



mindspring
MENTAL HEALTH ALLIANCE

May 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

https://www.mindspringhealth.org/en/news_events/newsletters/

Mindspring Mental Health Alliance

511 E. 6th St., Suite B, DM 50309

(in DM Historic East Village)

515-850-1467

www.weareherewithyou.com

www.MindspringHealth.org

Community Impact Officer–Michele Keenan

mkeen@mindspringhealth.org

Director of Special Initiatives– Kristi Kerner

kkerner@mindspringhealth.org

Development Director – Francis Boggus

Who do you contact at Mindspring?

Contact: Community Impact Officer - Michele Keenan
mkeen@mindspringhealth.org 515-850-1467

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

May is Mental Health Month

Mindspring's Mission Statement

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

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Facebook: @mindspringinfo

Instagram: @mindspringinfo

Twitter: @mindspringinfo

TikTok: @mindspringinfo

Community Education Classes for anyone and every one

Over 45 community classes are **free** and information can
be found on the home page at the website

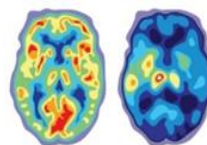
www.mindspringhealth.org. At the website, on the **home
page**, click on the link for "Scheduled Education classes" –
or - "Community Education classes" – they both link to
Eventbrite so registration can be completed.

"Workplace Mental Health Webinars"

There is a cost involved.

Call 515-850-1467 if you have questions or inquire at
mkeen@mindspringhealth.com

NOT DEPRESSED DEPRESSED



**THE BRAIN CAN
GET SICK TOO!**

brainhealth-now.org



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.

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

	2020 April 20	Dec 2020	2021 April 20	2021 Nov 20	Dec 20 2021	2022 Jan 20	2022 Feb 20	2022 March	2022 April
# of Iowa cases reported	3159	274,982	389,172	553,313	601,531	718,701	819,130	852,071	856,086
# of Iowa deaths Covid 19	79	3745	5893	7268	7680	8317	8948	9349	9475
# of suicides	194	551	132	480	525	19	59		
# of opioid deaths		208	70	210	250	4	25		
Iowa COVID-19 Information – Vaccine Information				1,744,988 54.7%	1,843,143 58.84%	1,858,307 Booster – 916,492	1,881,809 Booster – 969,524	1,904,393 Booster – 1,004,944	1,914,689 Booster – 1,021,765
# of Covid cases reported nationally	986,596	19,278,006	45,391,030	47,661,242	50,773,620	68,557,114	78,423,525	79,586,694	80,518,989
# of Covid deaths nationally	56,164	336,683	735,703	769,643	806,273	857,644	934,321	967,817	987,343

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/MHDDAccreditedProvider_s_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>

For a list of mental health resources for African-Americans, Hispanic, or Indigenous persons, go to: https://afsp.org/supporting-diverse-communities?_kx=8VV6a5wzjD_ZkIL9ne9s9gWTKSEggmN9degvaCeFE4%3DJXzNvL

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.](#)

Crisis Phone numbers and Text numbers

National Text Crisis Line

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

National Suicide Prevention Lifeline

1-800-273-8255 (9-8-8 is the number starting July 2022)

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

<http://ok2talk.org/>

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, Alysa Mozak, 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 Alysa at amozak@bbbsia.org or 515-288-9025 ext. 233.

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 UCS healthcare.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>

Community Mental Health Centers

Polk Co. **Child Guidance Center** – 808 5th St. - DM
– 515-244-2267

Eyerly Ball Community MH Center,
1301 Center St., - DM - 515-241-0982

Eyerly Ball Community MH Center
945 19th St. - DM - 515-241-0982

Broadlawns Medical Center- 1801 Hickman
Rd., - DM – 515-282-6770

*Broadlawns - New Connections Co-Occurring
Outpatient Services – Medical Plaza, 2nd Floor,
1761 Hickman Road - DM
515-282-6610*

Dallas Co **Southwest Iowa Mental Health Center**
410 12th Street
Perry, IA 50220

P515) 642-1023 F515) 334-4076

*Adel area patients should call the Perry number to be
scheduled.*

Madison Co **Crossroads Behavioral Health Services**
102 West Summit Street, Winterset
– 515-462-3105

Primary Health Care and Behavioral Health

Engbretsen Clinic, 2353 SE 14th St. – DM - 515-248-1400

The Outreach Project, 1200 University, Suite 105 –515-248-1500

East Side Center, 3509 East 29th 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@warrencountyia.org
<https://warrencountyia.org/mentalhealth>

Dallas Co. **Heart of Iowa Community Services**
25747 N Avenue, Suite D, Adel, IA 50003
[515-993-5872](tel:515-993-5872) Toll free: [877-286-3227](tel: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



<http://iowahousingsearch.org/>

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

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



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

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



515-883-1776

www.teamcsa.org



Amani Community Services

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

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

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

Phone:

Waterloo (319) 232-5660

Cedar Rapids (319) 804-0741

Davenport (563) 564-5392

Des Moines (515) 991-4589

24 hour after care line: 1 (888) 983-2533

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

Veteran Suicide Prevention Lifeline
1-800-273-8255 – press 1 Text to: 838255

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

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

---- Aesop

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

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.co – for dates of meetings, times, and zoom link information.

Support for Adults w/ Depression, Anxiety, Bipolar Disorder

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

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

Post Adoption Support Group

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

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

Note: childcare for all ages is provided – please RSVP

Alcoholics Anonymous

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

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

Al-Anon and Alateen

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

Meetings: In person meetings are held **Sundays** at 5:00 to 6:00 pm.
Group size is limited.

Al-Anon is a fellowship of relatives and friends of those struggling with alcohol who share experiences, strength and hope. Alateen participants may choose to attend online Al-Anon if they are not able to attend the in-person group on Sundays at 5:00 p.m.

Gamblers Support Group

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

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

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

Parents of Addicted Loved Ones

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

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

Dementia Support Group

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

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

Dementia, Alzheimer's Caregiver Support

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

Alzheimer's Virtual Support Groups in Iowa

[Events | Alzheimer's Association](#)

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

Grief Support Group

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

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

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

Fireside Project - <https://firesideproject.org/psychedelic-peer-support-line>

"Fireside Project's Psychedelic Peer Support Line offers free, confidential peer support by phone and text message to people in the midst of psychedelic experiences, people holding space for others who are in the midst of psychedelic experiences, and people integrating past psychedelic experiences." The line is available daily from 3 PM to 3 AM PT at 623-473-7433. It has been featured in [Esquire](#), [Forbes](#), [Rolling Stone](#), and others.

Postpartum Support International

has been awarded a landmark contract to operate the **first-ever Maternal Mental Health Helpline** by the U.S. Health Resources and Services Administration (HRSA). The Helpline, legislated by Congress and funded by HRSA, is available 24/7, 365 days-a-year, in English and Spanish, voice (800) 944-4773, text "help" to 800-944-4773, or text en español 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 AM or 11 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



A GUIDEBOOK FOR MENTAL HEALTH CAREGIVERS



All kids need is a little help, a little hope and someone who believes in them.
---- Magic Johnson

For some, recovery means a job, a paycheck and a date on a Friday night.
- - - Patricia Deegan

www.weareherewithyou.com and www.mindspringhealth.org

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



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.

At the end of May 2021 – **Des Moines began dispatching mobile crisis to all mental health calls** instead of having officers request the team. Call volume increased by 98 calls in June.

