

Recovery in Iowa

Newsletter of the Iowa Advocates for Mental Health Recovery



When is a Fishing Pole Not a Fishing Pole?

A Person in Recovery explores Mental Health System Redesign

Mental health system redesign continues! Not everyone finds the long, somewhat political process of system redesign interesting, but then, many people do not understand the art behind buying a proper fishing pole. A serious fisherman can spend hours--sometimes days--searching for the proper gear. A collection of equipment, over the years, goes through many tests and transitions as they experiment with what works under different conditions. Rods, reels, lines, bait...The waiting, the snags, the stripped bait and snapped lines. A fisherman understand this is part of the game, and the rush of landing a fish suitable for either eating or mounting justifies any frustration experienced up until that moment. What does mental health system redesign have to do with fishing? Please read on and allow me to explain...

I recently attended some meetings of the adult mental health redesign work groups, as well as the public forum in Waterloo. The work groups consist of an incredibly passionate and compassionate team of people from around the state; they meet for the common goal of creating a better system for people in recovery. They recognize we have a long way to go...In 2006, NAMI's (National Alliance on Mental Illness) "Grade the States" report gave Iowa's Mental Health System a F; in 2009 we received a D.

As I write this article, one work group meeting remains; one more intense discussion about topics such as "core services" and "eligibility." Legislators participate in this work group because they want to know what services should look like.



When these sessions started, the work groups had no members with lived experience of mental illness recovery--this despite a variety of peers who submitted letters of interest. Director Palmer remains steadfast that this movement exists for the consumers, so why were we excluded from the beginning? After a few sessions, one peer was appointed to one of the work groups. The Iowa Advocates believe at least two or three persons with lived experience should be among the dozen or so people on each of the 7 work groups.

At the meeting on the 4th of October, the work group mentioned Peer Support as a core service, but the bulk of the meeting centered on funding. Specifically, the discussion focused on the policy of the "money following the person." Personally, I love this policy. "Money follows the person" calculates the amount of funding a person will need and then expects the person to use that funding in whatever reasonable ways further their recovery (like Access to Recovery). Some of the work group members immediately expressed concern about consumers using money for frivolous purchases, such as fishing poles. Dr. Flaum attempted to counter, saying that if the fishing pole keeps someone out of the hospital, then how could this be called "unnecessary?" His comment seemed to be ignored, and the debate continued for quite some time about how easy it would be for people to abuse the money granted to them.

The implication of this discussion boiled down to one belief: if consumers are given choice, they could not be trusted to choose wisely. Perhaps this is the underlying belief that prevented us from being invited to the table for the Mental Health Redesign process. Imagine if the civil rights movement for racial equality neglected to include Afro-Americans because the government believed they didn't know what was in their best interests! The recovery movement--the peer movement--is a

civil rights movement! Where is the powerful voice of Dr. King? The courage of Harriet Tubman? The quiet disobedience of Rosa Parks, the black woman who sparked the civil rights movement in 1955 by refusing to give up her seat to a white passenger.

I will not be content to simply be allowed on the bus. We still have to board in the back; we still are not allowed to sit! I want the people in recovery to drive the bus and fill many of the seats because our lives are at stake.

At the meeting in Waterloo, I mentioned that one of the work groups took place the day before my twenty-seventh birthday, and that I was having a midlife crisis. The room erupted in laughter at the absurdity of this, just as the attendees of the Mental Health Conference laughed

today. (Although I am 27, I regularly get mistaken for a teenager.) The laughter stopped abruptly when I informed the group that my crisis is very real. Statistically, I will be dead at the age of fifty-four because I have a diagnosis of schizoaffective disorder. My life is half over. We are dying, on average, twenty-five years earlier than the general population. I have a friend who is forty-two who will outlive me unless something changes, because I have a mental illness and she does not. This phenomena is relatively new--in the 1990's, people with mental illnesses only died ten years earlier than the general population. Our life expectancy should be getting longer, not declining.

I believe it absurd that I truly am middle-aged because of this system... This broken system. Our lives are the ones being affected, and yet some people are concerned that if consumers

guide the process, somehow it would go horribly wrong. If we drive the bus, it might crash or end up in the wrong place.

This redesign won't succeed without our voices, without our active participation. Recovery means the people with lived experience drive the bus. With recovery comes personal responsibility...I have the choice of route and destination, but I also need to make sure that I have my license and insurance, that I don't run out of gas, and that I practice safe driving. I might not go where I originally meant to or take the preferred route, but whenever I get there, I'll be sure to go fishing.

