



mindspring

MENTAL HEALTH ALLIANCE

June 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
[our website](https://www.mindspringhealth.org)

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

<https://www.Mindspringhealth.org>

Community Impact Officer–Michele Keenan

mkeen@mindspringhealth.org

Director of Special Initiatives– Kristi Kerner

kkerner@mindspringhealth.org

Development Director – Francis Boggus

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

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 everyone

Over 45 community classes are **free** and information can
be found at our website

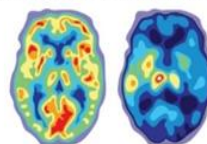
<https://www.mindspringhealth.org>

"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



Have you checked out our new website?
<https://www.Mindspringhealth.com>

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	Dec 20 2021	2022 March	2022 April	2022 May
# of Iowa cases reported	3159	274,982	389,172	601,531	852,071	856,086	871,612
# of Iowa deaths Covid 19	79	3745	5893	7680	9349	9475	9572
# of suicides	194	551	132	525	109		
# of opioid deaths		208	70	250	52		
Iowa COVID-19 Information – Vaccine Information				1,843,143 58.84%	1,904,393 Booster – 1,004,944	1,914,689 Booster – 1,021,765	1,922,920 Booster – 1,034,082
# of Covid cases reported nationally	986,596	19,278,006	45,391,030	50,773,620	79,586,694	80,518,989	83,132,374
# of Covid deaths nationally	56,164	336,683	735,703	806,273	967,817	987,343	1,001,606

US deaths from COVID hit 1 million, less than 2 1/2 years in [Associated Press](#): The U.S. death toll from COVID-19 hit 1 million, a once unimaginable figure. The confirmed number of dead is equivalent to a 9/11 attack every day for 336 days. It is roughly equal to how many Americans died in the Civil War and World War II combined. It's as if Boston and Pittsburgh were wiped out.

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

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

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

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

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

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

In the nation, Iowa is:

- 51st for # of mental health institute beds
- 45th for mental health workforce availability (2021)
- 47th for # of psychiatrists
- 46th for # of psychologists

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

Private mental health providers MH/DD Accredited Provider list can be found at: https://dhs.iowa.gov/sites/default/files/MHDDAccreditedProviders_30.pdf?080920200822

Community Mental Health Centers (CMHC) – provide mental health services for individuals of all ages regardless of funding. <https://yourlifeiowa.org/mental-health/cmhc>

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

For a list of mental health resources for African-Americans, Hispanic, or Indigenous persons, go to: https://afsp.org/supporting-diverse-communities?kx=8VV6a5wzID_ZkIL9ne9s9gWTKSEqgmN9degvaCeFEx4%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.](#)

www.weareherewithyou.com and www.mindspringhealth.org

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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 16, 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 5 th St. - DM – 515-244-2267
	Eyerly Ball Community MH Center, 1301 Center St., - DM - 515-241-0982
	Eyerly Ball Community MH Center 945 19 th St.- DM - 515-241-0982
	Broadlawns Medical Center- 1801 Hickman Rd.- DM – 515-282-6770
	<i>Broadlawns - New Connections Co-Occurring Outpatient Services – Medical Plaza, 2nd Floor, 1761 Hickman Road - DM 515-282-6610</i>
Dallas Co	<i>Southwest Iowa Mental Health Center</i> 410 12th Street Perry, IA 50220 P515) 642-1023 F515) 334-4076 <i>Adel area patients should call the Perry number to be scheduled.</i>
Madison Co	Crossroads Behavioral Health Services 102 West Summit Street, Winterset – 515-462-3105

Primary Health Care and Behavioral Health

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

County Community Mental Health Services

Polk Co.	Polk Co. Mental Health and Disabilities Dept. 515-286-3570 https://www.polkcountyiowa.gov/behavioral-health-disability-services/
Warren Co.	Central Iowa Community Services https://www.cicsmhds.org 1007 S. Jefferson Way, Indianola, IA 50125 515-961-1068 email: mentalhealth@warrencountyaia.org https://warrencountyaia.org/mentalhealth
Dallas Co.	Heart of Iowa Community Services 25747 N Avenue, Suite D, Adel, IA 50003 515-993-5872 Toll free: 877-286-3227 E-mail: dccs@dallascountyiaowa.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

www.weareherewithyou.com and www.mindspringhealth.org

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<http://iowahousingsearch.org/>

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

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



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

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



515-883-1776
www.teamcsa.org



Amani Community Services

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

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

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

Phone:

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

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

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

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

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
cibscoffee17@icloud.com

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

<https://www.fostersquad.org>

Support group locator provided by the
“Iowa Foster and Adoptive Parents Association”:
http://www.ifapa.org/support/support_group_locator.asp

Mindspring Support Group for Families of Persons with mental illness

Eyerly Ball, 1301 Center, Des Moines, Iowa

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: candlesinthedarknessg@gmail.com

Post Adoption Support Group

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

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

Note: childcare for all ages is provided – please RSVP

Alcoholics Anonymous

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

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

Al-Anon and Alateen

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

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

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

Gamblers Support Group

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

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

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

Parents of Addicted Loved Ones

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

Meetings: In person meetings are held **Mondays** at 6:30 to 8 pm -

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

Dementia Support Group

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

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

Dementia, Alzheimer's Caregiver Support

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

Alzheimer's Virtual Support Groups in Iowa

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

[https://www.alz.org/events/event_search?etid=2&cid=08zip=50325](http://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](http://www.esquire.com), [Forbes](http://www.forbes.com), [Rolling Stone](http://www.rollingstone.com), and others.

www.weareherewithyou.com and www.mindspringhealth.org

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Postpartum Support International

has been awarded a landmark contract to operate the **first-ever Maternal Mental Health Helpline** by the U.S. Health Resources and Services Administration (HRSA). The Helpline, legislated by Congress and funded by HRSA, is available 24/7, 365 days-a-year, in English and Spanish, voice [\(800\) 944-4773](tel:8009444773), text "help" to 800-944-4773, or text en 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:

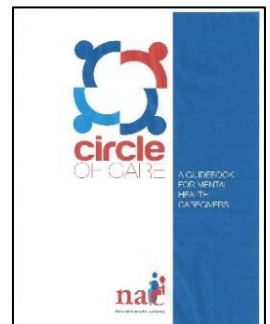
<https://us02web.zoom.us/j/83481142012pwd=R1V4U0pzZE92MHh1aGNnaWF6bUtNdz09>

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



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

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 back-ground information from both applicants and respondents and help determine if another path toward treatment may be preferable. In the event that a judge denies a petition, the screener is available to discuss appropriate next steps and help make connections with available resources.

The Pre-Petition Screener is available without an appointment Monday-Friday 8:30am to 4:30pm.

