretakers. "I want them to have their own restroom, rather than go through Adrian's room to use his bathroom," Villicana explains.

The bathroom also features a pull-down support bar next to the toilet, easy-access shower controls and a custom corner vanity with two shelves that can be altered should Perez ever need a wheelchair.

To add light and privacy, Ramirez included raised clerestory windows and multiple skylights. The front door, which is installed on the side of the ADU rather than facing the main house, provides further privacy and easy access to the garage and yard. A small living area off the kitchen is a flexible space that can be used as a living room, media room or office.

For Villicana and Chavez, who grew up in Mar Vista and have known each other since they were 10 - having family close is important. So is having options.

To Villicana, the project is everything she had hoped for: an accessible space, close to family, that ensures the health and safety of her son.

"While Adrian can't own property, at least he has a place in the back where his siblings can watch over him," she says. "We feel so fortunate to be able to do this. We can keep our family close."



An ADU (accessory dwelling unit) as a separate building

An ADU as a garage conversion



An ADU as a garage apartment or carriage house

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How to Support LGBTQ children When Kids Are Coming Out, What Do They Need from Parents?

Child Mind Institute

When a child is coming out as LGBTQ, the most important thing for them to know is that their family supports and loves them. As a parent, you might worry about whether they will be accepted. But it's important to stay positive around your child and make sure they know they can count on you.

If you're having a hard time accepting your child's coming out, talking to a support group can help. You can find one for parents of LGBTQ young people through an organization like [PFLAG](#). You might also talk to a therapist or someone in your faith group. Dealing with your own feelings can help you be more supportive of your child.

If you're worried about your child's safety, open up a conversation with your child. Ask what they need and advocate for them. If they're having a hard time at school, being able to count on you will make a big difference.

Most young people come out to their friends first. So don't take it personally if you're not the first one they tell. Some teens are afraid their parents will kick them out or withdraw financial support when they come out. Or they might be afraid of letting you down by being different from your expectations.

When it comes to telling other family members, let your child take the lead. They might know exactly how they want to do it, or they might not be sure. The most important thing is to respect what they want to do and keep the conversation open.

Suicide in Nursing: Much More Common Than You Think



Nurse.org

A [study](#) released in 2017 shed light on an alarming finding: of the female population, **nurses are 23% more likely to die from suicide than women in general.**

5 years later-this has changed and the percentage has only increased. The study linked this

shocking statistic to nurses having easy access to lethal doses of medication and noted that suicide rates were higher amongst lower-paid healthcare employees vs higher-paid workers--managers and CEOs.

Furthermore, nurses are four times more likely to commit suicide than people working outside of medicine.

While the risk of suicide has always been higher for nurses and other healthcare professionals - the COVID-19 pandemic has caused the numbers to rise at a drastic rate. So much so that the [American Nurses Association](#) (ANA) developed the Well-Being Initiative as a direct response to the pandemic. [The Well-being Initiative](#) gives nurses access to digital mental health and wellness-related sources, tools, and support, It was developed 'for nurses by nurses'.

"Nurses are putting their physical and mental health on the line to protect us all during this pandemic. Every day they confront traumatic situations while they face their own worries about the risks to themselves and their families," said Kate Judge, executive director, American Nurses Foundation. "Nurses are always there for us and we owe it to them to support their well-being during this crisis and in the future."

UC San Diego Study -More recently, a [study](#) from researchers at the U. of California San Diego School of Medicine and UC San Diego Health found that male and female nurses are at higher risk of suicide than the general population. Unexpectedly, the data does not reflect a rise in suicide, but rather nurse suicide has been unaddressed for yrs."

"Opioids and benzodiazepines were the most commonly used method of suicide in females, indicating a need to further support nurses with pain management and mental health issues," said co-author Sidney Zisook, MD, "The use of firearms was most common in male nurses, and rising in female nurses. Given these results, suicide prevention programs are needed."

The Bill That Might Save Nurses' Mental Health - Suicide in the healthcare setting has been a long-standing topic of discussion. [Suicide rates for doctors have been on a decline](#), especially after the aggressive support systems that have been put into place, and the reconstruction of work-life balance for many specialties.

The [Dr. Lorna Breen Health Care Provider Protection Act \(HR 1667\)](#) was written to help spread the word regarding mental health within the healthcare community and to get adequate resources and funds to help those in need. The act easily passed the House of Congress and was signed into law by President Biden on March 18, 2022. This law, while campaigned for by the family of a doctor, is intended to help all healthcare professionals. The goal--to dramatically decrease suicides.

What Contributes to High Nurse Suicide Rates? Healthcare pressures can be daunting; the high-speed inpatient setting, home health, and its shocking environments, and all the conditions which put staff in humanity's hardest moments. We are a profession that is made to ask "how are you?" But what if you don't have someone to ask this of you?

Nurses are sandwiched between the demands of the patient and the demands of the system. When caring for patients, nurses are exposed to everything from debilitating diseases to traumatic situations. Without proper coping mechanisms – a support system to vent to after work, colleagues to share similar feelings with, a stable and supportive home life –the tragedies of daily work can take a toll on the nurse, one that is insidious and may not become evident until a breaking point is reached

On the other side of the coin, nurses are often the cornerstone of patient care. Managing all healthcare specialties involved in that patient's care (including other nurses themselves) can lead to a surmounting amount of pressure and is a test of one's confidence and self-worth. The healthcare environment itself – traumatic patient situations aside – can be cut-throat and insensitive.

More specifically, according to the [National Academy of Medicine](#) suicide risk factors for nurses are:

- Exposure to repeated trauma
- Scheduling long, consecutive shifts
- Repeated requests for overtime
- Workplace violence, incivility, and bullying
- Inadequate self-care
- Isolation from family and friends
- Fearing for one's safety or the safety of loved ones
- Financial stressors
- Access to and knowledge of lethal substances
- Constant, high workplace stress
- Loneliness after relocation, transfer, or new job
- Issues with management
- Work/life role conflict
- Feeling unsupported in the role
- Feeling like you don't belong
- Feeling unprepared for the role
- Fear of harming a patient
- Being evaluated for substance use disorder
- Depression

September Is National Suicide Awareness Month

The stigma and taboo of this topic must be addressed every month, every week and every day. It is also important to ensure that individuals, friends and families have access to the resources they need to discuss suicide prevention.

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CALENDAR OF EVENTS

Wed., Sept. 14 - MindSpring Board Meeting

Will be at an off-site meeting place

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

mkeenan@mindspringhealth.org

Director of Special Projects –

Kristi Kerner 515-850-1467

kkerner@mindspringhealth.org

New! Program Coordinator - Zoe Bardin

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

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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

mkeenan@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
- Credit/Debit Card on-line at 'Donate' on our website
- Through Employee Giving programs or Direct Donation programs such as United Way
- MindSpring Endow Iowa Fund

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

In estate planning, designating a donation to MindSpring can be made in your will.

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