Submitted by Jessica Perry a Peer Support Specialist from Dubuque.

Additional Redesign Information

A preliminary recommendations report will be published on October 31st with help from consultants from the Technical Assistance Collaborative. Additional feedback will be gathered in the first half of November from an additional meeting of each workgroup, a public survey and the Mental Health and Disabilities Services Study Committee (see below). On December 9th the revised recommends report will be published. This report will provide a big picture view of the proposed redesign. Specific recommendation and programs will be determined by the State Legislature during the 2012 session starting on January 9th.

A Mental Health and Disabilities Services Study Committee composed of 12 Legislators will begin work on the specific recommendations. This committee is comprised of equal numbers of legislators from each chamber and both parties:

Senate:

Jack Hatch (D, District 33), Co-Chair

Joe Bolkcom (D, District 39)

Joni Ernst (R, District 48)

David Johnson (R, District 3)

Amanda Ragan (D, District 7)

Pat Ward (R, District 30)

House:

Renee Schulte (R, District 37), Co-Chair

David E. Heaton (R, District 91)

Lisa Heddens (D, District 46)

Linda J. Miller (R, District 82)

Mark D. Smith (D, District 43)

Mary Wolfe (D, District 26)

To get the latest information on the Mental Health and Disabilities Services Study Committee visit <http://www.legis.iowa.gov/Schedules/committee.aspx?CID=541>

To get the latest information on the redesign process visit: <http://dhs.state.ia.us/Partners/MHDSRedesign.html>

E-Mail Your MHD System Redesign Comments to: DHS-MHDSRedesign@dhs.state.ia.us

Redesign Timeline

- 10/24 - 1st Mental Health and Disabilities Services Study Comm. Meeting- 10 am Ola Babcock Miller Bldg, 2nd Floor Des Moines
- 10/25 - Last day of regularly scheduled workgroup meetings
- 10/31 - Preliminary Recommendations Report
- 11/17 - 2nd Mental Health and Disabilities Services Study Comm. Meeting - 8:30 am Ola Babcock Miller Bldg , 2nd Fl Des Moines
- 12/9 - Revised Recommendations Report
- 12/15 - 3rd Mental Health and Disabilities Services Study Comm. Meeting - 10 am Ola Babcock Miller Bldg, 2nd Floor Des Moines
- 1/9/2012 - First day of the 2012 Legislative Session

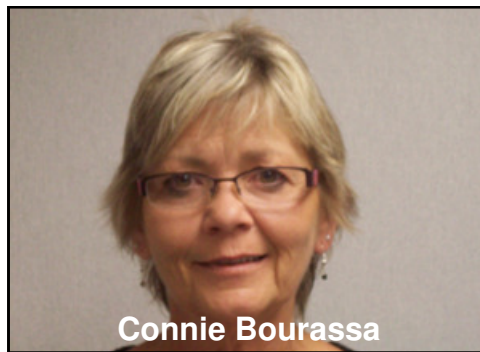
23 Hour Respite Beds in NE Iowa

With more and more locked behavioral health units closing each year, we have seen a significant need to utilize our county resources while still providing citizens of Northeast Iowa the services necessary for quality mental health.

Northeast Iowa Behavioral Health has recently started what is called the “23

Hour Respite Bed” pilot project in three county hospitals: Winneshiek Medical Center in Decorah, Iowa, Veterans Memorial Hospital in Waukon, Iowa, and Central Community Hospital in Elkader, Iowa. This project is part of an overall recovery-based crisis stabilization service system based on the fact that not all people in crisis are in need of civil court committed evaluation services and transportation to a locked behavioral health unit. This service is specifically designed to serve persons who are not an immediate danger to themselves or others. When immediate danger is a concern, people are referred to appropriate emergency services. We believe people in crisis can often best be served by treatment in the local community hospital with additional support, guidance, and direction from peer support recovery staff.