Located at the Polk County Justice Center (222 5th Ave in DSM) Phone: 515-336-0599 (direct line) or 515-282-5742 (main office)

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

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

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

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

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

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

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

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

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

www.weareherewithyou.com and www.mindspringhealth.org

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

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>

www.weareherewithyou.com and www.mindspringhealth.org

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Agricultural and Rural Education available on request:

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

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

Ongoing sessions: - FREE

Avoiding Burnout in a Crisis – The ABC is for Self-Care Question. **Persuade. Refer (QPR)** – Three simple steps anyone can learn to help save a life from suicide.

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

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

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 – Mhttcnetwork.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 (NQTTTCN)
– Nqttcn.com

Sista Afya Community Mental Wellness – sistaafya.com

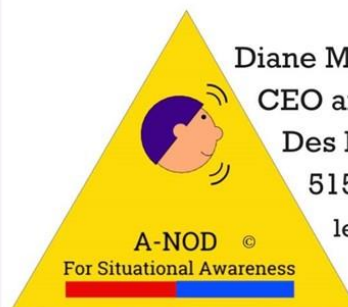
Therapy for Black Girls – therapyforblackgirls.com

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

www.weareherewithyou.com and www.mindspringhealth.org

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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			
52	2022	109	As of 3-31-22			

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

IT'S BRAIN HEALTH NOT MENTAL ILLNESS

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

END THE
STIGMA
NOW.

Brain & Behavior Magazine – May 2022

Brain & Behavior Magazine presents the cutting edge research of our BBRF grantees. Three stories in this issue focus on a common causal circuit in depression, understanding borderline personality disorder, and eating disorders.

Access the magazine here:
bb-magazine-may-2022.pdf
bbrfoundation.org

Brain & Behavior



A Tribute to the late Steve Lieber,
BBRF's Chairman of the Board

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**



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.

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

BRAIN HEALTH ISN'T CRAZY

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



Healthy Minds

With Dr. Jeffrey Borenstein

HealthyMindsTV.com | [Brain & Behavior Research Foundation](http://BrainBehaviorResearchFoundation.org)
bbrfoundation.org

Healthy Minds Public Television Series

One in five people has a diagnosable mental disorder, but often fear and shame prevent people from seeking help. Healthy Minds with Dr. Jeffrey Borenstein aims to remove the stigma of mental illness and demonstrate that with help, there is hope. The series focuses on common psychiatric conditions through inspiring personal stories, as well as, experts sharing cutting edge information, including new approaches and next-generation therapies in diagnostics, treatment and research.

The Emmy nominated series is produced by the Brain & Behavior Research Foundation, presented by Connecticut Public Television (CPTV), and distributed by the National Educational Telecommu-

www.weareherewithyou.com and www.mindspringhealth.org

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



10

nications Association (NETA). Funding is provided by the American Psychiatric Association Foundation, the Bank of America Charitable Gift Fund, and the John & Polly Sparks Foundation.

Season 7 is now available nationally on [PBS.org](https://www.pbs.org) – 11 episodes

Emmy Award-winning actor Maurice Benard sits down with Dr. Borenstein to discuss his experience living with bipolar disorder and his work as an advocate to help raise awareness and remove stigma around the illness. To bring greater awareness to the public, the writers and Mr. Bernard chose to include having his character on the soap opera General Hospital live with bipolar disorder.

Another episode includes an interview with Dr. David Miklowitz, distinguished professor of psychiatry at UCLA Semel Institute, who offers vital information to help families recognize the warning signs of bipolar disorder in adolescents and young adults.

Dr. Maura Boldrini, associate professor of psychiatry at Columbia Medical College, talks with Dr. Borenstein about research that is discovering how COVID-19 affects the brain in the short and long term, including brain fog, depression, anxiety, and increased risk of suicide.

The nationwide rollout of the “9-8-8” mental health crisis emergency number in July 2022 will provide a much-needed alternative response mechanism for mental health-related crises. Dr. William Carson, chairman of the Sozosei Foundation, explains how mental health and suicide prevention services will serve as the telephone help line to respond to crises that 9-1-1 calls are not able to handle.

The Director of the National Institute of Mental Health, Dr. Joshua Gordon, discusses an update on promising new mental health research currently underway.

The intersection of faith and mental health is explored with Dr. W. Daniel Hale, a psychologist who lost his daughter to suicide and has become a leading voice of support for others. He shares how his faith, clinical training, and his own depression have impacted his experience.

Additional episodes will focus on new treatments for depression, insights on the latest cutting-edge therapies for one of the most common mental illnesses, and innovative research being conducted to better understand the brain.

Season 7 is available nationally on [PBS.org](https://www.pbs.org) starting May 1. Viewers can also see if it is airing in their area by looking up *Healthy Minds with Dr. Jeffrey Borenstein* on their local PBS station or visiting: <https://www.bbrfoundation.org/healthy-minds-tv>

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

Shipping costs are included in the purchase price.

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

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www.mindspringhealth.org

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.

- 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

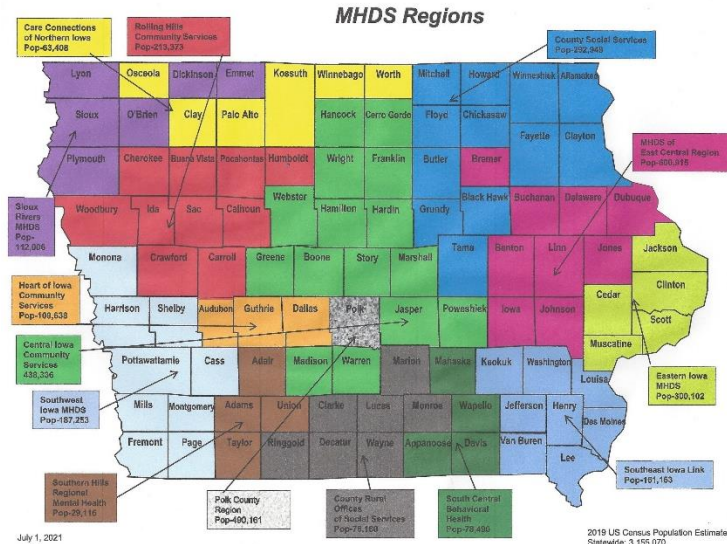
No nagging, yelling, arguing
Focus on the person you know and love
PROVIDE REASSURANCE GENEROUSLY AND OFTEN

- "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

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

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

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

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 515-286-3570.

The Acting CEO is Annie Uetz.

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

The Iowa Mental Health System has 14 regions

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

You can find the following items:

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

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

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

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

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

Major 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.

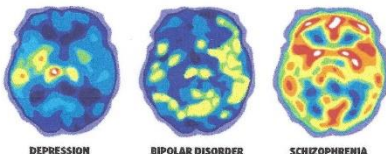
This work is the culmination of nearly two years of meetings with IDPH and DHS staff, local public health, community partners, stakeholders, and the public to gather feedback on how to establish a uni-fied health and human services agency to better support all Iowans. These conversations resulted in 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.