Emergency Calls: 911 Non-Emergency Calls: 515-283-4811

Be clear with the dispatcher what the situation is, that it is a mental health crisis, and request the Polk County Mobile Crisis Response Team to assist. In response to your phone call, **the mobile crisis team is dispatched along with law enforcement on every mental health call.**

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

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

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



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 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>

www.weareherewithyou.com and www.mindspringhealth.org

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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

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

Here are free resources available

Facebook Groups and Activities

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:

www.weareherewithyou.com and www.mindspringhealth.org

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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

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

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

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

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

Mental Health Resources for Native & Indigenous Persons

<https://afsp.org/supporting-diverse-communities>

Center for Native American Youth – cnay.org

Inclusive Therapists – inclusivetherapists.com

Indian Health Service, Division of Behavioral Health–ihs.gov/dbh

Intimate Partner Violence and Sexual Assault Helpline for Native Americans – strongheartshelpline.org

Mental Health Technology Transfer Center –
Mhttnetwork.org/centers/national-american-indian-and-alaska-native-mhttc

We R Native – wernative.org

Zero Suicide in Indian Country
Zerosuicide.edc.org/toolkit/toolkit-adaptations/Indian-country

Mental Health Resources for Latinx Hispanic Communities

<https://afsp.org/supporting-diverse-communities>

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

American Society of Hispanic Psychiatrists
americansocietyhispanicpsychiatry.com

Inclusive Therapists – inclusivetherapists.com

Life is Precious – comunilifelip.org

Latinx Therapy – latinxtherapy.com

MANA, A National Latina Organization – hermana.org

National Alliance for Hispanic Health – healthyamericas.org

National Latino Behavioral Health Association – nlbha.org

National Latinx Psychological Association – nlpa.ws

SanaMente – sanamente.org

Mental Health Resources for Black Communities

<https://afsp.org/supporting-diverse-communities>

Aakoma Project – aakomaproject.org

Black Emotional and Mental Health Collective (BEAM)
Beam.community

Black Girls Smile Inc. – blackgirlssmile.org

Black Mental Health Alliance – blackmentalhealth.com

Black Mental Wellness – blackmentalwellness.com

The Boris Lawrence Henson Foundation
Borislhensonfoundation.org

Brother, You're on My Mind
Nimhd.nih.gov/programs/edu-training/byomm/

Eustress – eustressinc.org

Inclusive Therapists - inclusivetherapists.com

The Loveland Foundation – thelovelandfoundation.org

Melanin and Mental Health – melaninandmentalhealth.com

The National Queer & Trans Therapist of Color Network (NQTTN) - Nqttcn.com

Sista Afya Community Mental Wellness – sistaafya.com

Therapy for Black Girls – therapyforblackgirls.com

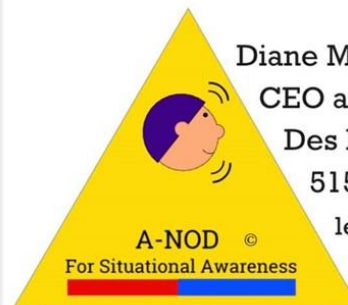
Therapy for Black Men – therapyforblackmen.org

Special Needs Estate Planning – Dennis Burns

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



All too often, our crisis response system fails the most vulnerable among us. At least 1 in 4 fatal law enforcement encounters involves an individual with serious mental illness. 988, a new three-digit number for mental health, substance use and suicidal crises, goes live nationwide in **July 2022**.



Diane M. Thacker
CEO and Founder
Des Moines, Iowa
515-321-8671

letyourlightshine@a-nod.com

A-NOD TO AWARENESS

- **A-NOD** was created out of family issues that can bring solutions and resources to other families.
- **A-NOD** is a NON ORAL DECAL that conveys awareness amid Police/EMS officials and those with Spectrum Concerns.
- **A-NOD** adheres to one's vehicle and home.
- **A-NOD** reminds Police/EMS of their Crisis Intervention Training
- **A-NOD** communicates Awareness, Safety, and Transformation
- **A-NOD** Together-Support For All

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			
25		2022	59		As of 2-28-22			
*2021-2022 data is preliminarv and is subject to change								

IT'S BRAIN HEALTH NOT MENTAL ILLNESS

Help us spread the right words. brainhealth-now.org



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.

The Fourth and Fifth Topics in the Series of Videos from Child Mind Institute

Note: The **first** topic 'Understanding Feelings' videos and the **second** topic 'Relaxation Skills' information can be found in our March newsletter.

The **third** topic was "Understanding Thoughts" – information can be found in our April newsletter.

The **California Healthy Minds, Thriving Kids Project** features a series of free videos and print resources for parents, educators and students, all available in English and Spanish. Developed in partnership with the state of California, this project promotes children's emotional health and teaches essential coping skills through five topics.

The **fourth** topic in the series is **Managing Intense Emotions**. These videos can help kids learn about connections between their thoughts, feelings and behaviors and how they can change thinking patterns to make them more helpful.

VIDEOS FOR PARENTS

VIDEOS FOR EDUCATORS

VIDEOS FOR STUDENTS

The **fifth** topic in the series is **Mindfulness**. These videos can help kids learn how paying attention to the present moment can increase self-awareness, improve decision-making and make it easier to deal with uncomfortable emotions.

VIDEOS FOR PARENTS

VIDEOS FOR STUDENTS

VIDEOS FOR EDUCATORS

Long Covid Patients Having Difficulty Working

In checking the IDPH website on 3-7-22, it indicated the number of positive Covid cases in Iowa total 754,511.

1 in 5 Covid patients develop "long covid" with often disabling after effects according to Mt. Sinai's Dr. Zijian Chen.

So the number of cases of 'long covid' in Iowa is estimated to be 150,902 persons who may have to delay a return to employment, or ultimately may be so disabled, they cannot return to employment because of the after effects of long term covid..

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**

www.weareherewithyou.com and www.mindspringhealth.org
You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.



The videos feature the voices and lived experiences of caregivers, teachers and kids [today](#). Videos for the elementary school age group use a whimsical story-telling approach to engage younger viewers and make lessons more memorable.

"While kids are back to school and many other activities, this is far from 'business as usual.' We believe these new resources will offer effective tools — and ignite new hope — to make this and future school years more positive, productive and healthy for everyone."

— Harold S. Koplewicz, MD, President, Child Mind Institute

We invite you to [watch these videos](#) with your children or students, [download the free Skill Sheets](#), and use these resources to help spark productive conversations.

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



RESEARCH WEEKLY: March Research Roundup for World Bipolar Day

This month's roundup is in honor of World Bipolar Day.

DATAPOINT of the month

5.9 million individuals with severe bipolar disorder in the United States

There were approximately 5.9 million adults with severe bipolar disorder living in the United States in 2020. Approximately 51% of those individuals, or 3.0 million adults, are untreated at any given time. For more data on severe mental illness, including updated prevalence numbers based on the 2020 US Census, see our [By the Numbers](#) [page](#).

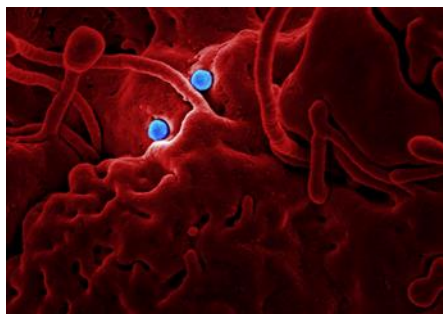
RESEARCH of the month

Hypomania and bipolar disorder

Experiencing hypomania, defined as symptoms of mania that do not meet diagnostic criteria, can be a predictor for later developing bipolar disorder and therefore an important target to understand for early treatment and prevention. Further understanding the developmental course of bipolar disorder, including how much is due to genetics versus other effects, can help to inform why some with hypomania go on to develop bipolar disorder and others do not.

Utilizing data from a twin register in Sweden, researchers from University of London examined the genetic and environmental factors of hypomania and how those impacted later developing bipolar disorder. They found that 59% of hypomania symptoms could be explained by genetics in males, but only 29% in females, meaning there is more of a role of genetics in bipolar disorder for males than females. The results indicated correlations between the heritability of hypomania, environmental factors and bipolar disorder and genetic risk scores for schizophrenia and major depression. The authors suggest that subthreshold hypomania overlaps with all severe mental illnesses and may be a continuous trait for psychiatric disorders when at its extreme.

Hosang, G. M., et al. (2021, December). [Association of etiological factors for hypomanic symptoms, bipolar disorder, and other severe mental illnesses](#). *JAMA Psychiatry*.



Bipolar disorder and inflammation

There is significant variation among symptoms and illness presentations among individuals with bipolar disorder. As a result of this variation, treatment options

often do not address the full range of symptoms an individual may experience. A new article by researchers from the University of Texas Health Science Center at Houston published in the *Journal of Biomedical Sciences* last year reviews the evidence surrounding inflammation and bipolar disorder to help explain some of this variation.

Included in this review is how hormones such as cortisol, melatonin, serotonin, dopamine and norepinephrine have roles in both mood regulation and immune signaling. For example, individuals with bipolar disorder have a lower evening peak of melatonin levels, a hormone important for sleep, and more sensitivity to light-induced melatonin suppression compared to individuals without bipolar disorder. Additionally, individuals with bipolar disorder have elevated cortisol levels, a stress hormone, during all disease phases, including when mania or depression symptoms are not prominent.

Overall, the authors point to how "inflammatory signaling draws a common thread between so many of these disparate disease processes," which presents an opportunity for targeted treatment therapies to individual patients.

Jones, G. H., et al. (2021, June). [Inflammatory signaling mechanisms in bipolar disorder](#). *Journal of Biomedical Science*.