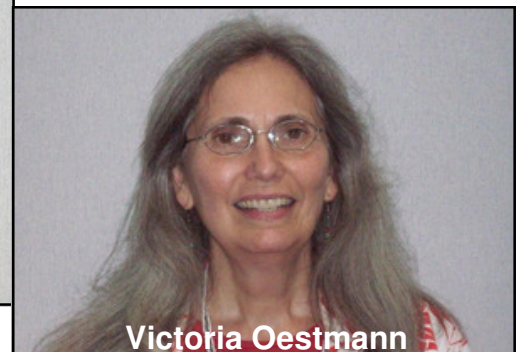
NEIBH Peer Support Specialists



Connie Bourassa



Loula Tesfai



Victoria Oestmann

The call is then fielded by one of our on call counselors and in turn a Peer Support Specialist is dispatched to the hospital to assist and advocate for the patient. The person is then identified as an ER observation patient of the hospital. All services are directed and overseen by the attending physician and hospital medical staff, with psychiatric assessment available to assist in diagnosis and treatment through Tele-Health. The patient remains with a peer supporter advocate in an emergency room observation level of care with a maximum length of stay of 23 hours and not admitted to the hospital as a patient.

Our Peer Support Specialists stay with the patient at all times, with the exception of temporary relief from nursing staff for restroom or meal breaks. The Peer Support Specialists listen to the patients and support the

patient throughout their crisis with the hope of helping the person to feel less alone and helping the person to move forward in a positive direction. Peer Supporters assist each hospital in setting up outpatient next-day services with one of our therapists and they also do at least four follow-up contacts

with each patient. Without the assistance of our Peer Support Specialists this project would not be possible. Our Peer Support Specialists have lived experience with recovery from mental illness and can relate to the patients on a different level than hospital staff. So far, we have received nothing but compliments from emergency department personnel and many of the persons served. As this project progresses we are will be expecting the number of patients we see to increase significantly and hopefully more people will be served close to home with support instead of automatically being sent to a locked inpatient hospital.

Submitted by Tara Talbert of Northeast Iowa Behavioral Health.

Cultivating Emotional Confidence

Emotional maturity is defined as being able to identify our primal emotional responses and knowing how to respond vs react. This developmental learning is often interrupted through family dysfunction, emotional oppression or abuse.

For those of you who have not yet heard my story – I was a user of mental health services beginning in 1992 when I sought help for what I now recognize as a normal response to abuse experiences that left me feeling very powerless over my life and myself. Today I live free of all drugs and share my journey with the hope of inspiring others to believe that they too can learn to see themselves as the creators of their own “best life”.

During my time as a user of mental health services I was taught to identify my feelings and behaviors as symptoms of some diagnosis. I also came to believe that my emotions were something negative and that I had no control over them.

What I have since learned is that by cultivating emotional awareness I could learn to cultivate emotional confidence. Today, I'd like to talk a little bit about learning to live beyond diagnosis and discovering how to cultivate and live in a place of emotional confidence through developing emotional competence. Emotional competence begins with understanding what it means to be “emotionally aware”.

A good place to begin is with an understanding of what emotions are and the purpose they serve. From an article at www.helpguide.org:

Emotions are the glue that gives meaning to life and connects you to other people. They are the foundation of your ability to understand yourself and relate to others.

When you are aware and in control of

your emotions, you can think clearly and creatively; manage stress and challenges; communicate well with others; and display trust, empathy and confidence. But lose control of your emotions, and you'll spin into confusion, isolation and negativity.

This article continues: *Emotional awareness means knowing what you are feeling and why. It's the ability to identify and express what you are feeling from moment to moment and to understand the connection between your*



feeling and your actions.

In a nutshell – emotional awareness is the opposite of what I'd been taught in family dysfunction where we never talked about how we felt. If we did talk about our feelings or emotions, they were often denied or minimized. For me the task became how to stop avoiding my emotions through acting out or shutting down and instead to learn how to connect with and express my emotions in more healthy ways.

Part of that process of becoming aware of my emotions was understanding that the challenges I'd faced were indeed a symptom but they were symptoms of the emotional **UN**awareness in which I'd been living.

These symptoms often showed up in my life as extremes in my emotions. Sometimes I was completely depressed, in a state of dissociation. Other times my behaviors were impulsive and acting out left me feeling despondent and even more depressed.

However emotions and emotional expression are part of the human experience. The task became learning how to live in emotional awareness rather than that place where I was simply managing, coping and surviving in emotional avoidance and denial.

I wanted more than just survival. I wanted a life and I was willing to do whatever I had to do to make that happen. Learning to see myself outside of the labels and view myself through the lens of my life experiences was key to coming to the understanding that I could choose to cultivate both emotional awareness and emotional confidence.

How? By understanding that I could learn to develop emotional confidence by learning how to identify and express my emotions instead of avoiding them. It has taken study, practice and hard work, but it is all worth it.