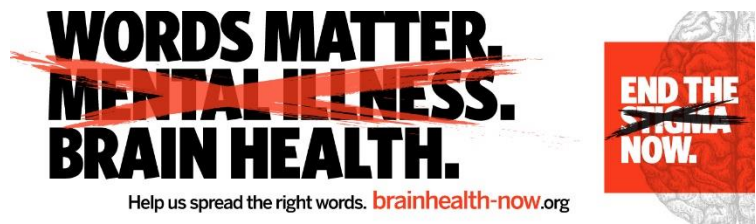


brainhealth-now.org



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**



2022 National Survey on LGBTQ Youth Mental Health The Trevor Project

The [2022 National Survey on LGBTQ Youth Mental Health](#) of nearly 34,000 LGBTQ youth from across the country demonstrates that suicidal thoughts have trended upward among LGBTQ young people over the last three years. Capturing the experiences of LGBTQ youth ages 13 to 24 across the United States, with 45% of respondents being LGBTQ youth of color and 48% being transgender or nonbinary, our fourth annual national survey is one of the most diverse surveys of LGBTQ youth ever conducted.

- **45%** of respondents seriously **considered attempting suicide in the past year**, including **more than half** of transgender and nonbinary youth (53%) and **1 in 3** cisgender youth (33%).
- **14%** of LGBTQ youth **attempted suicide** in the past year including nearly **1 in 5** transgender and nonbinary youth and **1 in 10** cisgender youth.
- LGBTQ youth with **high support** from their family reported attempting suicide at **less than half** the rate of those with lower support.
- LGBTQ youth reported lower rates of attempting suicide when they felt more supported by their friends and family.
- **60%** of youth who **wanted mental health care** in the past year **were not able to get it**.
- Among all LGBTQ youth, **82%** wanted mental health care and **18%** did not.
- **32%** of transgender and nonbinary youth found their **home to be gender-affirming** and a little more than half (51%) found their **school to be affirming**.
- LGBTQ youth who found their **school to be LGBTQ-affirming** reported **lower rates of attempting suicide**.
- LGBTQ youth who live in a **community that is accepting** of LGBTQ people reported **significantly lower rates of attempting suicide** than those who do not.
- Nearly **2 in 5** LGBTQ youth reported living in a community that is somewhat or very unaccepting of LGBTQ people.
- **12%** of white youth attempted suicide in the past year compared to...
 - **21%** of Native/Indigenous youth
 - **20%** of Middle Eastern/Northern African youth
 - **19%** of Black youth
 - **17%** of Multiracial youth
 - **16%** of Latinx youth
 - **12%** of Asian American/Pacific Islander youth

73% of LGBTQ youth reported experiencing symptoms of anxiety including more than three-quarters of transgender and nonbinary youth and nearly two-thirds of cisgender youth.

58% of LGBTQ youth reported experiencing symptoms of depression including nearly two-thirds of transgender and nonbinary youth and nearly half of cisgender youth.

93% of transgender and nonbinary youth said that they have worried about transgender people being denied access to **gender-affirming medical care** due to state or local laws.

www.weareherewithyou.com and www.mindspringhealth.org

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





91% of transgender and nonbinary youth said that they have worried about transgender people being **denied access to the bathroom** due to state or local laws.

83% of transgender and nonbinary youth said that they have worried about transgender people being **denied the ability to play sports** due to state or local laws.

Recent political attacks aimed at transgender and

nonbinary youth have not only threatened their access to health care, support systems, and affirming spaces at school, they've also negatively impacted their mental health.

36% of LGBTQ youth reported that they have been **physically threatened or harmed** due to either their **sexual orientation or gender identity**.

31% of LGBTQ youth reported that they have been **physically threatened or harmed** due to their **sexual orientation**.

37% of transgender and nonbinary youth reported that they have been **physically threatened or harmed** due to their **gender identity**.

We must recognize that LGBTQ young people face stressors simply for being who they are that their peers never have to worry about.

73% of LGBTQ youth reported that they have experienced **discrimination** based on their **sexual orientation or gender identity** at least once in their lifetime.

65% of LGBTQ youth reported that they have experienced **discrimination** based on their **sexual orientation**.

71% of transgender and nonbinary youth reported that they have experienced **discrimination** based on their **gender identity**.

17% of LGBTQ youth reported being threatened with or subjected to **conversion therapy** including more than 1 in 5 transgender and nonbinary youth and more than 1 in 10 cisgender youth.



Conversion therapy has been consistently associated with negative mental health outcomes and greater risk for suicide. That's why this so-called 'therapy' is widely opposed by all major medical and mental organizations, and why it is a major focus of The Trevor Project's advocacy work.

These findings emphasize the wide range of experiences and

identities held by LGBTQ young people across the country, as well as the clear need to break down barriers to care and promote acceptance at the local level to help save young LGBTQ lives.

89% of LGBTQ youth reported that seeing LGBTQ representation in TV/movies made them feel good about being LGBTQ.

LGBTQ youth also reported feeling good about being LGBTQ when...

- **79%** musicians come out as LGBTQ
- **74%** other celebrities come out as LGBTQ
- **71%** non-LGBTQ celebrities advocate for LGBTQ people
- **70%** companies are led by LGBTQ people
- **67%** athletes come out as LGBTQ

The fact that very simple things — like support from family and friends, seeing LGBTQ representation in media, and having your gender expression and pronouns respected — can have such a positive impact on the mental health of an LGBTQ young person is inspiring, and it should command more attention in conversations around suicide prevention and public debates around LGBTQ inclusion.

Although LGBTQ youth reported many serious challenges, they also described hundreds of ways in which they find joy and strength in their lives. From their favorite content and activities to seeing representation and allyship, the wide range of **responses** emphasizes that we can all help create safe, supportive environments where LGBTQ youth can feel happy and express themselves.

The Self-Care Guide can be found [here](#).

The Trevor Project is the world's largest suicide prevention and mental health organization for lesbian, gay, bisexual, trans-gender, queer, & questioning (LGBTQ) young people.

For over 20 years, we have worked to save young lives by providing support through our free and confidential crisis services programs, including TrevorLifeline, TrevorChat, and TrevorText. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative advocacy, research, and education programs across the country.

Follow Us:

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Instagram [@TrevorProject](#)

Crisis services
Research
Peer support
Advocacy
Education and Public Awareness

Excerpts from

2021 Trends In Behavioral Health: A Reference Guide

... <https://psychu.org/guide-third-edition>

PsychU is supported by **Otsuka** Pharmaceutical

The pandemic has rapidly accelerated the trends that were already happening, such as the implementation of telehealth, use of digital health tools like wearables and artificial intelligence (AI) and treatment moving from long term care and hospitals to the home.