The perinatal period and bipolar disorder



The perinatal period, defined as the time a woman is pregnant and just after birth, is an especially vulnerable period for women with bipolar disorder. Published in *Current Psychiatry Reports* last month, authors from the University of Colorado provided an up-date on the research and treatment guidelines surrounding the perinatal period and bipolar disorder.

The authors find that manic and depressive episodes that occur post-partum, or after the birth of a baby, are unique compared to mood episodes that occur in a woman's life outside of the post-partum period. Additionally, women with a previous history of bipolar disorder are at high risk of relapse of psychiatric symptoms during the postpartum period.

Lithium, a common treatment for bipolar disorder, can cause complications to both the mother and child during pregnancy and breast-feeding. The authors write that taking lithium during pregnancy seems safer than originally thought, however more research is needed to fully understand its safety profile in pregnant women with bipolar disorder.

Batt, M. M., et al. (2022, February). [Course of illness and treatment updates for bipolar disorder in the perinatal period](#). *Current Psychiatry Reports*.

Helping Kids Cope with Traumatic Events

Child Mind Institute



The Child Mind Institute has prepared free trauma resources to aid parents, educators, and other adults in talking to children and adolescents about potentially traumatic events and identifying those who might benefit from more focused professional attention. Our children can be more sensitive to challenges around them because of their life experience and they need our support.

When communities experience episodes of violence or face natural disasters - these events are hard even for adults to comprehend. We can't shield our children from pain and fear when they're exposed to such tragedy. But we can help them process what they're experiencing in the healthiest way possible.

Download for free at: [Helping Children Cope With Traumatic Events - Child Mind Institute](#) Information is available in 11 languages including English, Ukrainian and Russian.

The Alliance for the Advancement of Infant Mental Health has developed [this new resource](#) that addresses **suspension and expulsion in early childhood education settings** with an infant and early childhood mental health-informed approach. The report offers recommendations for eliminating suspension and expulsion by providing additional supports to the early care and education workforce.

Tips for Engaging Caregivers of Children with Incarcerated Parents in Reentry Programming

CSG Justice Center



For the [millions of children](#) who have a parent in prison or jail, being separated from their parent during incarceration is traumatic and can have [long-term effects](#) on their development and well-being. As a result, many corrections departments and facilities are

creating more child-friendly environments, producing informational materials for families, and implementing policies and programs that center children of people who are incarcerated.

These efforts can benefit everyone, according to studies that have linked [family contact](#) to improved mental health for the person who is incarcerated and their family members, reduced prison misconduct and recidivism for the person who is incarcerated, and stronger family ties after release.

To increase engagement in these initiatives, agencies can use strategies to focus on the needs and concerns of the children's caregivers, who are typically the child's other parent, a grandparent, or other family member. These caregivers often serve as a bridge between the incarcerated parent and the child while trying to meet their own needs. Many caregivers must deal with the loss of emotional support and financial stability as a result of the incarceration and the prospect of parenting alone. Additionally, many have to pay for phone calls and transportation to correctional facilities, expenses that cause [many families to fall into debt](#).

Below are tips and considerations drawn from a presentation and group discussion led by Ann Adalist-Estrin, director of the National

Resource Center on Children and Families of the Incarcerated (NRCCFI) at Rutgers University in Camden, NJ. The session was part of a series of learning communities that The Council of State Governments (CSG) Justice Center and the U.S. Department of Juvenile Justice and Delinquency Prevention (OJJDP) hosted with [Second Chance Act \(SCA\) Addressing the Needs of Incarcerated Parents and Their Minor Children](#) grantees.

1. Engage caregivers as subject matter experts, from program development and implementation to ongoing case planning.

Caregivers can provide valuable insight on ways to shape programs to increase participation. Including caregivers in program planning and implementation can give them a rare forum to share their experiences and help ensure that the program responds to their specific needs from the outset.

This may involve inviting caregivers to participate in advisory groups or organizing focus groups of caregivers across different communities and geographic areas to gain insight into the diversity of their experiences.

Staff should also ask caregivers what they and their children need, keep them informed, and solicit their input throughout program implementation. This approach can include conducting assessments that are designed to gather information about their needs and potential obstacles to program participation, issuing family impact surveys and having caregivers participate in regular case planning meetings.

Throughout these processes, staff should be upfront about limitations and explain what can and can't be done due to safety protocols or other policies. This transparency can help avoid confusion and frustration. If a caregiver offers an idea that is not feasible, staff should engage them in finding creative solutions that address the heart of their request within the parameters of the policies.

2. Acknowledge caregivers' experiences and concerns.

Caregivers often report that their feelings and perspectives are not heard when they are interacting with program staff or participating in program activities.

When working with caregivers, staff should be mindful that they may be distrustful of corrections agencies and programming. They may also be angry at the person who is incarcerated or resistant to supporting them or their relationship with their child. While program staff often appeal to caregivers by framing their focus as "in the best interest of the child," caregivers may have views of the child's best interest that are different from the service providers and from the incarcerated parent. Staff should examine unconscious assumptions and biases that may be informing program decisions and models.

Having transparent protocols and setting standards for discussions that value the perspectives of caregivers, including a statement about the importance of varied points of view, can mitigate some of the distrust. Additionally, being patient is key, and staff should continue to reach out, offer resources, and invite caregivers' input to build trust over time.

3. Offer practical resources and tangible support.

Caregivers may be more able and willing to participate in programs if given resources and forms of support that help them care for the child. These resources can range from necessary items such as diapers to virtual or in-person groups that allow caregivers to connect with other caregivers as a source of support and additional information.

Corrections agencies can also dedicate space on their websites for information and resources that are useful to caregivers. This can include developing new materials, such as guides to help them

prepare for visits and respond to children's questions and concerns as they cope with their parent's incarceration.

Additionally, offering accommodations, such as flexible schedules and alternative forms of communication (e.g., texting instead of calling or emailing), can make it easier for the caregiver and the child to be part of programs and to maintain relationships with the incarcerated person.

4. **Reentry programs serving families often partner with agencies focused on children who are at risk of abuse, neglect, or parental absence for referrals and services.** However, outreach through those systems will only reach a minority of children of incarcerated parents. To engage more families, staff should consider partnering with local organizations that have longstanding histories in their communities and using universal means of outreach, such as social media and message boards in supermarkets, laundromats, and other community spaces.

Partnerships with community-based organizations for service delivery can include joint trainings on the impact of parental incarceration and expanding services to include practical supports and groups that caregivers express interest in, such as yoga, tax preparation, or book clubs. Caregivers may be more receptive to these types of services in the community than initiatives that are based on assumptions that caregivers need training on parenting or life skills.

To learn more about engaging caregivers in programming, visit [NRCCFI's website](#) for resources, and join us on April 19, 2022, for *Strengthening Supports for Families of People Who Are Incarcerated*—a webinar hosted by the CSG Justice Center, OJJDP, and the National Reentry Resource Center for [Second Chance Month](#)

Post Secondary Education Retention Program



The Post-Secondary Education Retention Program (PSERP) helps young adults meet their education goals—whether that's an associate's degree, bachelor's degree, or trade certificate.

An initiative of Iowa Homeless Youth Centers (IHYC) and the United Way of Central Iowa, PSERP offers case management, a monthly stipend, mentors and tutors, financial planning, job search assistance, and more.

The program is for youth ages 18-25 who are first-generation college students, low-income, and/or experiencing homelessness. [Learn more.](#)

Check out MHA's New "Mind the Workplace" 2022 Report!

Mental Health America's new [Mind the Workplace 2022 Report: Employer Responsibility to Employee Mental Health](#) seeks to answer the latest question on business leaders' minds: "How can employers meaningfully support employee mental health in 2022?"

Data in the report come from the [Work Health Survey](#), which measured the perceptions of 11,300 employees across 17 industries in the U.S. between October 30, 2020 and August 31, 2021. The findings reflect that positive workplace mental health requires investment (i.e., time, intention, and action) from all levels of an organization, including executive leadership, management, and employees.

Here are some major takeaways from the report:

- Rates of stress and distraction remain high across all workplaces.
- Managerial support strongly correlates with employee empowerment and positive employee mental health outcomes.
- Mental health awareness is increasing, but employee comfort levels and their likelihood of seeking out workplace resources leave room for improvement.

Download the MHA "Mind the Workplace" report [here](#).

What Is Emotional Flooding?