Today I no longer feel like the perpetual victim of circumstance or that I am at the mercy of my emotions. Today I know that whatever life brings me, I can deal with it – confidently.

Susan considers herself to be a survivor of psychiatry and poly-pharmacy and today serves on the board of IAMHR as well as that of the new non profit Clear Mind, Inc. based in Denver Colorado. Susan lives in Des Moines and provides community programming for nicotine dependence and cessation as well as authoring her personal blog, hosting the online healing community Empowering Solutions and workshop and website Proactiveplanning.org. You can find Susan at www.facebook.com/susankingsleysmith

Cherish people's roots!

Cherish people's roots! Don't pluck them up and put them into vases; allow them to grow in their communities. Keep them rooted and grounded where they are and allow them to grow there. The sunlight and nourishment they will need comes from living in their own communities. We can help others find their own gardens to be planted in.

What kind of nourishment does a flowering person need you might ask? Do they need pruning or to have their weeds pulled from around their bases? These weeds can suck the life right out them and they don't even know what is happening. How can someone recover if they are being sucked of their very life?

Sometimes the dead leaves need to be removed so that new leaves can grow. Sometimes the flowers are wilting and the petals are falling from not having enough nourishment or sunlight. When this happens it's not always bad since the new growth cannot appear until the old growth is gone. The dryness of the fall weather can cause dryness and yet when one begins to feel the dryness it seems as though a new season is

coming in one's life.

As the sunlight fades behind the clouds of depression the flower tends to reach for the sunlight to warm them and take away their lower feelings. The more



the sun fades our lives want to go into a dormant state, we may be moving towards a state of complacency. This can bring more growth because we can begin to understand that we are ok being ourselves. Other times we feel comfortable in resting and just being numb.

What brings the sunlight to my spirit? Many times I can feel the sunlight in my spirit when I begin to reach out to others and bring some sunlight to their lives instead of focusing totally on myself. This reminds me that I can

grow from the nourishment that others give me or even from helping someone else. When helping others I find that I can recover to a more healthy state if I stop thinking about my woes.

In the Spring, I find that my my roots have grown deeper and stronger. I have settled down into my comfortable life. I have also learned more about myself and allow myself to bloom where I am planted. Then the April showers come and the storms start to ravage my life. With a stronger root system I can withstand the trials with ease.

Soaking up the nourishment of the rain and the sunlight shining again on my face, I begin to come out of the dormant state. People see that I have bloomed and grown in my recovery. Allowing the storms to come and recovery to happen is very important. The morning sun brings us the strength we need to recover one day at a time.

Mary Chavez is a board member of the Iowa Advocates and a 2010 Graduate of the Iowa Peer Support Training Academy from Reinbeck.

Thank you for being a friend

One of the things that is vital to creating and living our best life is having a sense of belonging. Everyone needs friends and science has shown that community is key to a life of well being – but what do we do when we feel like we just... don't... fit.?

Well, I suppose one thing we could do is wonder what's wrong with everyone? Or even – what's wrong with us? Why doesn't anyone like me? Why doesn't anyone want to spend time with me? I feel like I'm all *wrong*, I don't fit in.

The thing is that for many who have

found themselves struggling with life issues in the recovery journey is that its not that there is anything wrong with us. Its more likely that we simply have not had the life experiences to allow us to develop the social skills and awareness to know how to create that sense of belonging for ourselves.

So – here we go! A few tips for us to work on creating that sense of belonging and support system that enables us to live our self empowered “best life”!

Smile! One of the first things we notice

about others is the level of energy they are bringing to the situation. We as human beings are automatically attracted to those who bring light and laughter to the room. Well, others notice that about us too. To make friends its important for us to be friendly, to let our light shine! **Try this** to shift from funk to fun: Take in a deep breath while pulling your shoulders back. Now exhale and smile. Yup! On purpose – smile! And let the world smile with you! The science behind this will surprise you – smiling really is contagious and by smiling we

are telling those feel good endorphins its time to kick in and get to work!

Use technology to break the ice.

Next time you go to a get together use your camera (or cell phone) to snap a few shots of the friendly faces in the crowd. It's a good icebreaker and effective way to introduce yourself to some new friends. Its also a fun way to share with everyone at the party by tagging them on Facebook – while giving you something to do to help get through the social butterflies. And oh – don't forget to ask if its ok before asking folks to pose.