In addition, the pandemic has put higher demands in terms of access to mental health and substance treatment systems as additional individuals now need care due to depression, anxiety and substance use disorders caused by illness, job loss, bereavement and isolation.

The impacts have aggravated a growing problem of limited access to behavioral health care and have the potential to worsen as the recovery from COVID-19 lingers. The expectation is that many more individuals will seek mental health and substance use disorder

treatment as the pandemic's impact will be felt by an increased demand brought on by a societal opening for individuals. A larger story revealed in the data is that **43% of working age adults** are considered **"under-insured"**. The number of people who are under-insured has grown steadily since 2010 due to changes in employer-sponsored health plans. Under-insurance can lead to problems with medical debt. Among adults who reported any medical bill or debt problem, 37% said they exhausted all their savings to pay their bills, 40% reported receiving a lower credit rating because of medical debt, and 26% said medical bills left them unable to pay for basic necessities such as rent, food, heat, or water.

A huge challenge for behavioral health initiatives going forward will be having the proper workforce trained and in position to help treat additional individuals diagnosed with mental health issues. SAMHSA reports **the U.S. needs about 4.5 million additional behavioral health professionals** to provide care for the current population with mental illness and substance abuse issues.

The current behavioral health professional workforce is about 700,000 Individuals. The estimated need for that workforce is 5.17 million more professionals, a **staggering shortage of 87%**.

In terms of severity, the professions with the greatest proportion of workforce shortage were peer support specialists and addiction psychiatrists, with shortages of 98% and 97%, respectively.

Of the roughly 30,000 board-certified psychiatrists in the U.S., nearly 60% are age 55 or older. The number of new psychiatrists entering practice has not kept up with population growth and demand. There are also geographic discrepancies:

- 8.7% of the population lives in rural areas;
- Only 1.6% of psychiatrists practice in rural areas.
- It is estimated 60% of all counties in the U.S. have even one practicing psychiatrist.

As of 2021, there are no more standalone companies focused solely on managing behavioral health benefits. In 2002, there were more than 800 organizations offering managed behavioral health and employee assistance programs.

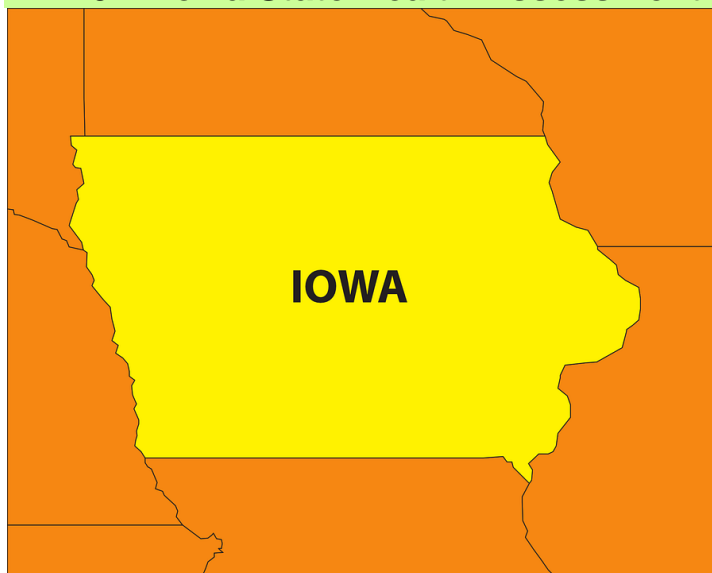
Social determinants of health (SDOH) are the conditions into which people are born, grow, live, study, work and age that shape a person's overall health.

Researchers are realizing that addressing health symptoms is not enough to create a healthy person. Rather, all these factors must be addressed when hoping to improve someone's whole health.

COVID-19 has brought to the forefront some key health disparities. There are many factors that contribute to these disparities:

- People of color are more likely to be un-insured.
- Minorities are more likely to work in service roles that expose them to more people every day.
- The ability to participate virtually in work, school, and health care is also not evenly distributed.
- Lower-income groups of parents are 36% more likely for their kids to be unable to complete schoolwork because they have no computer at home.
- Another 40% of lower income parents say their children must use public Wi-Fi to finish schoolwork due to lack of reliable internet connection at home.
- Additionally, Medicare beneficiaries without digital access are more likely to be 85 or older, widowed, have a high school education or less, be Black or Hispanic, have a disability and/or be covered by Medicaid.

2022 Iowa State Health Assessment



Iowa's 2020 population: 3,190,369

- 91% speak English as their primary language
- 120,019 people in Iowa with Hearing Difficulty
- 136,523 people in Iowa with Cognitive Difficulty
- 163,556 people in Iowa with Ambulatory Difficulty
- 119,407 people in Iowa with Independent Living Difficulty
- More than 87,000 adults identify as LGBTQ

9,079	American Indian and Alaska Native alone
75,017	Asian alone
129,321	Black or African American alone
215,986	Hispanic or Latino
5605	Native Hawaiian and Other Pacific Islander along
8487	Some other race alone
108,673	Two or more races
2,638,201	White alone

Iowa's population is **urbanizing, aging** and becoming more **diverse**.

10 counties make up **over half** of Iowa's population

1. Black Hawk
2. Dallas
3. Dubuque
4. Johnson
5. Linn
6. Polk
7. Pottawattamie
8. Scott
9. Story
10. Woodbury

Average age of an Iowan – 38.7 years

Age Group	% people of color	% white, not Hispanic or Latino
Baby Boomers and before (age 58+)	5%	95%
Gen-X (ages 42-57)	13%	87%
Gen Y (Millennials) (ages 26-41)	19%	81%
Gen Z & Alpha (ages 0-25)	23%	77%

Deaths

Almost half of all deaths were aged 80+		Total deaths
1	Heart disease	7499
2	Cancer	6304
3	Covid-19	4336
4	Chronic lower respiratory diseases	1704
5	Unintentional injuries	1647
6	Alzheimer's disease	1467
7	Cerebrovascular diseases	1408
8	Diabetes	1047
9	Suicide	552
10	Influenza and pneumonia	538



Iowa's Graduation Rates

Overall	90%
Female	92%
Male	88%
Asian	93%
Black/African American	78%
Hawaiian/Pacific Islander	64%
Hispanic	81%
Multi-racial	86%
Native American	77%
White	93%
English Learners (EL)	76%
Low Socio-Economic Status (FRL)	82%
Students with Disabilities (IEP)	74%

Adverse Childhood Experiences

Iowa had some of the lowest percentages of parent reported engagement in school.

Number of Aces	Percentage not always or not usually engaged in school (rank in US)
Zero	15.8% (#49)
One	19.1% (#31)
Two or more	38% (#45)

Health Insurance – 5% of people in Iowa were not covered by any health insurance.