Brainline - (All About Brain Injury and PTSD)



Jacquelyn Borg, PhD

Question:

Can TBI be confused with being bipolar? My teenage daughter broke her neck in a bad car wreck. Afterwards, she would have spells of uncontrollable crying. She went to our family doctor who told her she was bipolar and put her on meds. They are not really helping her much.

Answer:

I am assuming your daughter sustained a brain injury during the motor vehicle accident that also resulted in her broken neck. If she has not had a comprehensive neuropsychological evaluation, I would recommend that she have one to determine the extent of her brain injury and its impact on her neurocognitive and or neurobehavioral abilities.

Neurocognitive issues after a brain injury can affect a person's emotions, behavior, and cognitive function. Post-traumatic reactions can occur independent of the brain injury and can affect mood and behavior. It is important to note that these are not mutually exclusive. After a TBI, people can experience both neurocognitive and psychological symptoms. When the brain is healing, it needs rest. Engaging in activities or being stimulated past the point of fatigue can result in emotional flooding. For

some people, this can manifest as crying spells. Making sure to rest and take breaks will help prevent or at least lessen the intensity of these episodes of emotional flooding. A neuropsychologist can help your daughter develop coping skills.



Mindspring Joins TikTok

@Mindspring_Health

Are you ready to share your story?

Send the story of your mental health journey to:

support@mindspringhealth.org

Stories will be shared on our TikTok anonymously.

BRAIN HEALTH ISN'T CRAZY

Help us spread the right words. brainhealth-now.org



END THE STIGMA NOW.

Helpful information to carry in your purse or your pocket in these high stress times

All crisis cards are available in English and Spanish.

To purchase, go to: <http://www.mindspringhealth.org>, scroll down the home page, click on the card link

Personalize with your organizational contact information.

The 3 cards have been copyrighted.

Critical situation cards	Quantity	Price
	500	\$185.00
	1000	\$270.00
	2000	\$420.00
	3000	\$600.00
	4000	\$760.00
	5000	\$900.00
	7500	\$1,312.50
	10000	\$1,700.00

Shipping costs are included in the purchase price.

Organization Name

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

Communicating with Someone in Crisis Who Has a Psychiatric Illness

SLOW DOWN
Don't make them feel trapped

GIVE THEM SPACE
BE CALM. Express support and concern.
SPEAK SLOWLY AND SOFTLY.
USE SHORT, SIMPLE SENTENCES.
AVOID sudden or quick movements.

BE HELPFUL. Respond to basic needs.
Be low key. "We are all here to help."

GIVE FIRM, CLEAR DIRECTIONS:
One person should talk to the subject.

RESPOND TO DELUSIONS or HALLUCINATIONS by talking about the person's feelings rather than what he or she is saying.

LISTEN to their story.

EXPLAIN POLICY, especially if handcuffed.

Organization Name

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

Communicating with Someone in Crisis Who Has a Psychiatric Illness

TAKE CONTROL if you don't have to.
ARGUE or reason with psychotic thinking.
STARE at the subject.

CONFUSE THE SUBJECT.
One person should interact with the subject.
Others should keep their distance.
Ask casual observers to leave.
Follow through with directions or commands.

TOUCH the subject unless necessary.
For people with mental illnesses it may cause fear and lead to violence.

SHOUT.
GIVE THEM MULTIPLE CHOICES.
This can increase the subjects confusion.

WHISPER, JOKE OR LAUGH.
DECEIVE the subject. Dishonesty increases fear and suspicion; the subject will likely remember it in any subsequent contact.

DON'T ARREST A PERSON FOR MENTALLY ILL BEHAVIOR NOT CRIMINAL IN NATURE.
JOIN into behavior related to the person's mental illness

If a person has to be restrained, **DON'T HOGTIE.**
Immediately raise him/her from prone into sitting position, monitor vital signs, and call for medical aid.

Organization Name

Organization Phone Number
Organization Street, City, State Zip
Organization Website

Is Someone at Risk for Suicide?

Recognize the signs of emotional suffering

Express concern, offer support and listen nonjudgmentally

Ask the question directly, in a private setting and stay calm:

- Are you having thoughts of suicide?
- Are you thinking of killing yourself?

If the answer is yes, ask:

- Have you decided how you are going to kill yourself?
- Have you decided when you would do it?
- Have you collected the things you need to carry out your plan?

Care enough to keep the person safe.

- Do not leave them alone
- Do not use guilt or threats to stop suicide, such as:

"You will go to hell" or "You will ruin other people's lives if you die by suicide!"

- Calmly listen. Don't agree to keep it a secret.

Text or call a number for extra support—get help now

Text: 741741 Call: 1-800-273-8255 - Lifeline

Call 911 for transport to professional help

As of 7-1-22, the National Lifeline will change to 988.

Suicide Warning Signs

- ✓ Talking about wanting to die or to kill oneself
- ✓ Writing notes or poems about death
- ✓ Looking for a way to kill oneself, such as searching online or buying a gun
- ✓ Talking about feeling hopeless or having no reason to live
- ✓ Talking about feeling trapped or in unbearable pain
- ✓ Talking about being a burden to others
- ✓ Increasing use of alcohol or drugs
- ✓ Deterioration in performance and daily life roles
- ✓ Acting anxious or agitated; behaving recklessly
- ✓ Sleeping too little or too much
- ✓ Withdrawing or feeling isolated, change in relationships
- ✓ Showing rage or talking about seeking revenge
- ✓ Displaying extreme mood swings or sudden change in personality
- ✓ Overt signs of depression (neglect of appearance, self-mutilation, crying, giving away items, visiting or calling people to say good-bye, etc.)

Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss or change.

Organization Name

Organization Website

COMPASSIONATE COMMUNICATION CARD

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

Organization Executive Director
Organization Phone Number
Organization Email Address
Organization Street Address
Organization City, ST Zip

Education/Support/Advocacy

Guard Your Temper

No nagging, yelling, arguing

Focus on the person you know and love

PROVIDE REASSURANCE GENEROUSLY AND OFTEN

"I love you, and I care."
"You're not alone in this."
"I'm sorry you're in so much pain."
"I'm always willing to listen."
"I'll be your friend no matter what."
"This will pass, and we can ride it out together."
"You are important to me."
"When this is all over, I'll still be here."

Major change at the county level

Polk County Supervisors replace nonprofit with new department to manage mental health and disability services in Polk County

By Joe Gardyasz | Senior Staff Writer | Business Record

At a special public meeting on Thursday, April 14, the Polk County Board of Supervisors voted 4-1 in favor of creating a new department focusing on behavioral health and disability services in the community. The resolution creates a new nine-person department, which will be led by an interim CEO to replace the Polk County Health Services CEO, Liz Cox. Supervisor Matt McCoy voted against the resolution.

The move follows a vote approved by the supervisors in their March 29 meeting to not renew the board's contract with Polk County Health Services. The nonprofit entity was created by Polk County in 1976 to develop and oversee a local network of services and support for people who have disabilities. The private, nonprofit organization was governed by a separate community board.

"The creation of the new department will make administrative modifications to the delivery of mental health and disability services by placing them under the direction of Polk County," the supervisors said in a press release. "Services were formerly delivered by a nonprofit, Polk County Health Services, Inc. As part of this process, current employees of the non-profit will become employees of Polk County."

The interim CEO position will pay an annual salary between \$123,486 and \$163,052; five program planner positions will be paid between \$97,398 and \$128,429 per year. The department will also be staffed with a budget coordinator, a coordination specialist and an office generalist. The total estimated cost of the department for the county in the first year is estimated at \$300,330, increasing to \$1,342,181 in the subsequent year, according to the resolution.

Jon Cahill, community relations specialist with Polk County, said Annie Uetz, program planner at Polk County Health Services, will be the interim CEO for the new department.

Cox said in a call with the Business Record that Polk County Health Services will continue on as a nonprofit. Outside of the long-standing contract with the county, the nonprofit for many years has owned and operated 75 residences across the county as group homes for people with disabilities, and that work will continue, she said.

"We're not going away," Cox said. "We will continue to be a viable nonprofit providing mental health services here in Central Iowa."

Regarding not being asked to apply to head the county department, Cox said, "A lot of what's happening has occurred swiftly and without my input. So I really don't have much to say."

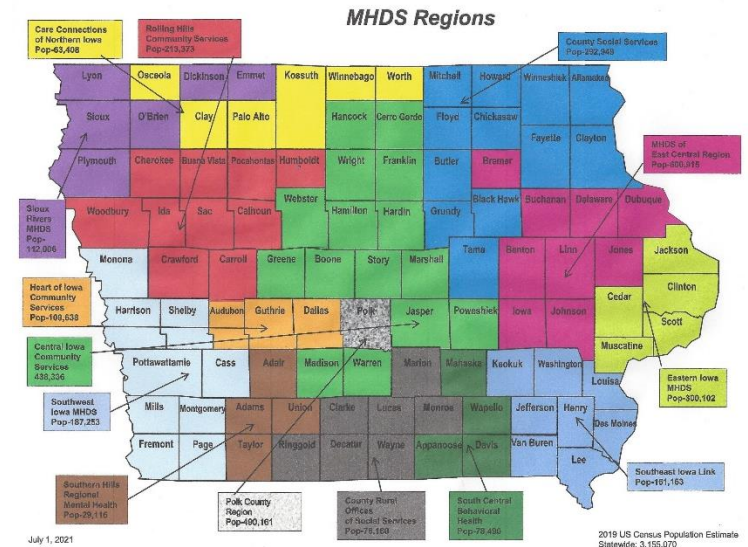
The supervisors say the decision to create the new department will "remove a layer of unnecessary governance that was created when the state moved to a regional model of mental health service delivery. This model was not efficient for Polk County, who operated as a stand-alone region."

Iowa changed from a county-based system in July 2014 with the creation of 14 mental health and disability services. Each of the districts is made up of several counties. The exception is Polk County, which is designated as its own region that was served by Polk County Health Services.

"This move will create more accountability and transparency to the delivery of mental health services," Supervisor Robert Brownell said in a statement. "It creates a clearer line of communication with

providers and the state as it will now be overseen directly by the five elected members of the Polk County Board of Supervisors."

Polk County leaders stressed that current clients and service providers of Polk County Health Services Corp. should notice little, if any, change in operations or delivery of services in this new administration. Board Chair Angela Connolly said of Polk County's commitment to behavioral health and disability services, "Polk County is nationally recognized for the implementation of our crisis services, and we are excited that this allows us to return to our core mission."



Polk County 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

In Polk County, the Board of Supervisors convenes **each Tuesday morning at 9:30 a.m.** to consider and act upon official business and approve personnel appointments.

The Board holds work sessions on Wednesday and Thursday mornings at 9:30 a.m. with staff and others to discuss and clarify items for future agendas. Both meetings are held in Room 120 of the Administrative Office Building at 111 Court Avenue.

DHS will be consulting state law regarding regional governance through Polk County so a clear pathway is given for Polk County to comply.

Polk County Mental Health Meetings

you can attend:

Advisory Council Boards meet on
3rd Tuesday of the month

Children's Advisory Council

1:30 – 2:30 PM

Joint Advisory Council

2:30 to 3:00 PM

Adult Advisory Council

3 – 4 PM

The phone number for the Polk County Mental Health and Disabilities Dept is 515-243-4545.

More information will be forthcoming.

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://iowaaeamentalhealth.org>

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

Major change at the state level



Alignment of DHS and IDPH

The Dept. of Human Services is the State Mental Health Authority. IDPH is the State Substance Abuse Authority. The Public Consulting Group has been hired as the consultant to plan and oversee the Alignment project.

At the HHS Alignment website <https://hhsalignment.iowa.gov>, the "final change package" and a "functional organizational chart" is posted along with more updated information.

Also provided at the same DHS location is a menu of information for providers.

IDPH and DHS will 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.

The Iowa Departments of Public Health (IDPH) and Human Services (DHS) are one step closer to becoming a single agency. The Departments released the [final change package](#) and [functional organizational chart](#). This serves as the roadmap to bring together both agencies under a single leadership structure. The goal of this work is to strengthen coordination amongst existing services and provide more comprehensive services to all Iowans. This will also allow us to gain efficiencies and better leverage resources to reinvest in our system. There are no plans for layoffs or to discontinue existing programs or services.

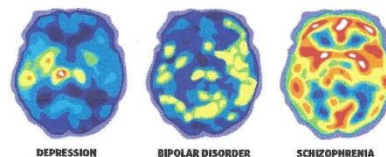
This work is the culmination of nearly two years of meetings with IDPH and DHS staff, local public health, community partners, stakeholders, and the public to gather feedback on how to establish a unified health and human services agency to better support all Iowans. These conversations resulted in a prioritized set of recommendations on how the agencies can work together to align programs and services. These recommendations are outlined in the final change package published [here](#).

This includes a functional organizational chart that outlines the major functions of the combined agency. Leveraging the resources, tools, and specialized expertise in both departments will allow us to better focus on overall population health and community wellbeing for all Iowans. The goal is to establish a true health and human services system that address the full continuum from prevention to intervention.

The next step in this process is the development of a detailed table of organization down to the division, bureau, and program level.

"This is a major milestone in a monumental effort to really think holistically about how we serve Iowans. Our teams have put in a lot of effort—amidst a global pandemic with a lot of lessons learned on the gaps in our system—to layout a path to a better system. The information we're sharing is the culmination of countless conversations, listening sessions, and feedback from around the state. I am proud the recommendations put forward and am excited to begin the real work of bringing our agencies together," said Director Kelly Garcia. "Keep in mind, this work is just beginning and we will work closely with, and solicit feedback from our clients, stakeholders and legislators throughout the months and years ahead."

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**

www.weareherewithyou.com and www.mindspringhealth.org

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



May is Older Americans Month

Dementia care needs will far surpass physician, caregiver numbers in Iowa

By Joe Gardyasz | Senior Staff Writer | Business Record



A new report from the Alzheimer's Association warns that Iowa's shortage of dementia care specialists, geriatricians and direct patient care workers will significantly worsen over the next several decades as the prevalence of Alzheimer's increases in Iowa and nationally.

The association's 2022 Alzheimer's Disease Facts and Figures report provides an in-depth look at the latest statistics and information on Alzheimer's prevalence, incidence, mortality, costs of care and impact on caregivers across the country and in Iowa.

A state-by-state analysis in this year's report found that Iowa is among 12 states that would need to increase the number of practicing geriatricians at least fivefold to care for those projected to have Alzheimer's dementia in 2050. The states would need to increase the number of practicing geriatricians 13-fold to care for those projected to need broader geriatric care.

According to the report, an estimated 66,000 Iowans had Alzheimer's in 2020, and that figure is expected to increase by 10.6% to 73,000 with the disease by 2025. Nationally, more than 6.5 million Americans have been diagnosed with Alzheimer's, meaning the disease afflicts about 1 in 9 Americans over age 65. An estimated 200,000 Americans younger than 65 have early onset dementia.

Other key findings include:

- In 2021, there were 26 practicing geriatricians in Iowa. It is estimated that a 446% increase in practicing geriatricians is needed by 2050 to meet the care needs of Iowa seniors living with Alzheimer's in 2050.
- Twenty states, including Iowa, have been termed "dementia neurology deserts," meaning they are projected to have fewer than 10 neurologists per 10,000 people with dementia in 2025.
- From 2016 to 2026, the demand for direct care workers nationally is projected to grow by more than 40%, while their availability is expected to decline. In 2018, there were 19,490 home health and personal care aides in Iowa. The number of these workers will have to increase 34% by 2028 to meet the growing demand of Iowa families.

The physician and direct care worker analysis was a special supplement in this year's analysis, said Doug Bickford, executive director of the association's Greater Iowa Chapter.

"This is the first time we've had specific, concrete data [on the health worker shortage], though I've heard many stories in the field," he said. "This report puts some alarming statistics behind it. It's definitely something we hope to raise awareness of."

Bickford said recent federal funding provided through the American

Rescue Plan Act to the Iowa Department of Human Services should help to begin bridging the workforce recruitment gap, in part by working to standardize regulatory requirements for direct care workers across state lines.

The federal dollars will be used to modernize and expand the Direct Care Worker Registry to include not only certified nursing assistants who work in nursing homes, but all other direct care workers as well, he said. In addition, the expansion would include credential portability for workers and establish a public portal of caregivers that employers and family caregivers can access.

Currently, direct care workers in Iowa who earn credentials for caring for dementia patients can't take that certification with them if they take a position at another care facility. "This is good news, but it's probably one-tenth of 1% of what needs to be done to address this shortage," Bickford said.

The high annual turnover rate of direct care workers in Iowa — 64% — must also be addressed, he said. "How can you possibly function in that environment? It's dysfunctional, is what it is. These folks are hurting — they're overworked and underpaid."

Additionally, the shortage of geriatricians and dementia specialists hampers efforts to increase early detection and treatment, Bickford said. The new report also found that only 40% of Americans say they would talk to their doctor if they were experiencing mild cognitive impairment. People should not be afraid to ask their physician about memory loss they may be experiencing, Bickford said.