2022 Providers

Iowa had 4,867 primary care physicians

In 2018, Iowa had about 1,357 people living in the state for every primary care physician

Iowa ranks in the bottom 10% of the country for the number of obstetricians, gynecologists and midwives per 100,000 females ages 15 and older.

Dentists – in 2018, Iowa had about 1,452 people living in the state for every dentist

Income and Living Wage

Iowa Minimum Wage **\$7.25/hour**

Iowa Living Wage

\$13.62/hour (1 adult, no children)

\$47.96/hour (1 adult, 3 children)

Who earns at least \$15 per hour in Iowa?

White **76%**

People of color **55%**

Women in Iowa from all race/ethnicity groups also were less likely than men to earn \$15 an hour

Poverty

In Iowa, women, people of color, people with disabilities, and people with a high school degree or less have rates of poverty higher than the state average.

Poverty (all ages)	Iowa %	U.S. %
Overall	11.7	13.5
Female	12.9	14.7
American Indian and Alaska Native, non-Hispanic	27.7	25.7
Asian/Pacific Islander, non-Hispanic	16.2	11.1
Black or African-American, non-Hispanic	32.7	23
Hispanic or Latino origin (of any race)	21	19.8
Two or more races or other single race, non-Hispanic	18.3	16.3
With any disability	18.9	20.5
Less than high school graduate	25.7	30.7
High school graduate (includes equivalency)	13.9	16.9

Homeownership

Overall, Iowa has one of the highest percentages in the nation of people who own their own home.

People of color have lower homeownership rates

Women have lower homeownership rates than man.

Housing Stability

39.5% of renters and 16.1% of homeowners spend more than 30% of their income on housing costs.

Homelessness

In Iowa, there are 2,647 people experiencing homelessness on any given day.

Black people in Iowa are 3X less likely to own a home than non-Hispanic white people are.

Severe Housing Problems

Iowa has the highest radon concentration levels in U.S. with 71.6% of homes above the US EPA action level.

Access and providers

In 2020, the ratio of population to mental health providers for the state was 610:1 compared to the national average of 270:1

Frequent mental distress (14+ mentally unhealthy days)

People with the lowest incomes were 2.5 times more likely and people with disabilities were 1.5 – more than 2.5 times more likely than the state average to experience frequent mental distress

Depression

While people of color reported lower rates than the state, given the higher rates of frequent mental distress reported by people of color, this may reflect less access to mental health services to be diagnosed rather than less depression.

Suicide

Iowa lost 552 people to suicide in 2020.

More than 4 out of 5 were male (452)

77 were under age 25

17 were under age 18

High School Students, YRBS 2019

Population	Considered	Planned	Attempted	Injured
Total %	20	14.9	9.7	4.5
Female %	26.5	19.4	11.7	5.1
Male %	13.4	10.5	7.7	3.9
Heterosexual %	15.3	11.2	7.3	3.6
Gay or lesbian %	45.9	31.1	29.4	16.4
Bisexual %	48.7	40.9	19.7	7.9
Gay, lesbian or bisexual %	47.9	38.3	22.2	10.1
Not sure %	35.6	29	16.3	9

Food Access

89 out of 99 counties have areas identified as low food access

More than 25% of Black & Hispanic families struggle to afford food, compared to only 10% of white families

Substance Abuse

People with substance use disorder

Iowa has the highest rate in US for ages 18-25.

Alcohol and Binge Drinking

Alcohol is the most commonly misused drug in Iowa

Adults: 22.8% (2nd highest nationally)

Substance Use Disorder Estimates by Age

Age Group	Iowa Percent	US Percent
12-17	6.52%	6.34%
18-25	33.27%	24.39%
26+	12.76%	13.97%

Drug Use

Illicit drug use in the last month:

Ages 12-17: 7.97%

Ages 18+: 10.68%

Illicit Drug Use in Last Month Estimates by Age

Age Group	Iowa Percent	US Percent
12-17	7.97%	7.71%
18+	10.68%	13.79%

Cancer burden – 2 in 5 Iowans will be diagnosed with cancer in their lifetimes

4 most common types of cancers in Iowa

Female breast cancer

Male prostate cancer

Lung & bronchus cancer

Colorectal cancer

Cancer deaths

Iowa's overall cancer death rate: 147.8; U.S. average: 144.1

Death rate for Black (not Hispanic or Latino) people: 197.5

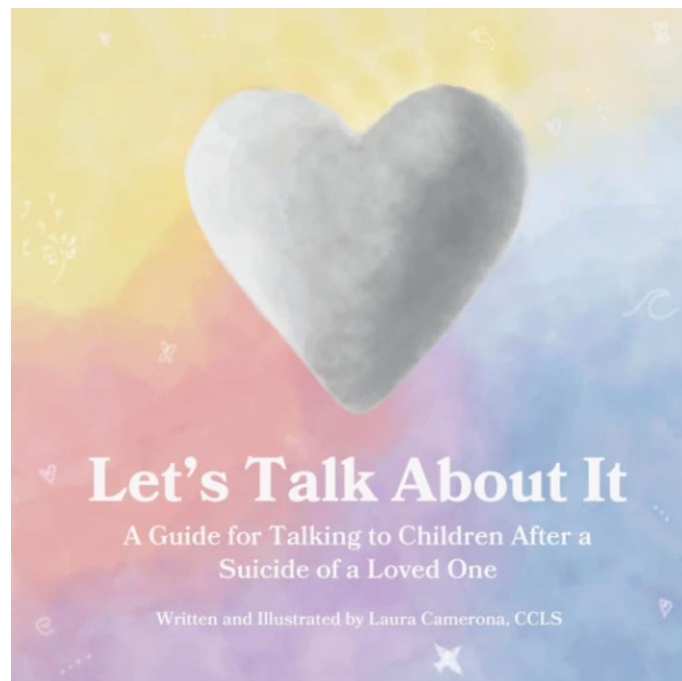
U.S. average: 169.0

IT'S OK TO TALK WITH SOMEONE.

Your community is here for you. brainhealth-now.org



NOW ANNOUNCING.....



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

Unsure of what words to use with a child who has lost someone to suicide?

Nervous about the questions kids will ask?

This book was written as a guide for caregivers to read with children who have lost someone to suicide. By sharing this book together, families are better prepared for further conversations.

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

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

Words Worth Repeating



mindspring
MENTAL HEALTH ALLIANCE

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

Paperback – Large Print, May 5, 2022

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

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

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

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

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

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

Available for purchase through Amazon Prime \$11

Incarcerated Women and Girls

The Sentencing Project



Research on female incarceration is critical to understanding the full consequences of mass incarceration and to unraveling the policies and practices that lead to their criminalization. The number of incarcerated women was nearly five times higher in 2020 than in 1980, according to a data analysis released today by The Sentencing Project.

[Incarcerated Women and Girls](#) examines female incarceration trends and finds areas of both concern and hope. While the imprisonment rate for African American women was nearly twice that of white women in 2020, this disparity represents a sharp decline from 2000 when Black women were six times as likely to be imprisoned. Since then Black women's imprisonment rate has decreased by 68% while white women's rate has increased by 12%.

Similar to adults, girls of color are more likely to be incarcerated than white girls. Tribal girls are more than four times as likely, and African American girls are more than three times as likely as white girls to be incarcerated.

[Click here to read the fact sheet.](#)

Ashley Judd discloses mother Naomi's manner of death in TV interview

Washington Post



Actress Ashley Judd made a tearful appearance on "Good Morning America", where she disclosed that her mother Naomi died by suicide.

The Grammy-winning country music star, who soared to the top of the charts in the late 1980s and early 1990s with her daughter Wynonna as half of the Judds, died near Nashville on April 30. She was 76.

At the time, her daughters released a statement saying, "We lost our beautiful mother to the disease of mental illness" but did not note the cause or manner of death.

Judd told Diane Sawyer on Thursday that it was "obviously way too soon" to be speaking about Naomi but that her father and sister "deputized" her to "speak on behalf of the family" before details of her mother's death emerged in the tabloids and media "without our control." "That's really the impetus for this timing," she said, later adding, "We don't want it to be part of the gossip economy."

"When we're talking about mental illness, it's very important to be clear and make the distinction between our loved one and the disease. It's very real. It lies. It's savage. Our mother couldn't hang on until she was inducted into the Hall of Fame by her peers. I mean, that is the level of catastrophe of what was going on inside of her," Judd said. "The regard in which they held her couldn't penetrate into her heart, and the lie the disease told her was so convincing." She described that "lie" as, "You're not enough. You're not worthy."

Naomi Judd was [inducted into the Country Music Hall of Fame](#) on May 1 as part of the Judds. "My mama loved you so much, and she appreciated your love for her, and I'm sorry that she couldn't hang on until today," Ashley [said from the stage](#). "Your esteem for her and your regard for her really penetrated her heart, and it was your affection for her that did keep her going in these last years."

On "Good Morning America," she said that Naomi "suffered from mental illness. She had a lot of trouble getting off the sofa." But she lit up when describing her mother's trips into town to the Cheesecake Factory "where all the staff knew and loved her ... and she always had \$100 bills stuffed in her bra, and she was passing them out to the janitorial staff. Just an unfailingly kind, sensitive woman."

Judd told Sawyer that her mother died by self-inflicted gunshot wound and said that she hoped sharing details of Naomi's death would help raise awareness for those who know people that might be suffering.

"I really accepted the love my mother was capable of giving me. I knew she was fragile, so when I walked around the back of their house and came in the kitchen door, and she said, 'There's my darling. There's my baby,' and she lit up, I savored those moments. And every time we hugged and she drank me in, I was very present for those tactile experiences. Because I knew there would come a time when she would be gone."

Ashley also read a letter written by Wynonna. "I need to take some time to process and I need this time to myself. I'm not ready yet to speak publicly about what happened so I know you understand why I'm not there today," it read, in part. "We will do this piece differently, and I'm grateful we're connected as we walk together through this storm. I just can't believe she's gone. I'm here. This will take time. I love you, dear sister; I'm proud of you and I'm here whenever you need me."

Q&A: He's studied mental illness for 50 years. Here are all the things we're doing wrong

L.A. Times



The history of mental illness — and its treatment — is not for the faint of heart.

From ice-water plunges to the early days of electroshock therapy, from lobotomies (honored with a Nobel Prize in 1949) to Thorazine catatonia, its treatments belong to the pages of a dark dystopian novel. Often targeting the poor, the indigent, the most vulnerable, the attempted cures were

cruel, unethical and often racist.

Yet the history demands to be understood.

The author of numerous books that delve into human psychoses and their treatments, Andrew Scull graduated from Oxford University in 1969 and arrived in America not long after the Community Mental Health Act of 1963 began to shutter hundreds of custodian institutions around the country.

Community health centers and treatment programs were meant to fill in that void by providing education and job training for the intellectually disabled. Yet today's crises in homelessness and mental health make clear that these goals were either never achieved or simply abandoned.

Scull's work was initially driven by one simple question: "Why did society imagine that institutionalizing people was so important, and why was so much capital — intellectual and financial — devoted to this end?"

The search for an answer made Scull, a professor of sociology and science studies at UC San Diego, a singular authority on more than 200 years of the medical profession's tangled relationship with mental illness. In delineating this history — from asylums to psychopharmacology — he considers the challenge that individuals with mental illness pose for the health of a modern society.

Yet he knows how solutions are elusive and still far out of reach.

"What impresses me most," he said, "is how recalcitrant mental illness is, how difficult it is to comprehend, how hard it is to come up with effective treatments and ultimately, how it is best to be honest about what we don't know, so we can pursue a more eclectic approach to treating it and not be certain we know the right answer."

In his latest book, *"Desperate Remedies: Psychiatry's Turbulent Quest to Cure Mental Illness,"* out this month, Scull is especially critical of the last 20 years when research narrowed its focus onto possible biological factors for mental illness. The lack of concern with the social and psychological dimensions of mental disturbance, he argues, has precipitated inequities in treatment and led to the consignment of the mentally ill to the streets and jails of this country.

The interview with Scull has been edited for length and clarity.

Over the last 20 years, the plight of the mentally ill has become most conspicuous among those who are living on our streets. Is it time to declare that the community-based treatment model is a failure? What do you believe are the first steps we need to take in order to begin remedying the tragedy we see just outside our doorstep?

We need look no further than our jails and the gutters of our streets to view what the failures of contemporary mental health policy have wrought. The emptying out of asylums without any serious consideration of what was to replace them has contributed to problems of the homeless and the sidewalk psychotic that are now part of the fabric of our cities.

We ought to recoil from arrangements that condemn helpless and suffering human beings to homelessness and prison and stop pretending that chemistry is the sole and singular way forward. Those afflicted with serious forms of mental illness have been cast into the wilderness — a brutal and often fatal outcome for many with few resources of their own. These are people who lack the capacity to function in an environment where they are seen as a drain on the public purse. Chronically dependent on the not-so-tender mercies of a shrinking welfare state, they are doubly stigmatized: for their illness; and because they show few signs of reform or recovery.

If matters are to improve, we need to develop a multifaceted approach to understanding and dealing with the problems posed by serious mental illness. This requires a major commitment to housing, supporting and sheltering people who are incapable, for the most part, of providing for themselves. It means serious engagement with research about the best ways to provide these services. Families often find these burdens impossible to bear, and in other cases, patients flee their families. In either case, the alternatives are grim.