"If we can get these people diagnosed early, that enables that person to go through a care plan and to find clinical trials. These are the reasons we find that early diagnosis is key."

The Alzheimer's Association proposes four broad efforts to improve the current situation:

- Promote greater public awareness by leveraging awareness campaigns and community-based disease education programs.
- Improve ease of use and uptake of cognitive assessments in the primary care setting.
- Expand primary care physicians' ability to diagnose cognitive impairment, including mild cognitive impairment due to Alzheimer's disease.
- Bolster public and primary care physician awareness of and patient participation in Alzheimer's disease-related clinical trials and research.

Earlier this year, the Alzheimer's Association had a free virtual education series. The programs were to help those living with Alzheimer's and their families to understand what to expect so they can be prepared to meet the changes ahead and live well for as long as possible. The topics covered will range from what changes to expect from your loved one in the different stages of the disease, to legal and financial issues to consider, to new advancements in Alzheimer's research. To inquire about the availability of the programming, contact Megan Pedersen at 563-293-8058 or mepedersen@alz.org.

We're participating in the **myWalgreens** donation program! You can donate your myWalgreens cash rewards to Mindspring Mental Health Alliance thru **5/31/2022**. At Walgreens, you'll earn unlimited 1% Walgreens Cash rewards when you shop and you can choose how much to donate. It's that easy. Whether you'd like to contribute \$1, \$5, or more of your Walgreens Cash rewards you'll be making a big difference. This donation happens through the myWalgreen's app.

*Disclaimer - *Walgreens Cash rewards can be redeemed as a donation to designated charities as shown in your myWalgreensTM account in app or on Walgreens.com Once Walgreens Cash rewards are redeemed for a donation, the exchange is not reversible and cannot be canceled once submitted. Donation is not tax-deductible, and additional terms and conditions may apply. Walgreens reserves the right to change the charities that are eligible to participate at any time without notice.*

www.weareherewithyou.com and www.mindspringhealth.org

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





API Heritage Month is celebrated in May to commemorate the achievements and contributions of people of Asian and Pacific Islander descent in the United States. In 1978, Congress passed a joint Congressional Resolution to celebrate Asian American Heritage Week during the first 10 days of May. This date was chosen because two important anniversaries fall during this time: the arrival of the first Japanese immigrants in the United States on May 7, 1843, and the completion of the transcontinental railroad by many Chinese laborers on May 10, 1869.

In 1990, President George H. W. Bush and Congress voted to expand the celebration, and since 1992, May has been designated as API Heritage Month.

Each year, API Heritage Month is celebrated with community festivals, government sponsored activities, and educational activities for students.

Thursday, May 13 - 12:00 p.m. - 1:00 p.m. PST. *Hosted by Counseling and Psychological Services.*

Asian American Mental Health Panel - A panel of Asian American psychiatrists and psychotherapists demystifying mental health treatment and in dialogue about how to protect emotional resilience in times of crisis. Go to [Asian Pacific Islander Heritage Month | Asian American Activities Center \(stanford.edu\)](https://asianpacificislanderheritagemonth.asianamericanactivitiescenter.stanford.edu) to find registration information.

Asian Americans and Pacific Islanders have [contributed](#) significantly to many facets of American culture and society, including science and medicine, literature and art, sports and recreation, government and politics, and activism and law. In 2021, [Kamala Harris became the first Asian American Vice President](#) of the United States. In film history, AAPI people, stories, and traditions have become more visible with South Korean director Bong Joon Ho's *Parasite* winning the Academy Award for Best Picture in 2019 and the release of *Shang-Chi and the Legend of the Ten Rings* in 2021, debuting Marvel's first [Asian superhero](#).

Ethnic Minority Psychology

Two Chinese American brothers originally from Portland, Oregon, Derald W. Sue and Stanley Sue, were influential figures in ethnic minority psychology. "Ethnic minority psychology is a subfield of psychology concerned with the science and practice of psychology with racial and ethnic minority individuals and groups," says [Sumie Okazaki, Ph.D.](#), professor of applied psychology at New York University, and author of the book [Korean American Families in Immigrant America: How Teens and Parents Navigate Race](#).

In 1972, the Sue brothers founded the [Asian American Psychological Association](#)—one year after writing [a seminal](#)

[paper on Chinese American personality](#). "Derald W. Sue is best known for his work on multicultural counseling and racial microaggression, and Stanley Sue is best known for his work on cultural competence in psychotherapy with Asian Americans and ethnic minorities," Okazaki explains.

Additional notable achievements:

Atomic science - In the 1940s and 1950s, Chinese-born physicist [Chien-Shiung Wu, Ph.D.](#), was instrumental in the developing field of atomic science. This included the [Manhattan Project](#): the code name for research into atomic weapons during World War II. Specifically, she improved existing technology for the detection of radiation and the enrichment of uranium in large quantities.

Farm Worker's Rights -From the Philippines, [Larry Itliong](#) immigrated to the United States in 1929 at the age of 15. By 1930, he joined striking lettuce pickers in Washington, and [spent the next several decades](#) working as a labor organizer and eventually, a union leader—including forming the Filipino Farm Labor Union in 1956. Delores Huerta and [Cesar Chavez](#) from National Farm Workers Association joined Itliong and the Filipino Farm Labor Union. Eventually, the two groups combined to form the [United Farm Workers](#).

Civil Rights -Though her activism was influenced by the two years she spent in internment camps during [World War II](#), Japanese American Yuri Kochiyama's civil rights work extended to the causes impacting Black, Latinx, and Indigenous Peoples, as well as Asian American communities.

The USB - Although Indian American computer architect Ajay Bhatt had a hand in developing a range of computer-related technologies, the one he's best known for is the Universal Serial Bus—[better known as the USB](#).

U-tube - Karim, a Bangladeshi-German American, Taiwanese American Steven Chen & Chad Hurley from Pennsylvania were the core development team.

The era of Chinese exclusion

The Tapes' rise from young immigrants to prosperous middle-class San Franciscans took place against a backdrop of growing anti-Chinese sentiment, and even violence. In 1882, Congress passed the [Chinese Exclusion Act](#), which banned Chinese immigration for a period of 10 years and prevented all Chinese from becoming naturalized citizens.

In San Francisco, Chinese children (even American-born) had long been [denied access](#) to public schools. Despite a law passed by the California state legislature in 1880 that entitled all children in the state to public education, social custom and local school-board policy still kept Chinese youngsters from attending the city's white schools.

The Asian American Women Who Fought to Make Their Mark in WWII

— They worked as pilots, translators, guerilla fighters and more. Hazel Lee and Maggie Gee: Flying High as WASPs -While female pilots weren't permitted to serve in America's armed forces until 1974, women civilian pilots played a crucial role during World War II. The Women Airforce Service Pilots (WASP) program, a division of the federal civil service, trained women to fly non-combat missions: testing military aircraft, transporting planes between bases, training male bomber pilots and hauling gunnery targets to be shot at with live ammunition. Among the nearly 1,100 women trained as WASPs were Chinese Americans Hazel Ying Lee (1912-1944) and Maggie Gee (1923-2013).

Building the Transcontinental Railroad: How 20,000 Chinese Americans Made it Happen

Please Note: Dr. Insel will be one of the speakers at Please Pass the Love's 10th Midwest School Mental Health Conference Aug. 11-12 at the Iowa Events Center in Des Moines. For more information, go to: [2022 MSMH Conference](#) | [Please Pass the Love](#)

Dr. Insel Quote: After a century of studying schizophrenia, the cause of the disorder remains unknown.

The 'Nation's Psychiatrist' Takes Stock, With Frustration

In a new book, Thomas Insel, who led research into psychiatric disease for 13 years, says that advances in neuroscience have yet to benefit patients.

The New York Times



A new book by Dr. Thomas P. Insel, who for 13 years ran the United States' foremost mental health research institution, begins with a sort of confession.

During his tenure as the "nation's psychiatrist," he helped allocate \$20 billion in federal funds and [sharply shifted the focus](#) of the National Institute of Mental Health away from behavioral research and toward neuroscience and genetics.

"I should have been able to help us bend the curves for death and disability," Dr. Insel writes. "But I didn't."

Dr. Insel, 70, who left N.I.M.H. in 2015, calls the advances in neuroscience of the last 20 years "spectacular" — but in the very first pages of his new book, he says that, for the most part, they haven't yet benefited patients.

His book, *"Healing: Our Path from Mental Illness to Mental Health,"* is not an indictment of the science to which he devoted much of his adult life. Instead, it chronicles failures in virtually every other element of our mental health system, including the ineffective delivery of care, the gutting of community health services and the reliance on police and jails for crisis services.

It also calls out a paradox: that the United States, a country that leads the world in spending on medical research, also stands out for its dismal outcomes in people with mental illnesses. Indeed, over the last three decades, even as the government invested billions of dollars in better understanding the brain, [by some measures](#), those outcomes have deteriorated.

The country's [long spell without breakthrough treatments](#) can be attributed, in part, to the complexity of the brain.

Dr. Insel rose through the ranks at a time of optimism that advances in neurobiology would lead to new treatments, and as head of N.I.M.H., as he put it, he "bet big on genomics." But 20 years later, he said the role that genes play in schizophrenia and bipolar disorder has proven to be extraordinarily complex.

"Each of those variants that have been discovered just account for a tiny, tiny amount of risk, so in aggregate, they're probably significant, but you have to put a hundred of them together," he said. "So we started doing bigger and bigger studies to find smaller and smaller effects."

In an interview, he said he didn't regret making genetic research a priority — "at the time, how could you not?" he said — but he acknowledged that the diminishing returns nagged at him.

"I don't think focusing on finding these very small effect signals for common diseases, I mean — it's not how I want to spend my time, I'll put it this way," he said. He added, "I realized, wow, I mean, we could

continue doing research until I'm in my 90s, but if we can't get this stuff actually implemented, if people aren't doing it, what's the point?"

In the book, he describes an "epiphany" during his last year at N.I.M.H., after he had delivered a PowerPoint presentation to a group of advocates, touting researchers' progress on genetic markers.

A man in a flannel shirt got to his feet and reeled off the story of his 23-year-old son, who has schizophrenia — a cycle of hospitalizations, suicide attempts and homelessness. "Our house is on fire," the man said, "and you are talking about the chemistry of the paint. What are you doing to put out this fire?"

"In that moment, I knew he was right," Dr. Insel writes. "Nothing my colleagues and I were doing addressed the ever-increasing urgency or magnitude of the suffering millions of Americans were living through — and dying from."

If Dr. Insel's statements have attracted attention, it is in large part because they are coming from one of the most influential neuroscientists of our time.

As director of N.I.M.H., Dr. Insel was a champion of basic research, confident that understanding genes and neurobiology would help unlock some of the most complex mental disorders.

He steered the agency's \$1.3 billion research budget toward the biology of disease. That drew criticism from some in the field, who argued that [the funding should be split more evenly](#) between neuroscience and clinical research into treatments, like medication and therapy, that could be used in the near future.

Dr. Allen Frances, a professor emeritus of psychiatry at Duke University School of Medicine, warned [in 2014 that the institute](#) was "betting the house on the long shot that neuroscience will come up with answers to help people with serious mental illness."

In an interview last week, Dr. Frances, 79, said his warnings had been borne out.

"The end result of these last 30 years is an exciting intellectual adventure, one of the more fascinating pieces of science in our lifetimes, but it hasn't helped a single patient," he said.

He added that it was difficult, surveying the homeless camps proliferating in so many American cities, to feel proud of his 55 years of work in the field. People with severe mental illnesses, he said, were "much better off" than now.

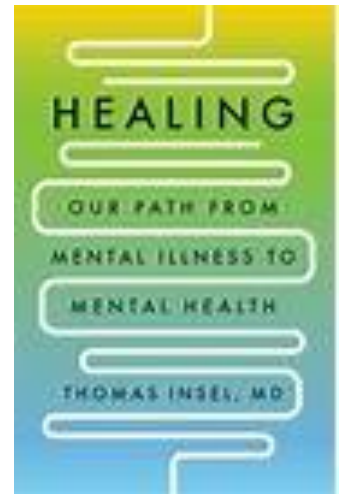
"I have a happy life, and I'm not spending every minute of my life feeling guilty, but if I look back on my career, it's with regret, not with satisfaction," he said.

Dr. Insel sees it differently. He does not express regret about his work, or level any criticism at his successor at the N.I.M.H., Dr. Joshua A. Gordon, like him [an advocate of basic research](#). If anything, Dr. Insel said, the country should "double down on brain research."

The country's mental health crisis is "not a research problem, it's an implementation problem," he said. Good treatments for serious diseases like schizophrenia and bipolar disorder already exist, he said, and it is not the job of scientists at N.I.M.H. to provide services.

"It has nothing to do with what they do," he said. "It's asking for French food from an Italian restaurant."

Still, his comments have ruffled some feathers at the agency he led.



In an interview, Dr. Gordon, the current director of N.I.M.H., said Dr. Insel had failed to acknowledge “some really wonderful things that were done at N.I.M.H.” during his tenure or “the tremendous work that we continue to do in research that had short-term impacts on mental health care.”

He offered examples of two new treatments developed on the basis of neurobiological research: [ketamine](#) for treatment-resistant depression and [brexanolone](#) for postpartum depression. He said that the N.I.M.H. has also funded studies that led to treatments being used today, like [a large-scale study that established the effectiveness of comprehensive services](#) for people experiencing a *first episode of psychosis* (see [more information following Insel articles](#)).

As for the big breakthroughs, he said, they take decades to realize. Dr. Gordon was in graduate school when scientists cloned the gene for Huntington’s disease, and only now, three decades later, has that work led to new, effective treatments. To envisage breakthrough treatments in the short term, he said, was “bravado.”

Definitive treatments for autism, bipolar disorder and schizophrenia based on genetics are “not likely to pan out in the next five or 10 years,” he said. But researchers have identified hundreds of relevant genes and are “starting to understand the function of those genes in the context of the brain,” which could, he said, provide a pathway to better therapies.

“Could this be the same bravado?” he said. “I’m not using a date.”

As for Dr. Insel, he sees himself in a different role now, not unlike Al Gore, who, after serving as a senator and vice president, reinvented himself as a truth-teller on climate change.

People, Place, Purpose: Dr. Tom Insel’s Recipe For Helping People Heal Explained In New Book

[From Pete Earley’s blog](#)

(2-22-22) Dr. Tom Insel’s new book, *Healing: Our Path from Mental Illness to Mental Health*, is getting a lot of attention. I posted an excerpt from it last week. I asked Dr. Insel why he decided to write it. He explained that his book is part of a broader media campaign to educate and motivate the public – a campaign that includes a PBS special *Hiding In Plain Sight: Youth Mental Illness* scheduled for release in June. My son, Kevin, was interviewed for this Ken Burns’ documentary, which will feature some of his artwork.

Dear Pete,

Today marks the release of my book, *Healing: Our Path from Mental Illness to Mental Health*. In one sense, this book started fifteen years ago when I watched Al Gore present *An Inconvenient Truth*. As I watched him dramatize the data for climate change with the hope of awakening us all to this silent threat, I thought, “Why isn’t someone waking up the nation to our mental health crisis?”

Of course, climate change is an emerging existential threat and mental illness is neither new nor a threat to the planet. But the mental health crisis can be solved. It does not take every nation on earth committing to carbon reduction or transforming our energy infrastructure. It just takes a commitment to solutions that we have in hand.

This is perhaps the greatest tragedy of the mental health crisis. It’s an unforced error.

We don’t need to incarcerate people for having a brain disorder. We don’t need to accept homelessness for people with psychosis. We don’t need to tolerate increasing deaths of despair.

For virtually every mental illness, we have effective treatments. With early intervention, comprehensive and continuous care, and access to rehabilitative services like supported employment and supportive housing, people with serious mental illness can recover.

I wrote *Healing* to give hope. That hope comes from the recognition that recovery is possible if we reframe mental health care to include not only the acute reduction of symptoms but a longer-term commitment to the three P’s: people, place, and purpose. I didn’t understand this when I started the book. I was trying to figure out why with so many good treatments, outcomes were not improving. The answer, I conclude, is that the problem is medical – mental illnesses are brain disorders – but the solutions must be much broader – including people (social support), place (housing), and purpose (a mission).

By the end of the book, I realized that just as with *An Inconvenient Truth*, for mental health we need a new social movement. Awareness of the severity of mental illness is part of this movement. And we need a roadmap: a path from mental illness to mental health. We also need a platform.

With journalist co-founders, I recently launched [MindSite News](#) to be the digital publication for this new movement, shining a light on mental health. A social media campaign, #healingahead was created to attract followers. And a documentary by Ken Burns, *Hiding in Plain Sight*, will be released in June.

There is so much to do. I hope you will join us.