"Stop pretending that chemistry is the sole and singular way forward." This is at the heart of your critique of Thomas Insel, who directed the National Institute of Mental Illness from 2002 to 2015. Can you explain your argument? And what approach would you recommend its current director, Joshua Gordon, take?

Thomas Insel is busy [promoting his new book](#), which carries the odd title of *"Healing: Our Path from Mental Illness to Mental Health."* It is a curious endeavor, given that his 13 years in charge of the nation's mental health research produced such uniformly dismal results. That's not my opinion. It's his.

When Insel stepped down as director of NIMH in 2015 he gave [an interview about his accomplishments](#), after spending by his estimate \$20 billion. "I spent 13 years at NIMH really pushing on the neuroscience and genetics of mental disorders, and when I look back on that ... I don't think we moved the needle in reducing suicide, reducing hospitalizations, improving recovery for the tens of millions of people who have mental illness."

Actually, the situation is even worse than this implies. People with serious mental illness live, on average, 15 to 25 years less than the rest of us, and that gap seems to be widening, not narrowing. While genetics and neuroscience have flourished within the confines of universities, their therapeutic payoff has been minimal or nonexistent.

I'm a sociologist, so you may think I'm biased. Perhaps I am, but in my judgment, Insel's fixation on biology and biology alone has been a profound error. It threatens to undermine the prospects for progress in the mental health arena.

Unfortunately, it is the same approach that seems to dominate the thinking and priorities of his successor at NIMH, Joshua Gordon. Gordon is a neuroscientist whose own work, focused on neural activity in mice, and his appointment indicates that the federal research enterprise will double down on neuroscience and genetics.

That's a lot of time and money with little to show for it. Surely other voices are calling for a new approach.

Increasing numbers of psychiatrists, particularly those now entering the profession, are beginning to voice their discontent and dismay with the direction the profession has taken over the last four decades. That may prove a more potent source of pressure to change current priorities. But within academic psychiatry, as opposed to clinicians who work in the trenches, change is likely to prove harder to come by.

Careers in academic medicine are built on grant moneys and publications, and those have dried up for psychosocial research. It would take a brave psychiatrist to push against the status quo when the money and prestige that medical school administrators crave and rewards continue to flow toward scientists trying to find a biological link to the

disease. Perhaps we shall at some point see the breakthroughs these folks have been promising us for years. Or perhaps these are once more soon-to-be dishonored promissory notes.

Your book, “Desperate Remedies,” focuses on the psychiatric profession, but we all bear responsibility. Despite the prevalence of mental illness, it still lies in the shadows, marginalized and stigmatized. What are we so afraid of? Why is it so difficult to acknowledge and so easy to ignore?

Mental illness haunts us, frightens us, and fascinates us. Its depredations are the source of immense suffering and not just for the mental patient. The havoc caused by depression, mania, and schizophrenia extends its tentacles to the family of the sufferer, and usually to the community at large.

Mental illness challenges our assumption that we share a common-sense universe. It injects uncertainty and often menace into our lives. It threatens on both a symbolic and a practical level the fabric of the social order. It is incomprehensible, and deeply disturbing, and we tend to respond by avoiding and stigmatizing those who suffer from it.

That stigma adds to the pain of those experiencing mental disturbances, often renders family members silent, and even extends its reach to those who claim to treat it. Psychiatrists are among the least respected medical professionals, and shrinks are a routine target of jokes about their competence and even their own mental stability.

These attitudes are deep-seated and hard to erase. The problems they create are exacerbated by how pernicious mental illness is. The needs of people with mental illness are great, but in the competition for public resources, they are poor advocates for themselves, and the plight of their families generates only token sympathy from many. In the competition for resources, they are heavily handicapped, and in hard times, mental health budgets are routinely targeted for cuts.

Research, searching for the cause of mental illness, is often divided by the nature-versus-nurture debate: Either we are born with a predisposition for the disease, or is it acquired in the course of private trauma. You recommend that we abandon these lines of inquiry. Why?

I'm convinced that madness cannot be divorced from the cultural, social, and psychological matrix within which human beings exist. To deny that social and psychological factors play a major role in the genesis and course of mental illness is to blind ourselves to a mountain of evidence, epidemiological and otherwise, that teaches us that the environment powerfully matters.

Treating the biological and the social as separate entities is profoundly misguided. To an extent unparalleled in any other part of the animal kingdom, humans' brains continue to develop post-natally in ways heavily conditioned by the environment. Culture and society, on both a grand and a microscopic scale, interact powerfully with our lifestyle choices and our biology, and the physical structure and functioning of our brains are shaped by psychosocial and other sensory inputs. Human neuroplasticity extends far beyond childhood.

To think of the brain as an asocial or pre-social organ is thus deeply mistaken. So too is the crude parallel notion that mental illness — the breakdown of our cognitive and emotional life — is just brain disease. That said, I would be astonished if it turns out that biology has no role to play in the origins of many major forms of mental illness. To dismiss any role for biological factors is to don a different set of blinkers. One self-imposed blindness is as bad as the other.

The treatment of mental illness has often been worse than the disease. Is this the case of best intentions going tragically awry? Why do you suppose psychiatry's attempts to cure mental illness have been so lacking in humanity?

Mental illness has forced psychiatry to wrestle with profoundly difficult matters. As my history shows, the intractable nature of the disease and

the desperation of the afflicted has often proved a toxic combination, an invitation to therapeutic experimentation and excess.

It is true many treatments added to the suffering of the mentally ill. Compulsory sterilization; removal of teeth, tonsils and internal organs to eliminate the infections that were allegedly poisoning their brains; inducing life-threatening comas with injections of insulin; subjecting them to multiple episodes of electroshock treatments day after day till they were dazed, incontinent, and unable to walk or feed themselves; damaging the frontal lobes of the brain, either with an instrument resembling a butter-knife or by using a hammer to insert an icepick through the eye socket and sever brain tissue: these were unambiguously, horrendous interventions.

The antipsychotics and antidepressants that have come to dominate psychiatric practice since the mid-1950s are a more complex matter. These drugs are no psychiatric penicillin. For some sufferers, they provide a measure of symptomatic relief — and we need to acknowledge that — but at the same time we should be clear-eyed and not exaggerate their value.

While we do not have cures for diabetes or AIDS, we have managed to turn those afflictions into manageable diseases, but our pharmaceutical treatments for mental illness are nowhere near this effective. Meanwhile, the big drug companies, having made a fortune from antipsychotic drugs, and ruthlessly marketing them while concealing their drawbacks, have abandoned any attempt to develop new and improved chemical remedies. Prospects on this front, I regret to say, seem dismal at present.

After nearly 50 years studying mental illness and following these trends, what hope can you offer us?

Hope, in my opinion, is not yet in sight. Before we get there, we need to take a few steps.