As I say at the end of the book, “Recovery is, after all, not just an outcome for those with an illness. Recovery is a measure of who we are. And the path to recovery is how we heal the soul of our nation.”

To see the 5 minute U-tube of the *Hiding in Plain Sight* trailer, go to: [Hiding in Plain Sight: Youth Mental Illness | Trailer - YouTube](#)

[Ken Burns website](#) about *Hiding in Plain Sight*

TED talks – Dr. Thomas Insel

[Toward a new understanding of mental illness](#)

What is First Episode of Psychosis treatment? First Episode Psychosis (FEP) Navigate Model

The NAVIGATE model is a comprehensive program designed to provide early and effective treatment to individuals who have experienced their first episode of psychosis. It is a SAMHSA evidence-based practice.

FEP helps individuals navigate the road to recovery from a first episode of psychosis. It is a multidisciplinary team that includes Team Director, Psychiatrist, Individual Resilience Therapist, Family Education Program, Supported Employee and Education and Community Support Specialist. With a focus on early intervention, illness management, shared decision making, active learning, and recovery - clients who participate in FEP programs report improved outcomes in relationships, work, employment, and overall life satisfaction.

If psychosis can be diagnosed and treatment can begin as soon as possible during a first psychotic break, success and quality of life is improved. If treatment does not begin until later (after many psychotic episodes) the prognosis decreases.

FEP can help you and your family navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in the social world. This program’s goal is recovery, which is defined as a person’s ability to experience a rewarding and meaningful life – even while the person may be managing or coping with existing symptoms.

Services include:

- Psychiatric medication management
- Individual therapy and education
- Family therapy and education
- Supportive employment/educational services
- Community support services

www.weareherewithyou.com and www.mindspringhealth.org

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



How to Access Services

To be eligible for the FEP program, the following criteria must be met:

- Age 15 – 40
- Symptoms of Psychosis (auditory or visual hallucinations or paranoia)
- Additional symptoms may include substance use, disruptive moods, or problems with organizing thoughts
- Symptoms interfere with life goals
- Likely diagnosis of Schizophrenia, Schizophreniform, Schizoaffective, Brief Psychosis

There are four (4) First Episode Psychosis Programs in Iowa

1. **FERST** stands for First Episode Recovery Support Team
Abbe Center for Community Mental Health,
520 11th St. NW. Cedar Rapids, IA 52405- (319) 398--3562
Website: [Community Based Recovery Services | UnityPoint Health - Cedar Rapids](#)
2. **Harmony**
Siouxland Mental Health Center
625 Court St, Sioux City, IA 51101 – (712) 252-3871
Website: <https://www.siouxlandmentalhealth.com>
3. **RESTORE**
UnityPoint - Eyerly Ball Community Mental Health Center,
1301 Center St., Des Moines 50309 – 515-241-0982
[Website](#)
4. New program will be at Prairie Ridge, 320 N Eisenhower Ave, Mason City, IA 50401
(641) 424-2391 [Website](#)

WHAT IS PSYCHOSIS?

Psychosis is characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. These disruptions are often experienced as seeing, hearing, and believing things that aren't real or having strange, persistent thoughts, behaviors, and emotions. While everyone's experience is different, most people say psychosis is frightening and confusing.

Psychosis is a symptom, not an illness, and it is more common than you may think. In the U.S., approximately 100,000 young people experience psychosis each year. As many as three in 100 people will have an episode at some point in their lives.

WHAT IS FIRST EPISODE PSYCHOSIS?

First-Episode Psychosis refers to the first time someone experiences psychotic symptoms. People experiencing the first episode of psychosis may not understand what is happening. The symptoms can be disturbing and completely unfamiliar, leaving the person confused and distressed. It is usually unclear during a first episode what will happen with symptoms over the long run and if the early problem will develop into something more long-term. A psychotic episode typically occurs in three phases. The length of each phase varies from person to person.

SYMPTOMS OF PSYCHOSIS

Early warning signs before psychosis

Early psychosis or FEP rarely comes suddenly. Usually, a person has gradual, non-specific changes in thoughts and perceptions, but doesn't understand what's going on. Early warning signs can be difficult to distinguish from typical teen or young adult behavior. While such signs should not be cause for alarm, they may indicate the need to get an assessment from a doctor.

Encouraging people to seek help for early psychosis is important. Families are often the first to see early signs of psychosis and the first to address the issue of seeking treatment. However, a person's

willingness to accept help is often complicated by delusions, fears, stigma, and feeling unsettled. In this case, families can find the situation extremely difficult, but there are engagement strategies to help encourage a person to seek help.

It's important to get help quickly since early treatment provides the best hope of recovery by slowing, stopping, and possibly reversing the effects of psychosis.

Signs of early or first-episode psychosis

Determining exactly when the first episode of psychosis begins can be hard, but these signs and symptoms strongly indicate an episode of psychosis:

- A worrisome drop in grades or job performance
- Suspiciousness or uneasiness with others
- Hearing, seeing, tasting, or believing things that others don't
- Persistent, unusual thoughts or beliefs that can't be set aside regardless of what others believe
- Strong and inappropriate emotions or no emotions at all
- Withdrawing from family or friends
- A sudden decline in self-care
- Trouble thinking clearly or concentrating

Such warning signs often point to a person's deteriorating health, and a physical and neurological evaluation can help find the problem. A mental health professional performing a psychological evaluation can determine if a mental health condition is involved and discuss the next steps. If the psychosis is a symptom of a mental health condition, early action helps to keep lives on track.

PSYCHOSIS

Psychosis includes a range of symptoms but typically involves one of these two major experiences:

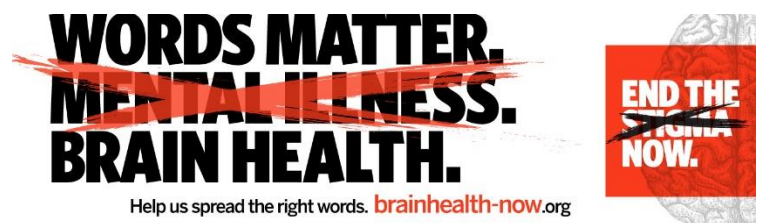
Hallucinations are seeing, hearing, or feeling things that aren't there, such as the following:

- Hearing voices (auditory hallucinations)
- Strange sensations or unexplainable feelings
- Seeing glimpses of objects or people that are not there or distortions

Delusions are strong beliefs that are not consistent with the person's culture, are unlikely to be true, and may seem irrational to others, such as the following:

- Believing external forces are controlling thoughts, feelings, and behaviors
- Believing that trivial remarks, events, or objects have personal meaning or significance
- Thinking you have special powers, are on a special mission, or even that you are God.

The good-news stories in medicine are early detection, early intervention. — **Thomas R. Insel**



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CALENDAR OF EVENTS

Wed., May 11 - Mindspring Board Meeting
is a virtual meeting
Jan, Mar, May, July, Sept., Nov
Location: 511 E. 6th St., Suite B, DM
4:30 to 6 PM

Community Impact Officer - Michele Keenan
515-850-1467

mkeenanan@mindspringhealth.org

Director of Special Projects –

Kristi Kerner 515-850-1467

kkerner@mindspringhealth.org

Development Director – Francis Boggus

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Mike Webster

*If you are interested in Board membership -
Please become involved with one of our
committees first. Contact the Executive Director
to discuss what committees we have. – 515-850-
1467 or kkerner@mindspringhealth.org*

During our transition to a new website,
we are utilizing 2 websites

www.weareherewithyou.com

and

www.mindspringhealth.org

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

Facebook: @mindspringinfo

Instagram: @mindspringinfo

Twitter: @mindspringinfo

TikTok: @mindspringinfo

**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

We're participating in the **myWalgreens** donation program! You can donate your myWalgreens cash rewards to Mindspring Mental Health Alliance thru **5/31/2022**. At Walgreens, you'll earn unlimited 1% Walgreens Cash rewards when you shop and you can choose how much to donate. It's that easy. Whether you'd like to contribute \$1, \$5, or more of your Walgreens Cash rewards you'll be making a big difference. This donation happens through the myWalgreen's app.

We have **3 crisis cards for sale** – Do's and Don'ts in a Mental Health Crisis, Suicide Prevention and Compassionate Communication. To purchase crisis cards and have them personalized with your business name and your contact information, go to the card sale website: <http://bit.ly/mindspringcrisiscards>.

Letters to the Editor

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

Ways to Donate to MindSpring

-- Cash, Check
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'Donate' on our website
-- Through Employee Giving
programs or Direct Donation
programs
-- 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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