First, I think psychiatry has to be more honest about its limitations and not treat biology as the primary cause and recognize the social dimension of mental illness. It needs to stop chasing magic bullets.

Second, states and the federal government must recommit to providing the services that mental hospitals once offered: shelter, food, clothing and some semblance of social support. We need our political system to act appropriately rather than have politicians wash their hands of the situation.

Third, we have to rethink mental illness and accord a high priority not just to those with mental illness, but those who are incapable of providing for themselves. The depth of pain and suffering they experience is almost unimaginable, and we should be making serious efforts alleviating problems for them and the families.

Finally, we need to be cautious and properly skeptical when we hear of the latest claims of major breakthroughs in this field. There have been far too many false dawns. Madness refuses to bend itself to the rule of reason. It is nonetheless a riddle we must continue to strive to solve. The misery and suffering mental illness brings in its wake demand nothing less of us.

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Metallica frontman opens up about mental health struggles, cries onstage in Brazil

San Francisco Chronicle

Metallica frontman **James Hetfield** choked up during the band's show in Brazil last week, as he openly talked to fans about his anxieties about performing live.

"I've got to tell you, I wasn't feeling very good before I came out here. Feeling a little bit insecure, like, 'I'm an old guy, can't play anymore' — all this bulls— that I tell myself in my head," the 58-year-old singer and guitarist told the crowd at the Estádio do Mineirão in Belo Horizonte, Brazil, on Thursday, May 12. "So I talked to these guys, and they helped me — as simple as that. They gave me a hug and said, 'Hey, if you're struggling onstage, we've got your back. And I tell you, it means the world to me."



Hetfield's speech, which came just before Metallica played its classic song "Sad But True," inspired the other band members — drummer **Lars Ulrich**, guitarist Kirk Hammett and bassist Robert Trujillo — to walk over and join him in an impromptu group hug.

"And seeing you out there, I am not alone," Hetfield added,

pointing to the tears in his eyes. "I am not alone, and neither are you."

The candid moment comes before Metallica heads back home to headline the first night of this year's **BottleRock Napa Valley** music festival,

In 2019, Hetfield entered rehab, forcing the band to cancel its "World-Wired" tour dates in Australia and New Zealand. At the time, his bandmates posted a joint statement on Metallica's [website](#), saying, "As most of you probably know, our brother James has been struggling with addiction on and off for many years. He has now, unfortunately, had to re-enter a treatment program to work on his recovery again."

Hetfield first entered rehab in 2001 because of his struggles with alcohol abuse "and other addictions," according to a statement posted on Metallica's website that year.

During their 1980s heyday, the metal titans were often referred to as Alcoholica. The singer and guitarist's brief departure from the band was documented in the warts-and-all 2004 film "Some Kind of Monster." Hetfield traced many of his issues back to his childhood.

"I came out (of rehab), and I was scared to go back into that environment," Hetfield told [The Chronicle](#) in 2003, around the release of the band's comeback album "St. Anger." "All that enabling, all the temptations. I had to introduce myself to the band and tell them what I needed to survive. And they listened."

RESEARCH WEEKLY: Erasing Racial Disparities in Early Psychosis Family Psychoeducation



Black families with a family member who has schizophrenia seek family psychoeducation at a lower rate compared to white families, according to a study published in March in *Psychiatric Services*. Despite the fact that, on average, Black families have more contact with clinicians,

fewer Black individuals seek out family psychoeducation and other essential aspects of the treatment process. The authors conclude that this could be, in part, due to historic mistrust of medical institutions.

This mistrust leads many Black families to face additional struggles when trying to help their family members with schizophrenia. Families who attend family psychoeducation have a "better understanding of the

diagnosis, improved stress management skills, decreased family burden of navigating the mental health care system and decreased depression and anxiety" according to the authors. Unfortunately, some Black families are not reaping these benefits. The authors argue that it is the responsibility of mental health institutions and the health care providers working for them, including physicians and other psychiatrists, to heal the trauma and rebuild trust with the Black community.

Systematic mistrust

The article describes the mistrust of medical institutions that is rooted deeply inside the Black community as a result of generations of discrimination and trauma. This mistrust can be especially strong toward mental health institutions as Black people have historically been over diagnosed to discredit their authority when pushing for change. During the Civil Rights movement, opponents associated leaders of the movement with schizophrenia to explain their suspicions, hostility and paranoia. Additionally, Black people have been the unknowing victims of medical experimentation, like the [Tuskegee experiment](#) in the 1900s.

Even today, Black families often feel unheard and ignored in medical settings, leading to further mistrust. The authors cite a study of more than 1,000 Black adults, which found that 75% of participants believe that racial discrimination interferes with their ability to get good health care for members of their community. Some clinicians and doctors do not acknowledge the systematic racism that they may be unknowingly playing a part in. This denial of the struggles of Black people with schizophrenia can break the confidence of families who have already taken a big step in trusting the mental health system by participating in programs such as family psychoeducation.

An endless cycle

The mistrust detailed above creates a cycle that can lead to worse illness outcomes for Black people with schizophrenia. The authors note that Black people are at an increased risk of developing psychosis, in part due to high amounts of chronic stress and trauma as a result of systemic racism. Stress is one of the contributing factors to schizophrenia and chronic stress can severely worsen illness symptoms. Higher rates of schizophrenia and lower rates of seeking help can lead to worsened outcomes for Black individuals with schizophrenia and their family members, as untreated schizophrenia also leads to more severe symptoms and a lower chance of recovery. Improving family psychoeducation and transforming it into a safe place for Black families may help break this endless cycle.

Solutions to build trust

The article outlines three main ways to combat the mistrust in the mental health system so that more Black families become active participants in the treatment of schizophrenia. The article suggests employing more people of color in the mental health care workforce. Only 10.4% of the current workforce is from a minority background. Having representation within the mental health workforce can increase comfort and understanding between patient and doctor, allowing for more trust to be built.

Additionally, the authors highlight the need to decrease stigma around serious mental illness in Black communities. Stigma develops because mental illness is often seen as a weakness and Black communities in particular may place an emphasis on strength to push past the racism and discrimination they face. The authors suggest addressing stigma in psychoeducation sessions and developing strategies to decrease it. Lastly, the authors propose encouraging mental health care providers to build relationships with leaders in Black communities such as business owners and church leaders. Community leaders already have a level of trust with their constituents and can help influence public opinion on mental health practices and stigma. The authors suggest that these steps can help build trust between Black families and mental health institutions, allowing for more access to family psychoeducation, and decreasing the dangerous stigma surrounding serious mental illness.

References

Gibbs, Jada S., et al. (March 2022). "[Dismantling Racial Inequities in Early Psychosis Family Psychoeducation.](#)" *Psychiatric Services*.

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Jan, Mar, May, July, Sept., Nov

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4:30 to 6 PM

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