Expect to have a good time. That seems kind of simple but for real; when we think about going social, thinking about how much fun its going to be takes just as much energy (or less!) as thinking about how nervous we might be or what could go wrong. **So try this:** start the day by creating an expectation of having a good time and meeting great people.

Remember you're not alone.

Sometimes the best way to come out of our shell is to remember that everyone feels awkward in new social situations. **Try this:** Take a deep breath, pull your shoulders back, put on a smile and go introduce yourself keeping in mind that your new friend may be feeling just as awkward as you are.

Learn to let go. Sometimes one of the hardest things for survivors to do is to learn to let go of the hard stuff and mingle. Sometimes we can feel like all we know is how to live in survival mode. Being playful is not something that comes easy to us so in order to learn to make that shift to social its often helpful to practice making time to relax and engaging on purpose in something fun. **Try this:** practice preparing for social events by finding something you enjoy doing that has nothing to do with anything. One of the things I like to do when I feel like I'm doing too much is to take a walk and take pictures. This activity has nothing to do with anything I'm supposed to be

doing – and everything to do with learning to do nothing on purpose.

Get out to come out of your shell.

Sometimes just taking a walk is a good way to practice overcoming some social anxieties. Walk around your community and just notice what's around you. This is an easy way to practice developing those social skills by practicing being social in public first. **Try this:** choose one time this week to go for a walk in your community. If it feels comfortable try saying hello.

Go somewhere new to meet new friends. As we practice learning to live beyond survival mode we can find ourselves wondering if there isn't more to life than recovery and the answer is a



definite yes! **Try this:** find a community activity that has nothing to do with recovery and get involved. This could be volunteering at a local non-profit, a cooking class through the local community college, or a part time job doing something that you've always wanted to do – or something you've never thought about doing.

Learn to listen. Very often one of the biggest social pho-pa's comes in the form of listening without hearing what is being said. Practice listening for feelings instead of listening for fixing. What this means is when someone starts talking about what a rough day they had at work, the fight they had with so and so, the car broke down – instead of thinking about how you can offer them a fix or getting stuck in commiserating about whose day was worse...try offering them compassion instead. **Try this:** Just listen and offer support instead of solutions. Active

listening to others with a well placed "Wow! That was great!" or "I'm so sorry" goes a long way.

Give a little, get a lot. Offering kind words to others without any expectation is the golden rule in action. Offering a heartfelt "I'm so glad to see you!", holding a door open for a neighbor coming in with groceries and any number of kind gestures is a sure fire way to sow some good seeds that will in time bring a bountiful social harvest. **Try this:** purpose to do one kind action each day this week. Without expecting anyone to do anything in return. Then relish the feelings that come with freely giving and knowing that you made someone elses day a bit brighter.

Be a joiner. One way to reach out and discover some new friendships is to join a local group. The local Y has lots of classes where one can meet and greet with new folks with a common interest like yoga, tai chi, meditation. I've found local Karate or Zumba classes as well as a local writers circle where I could meet some really wonderful new friends with whom I share a common interest. **Try this:** Check your local newspaper for weekly happenings and often school districts will have a variety of classes and projects where we can try new things and practice making new friends.

*Susan Smith lives in Des Moines and currently is serving on the board of IAMHR and Clear Mind Inc of Denver Colorado. Susan is a trauma survivor who also considers herself to be a survivor of poly-pharmacy and psychiatry. Susan is passionate to share the message of hope that all can fully recover and learn to create their best life. Susan is a Blogger, speaker and will be presenting her workshop "Proactive Planning" in Orlando at Alternatives 2011. You can find Susan's workshop at www.proactiveplanning.org. You can also find her at her personal blog **A Journey** here: www.zembraspolkadotsandplaids.blogspot.com*

What is recovery?

I was talking to a friend of mine the other day, and they asked me what I thought recovery meant. So I thought about it for a minute, and proudly said, "Recovery is an ongoing process of healing mentally or physically."

Later on that day, I found myself thinking more about it and the more I did, I realized something. Recovery isn't really that easy to define. Even if there were a realistic way to do it, it would mean different things to different people. As I mentioned to my friend, it could be from mental or physical illness, or they can actually co-exist, one effecting the other. Symptoms from mental illness can come in the form of physical pain, like headaches. Likewise symptoms from

physical pain can come in the form of emotional pain, like depression. It can have roots in our past or feelings about our future. It can hopelessly hold us down or it can inspire us to do great things like President Lincoln or Albert Einstein, both who suffered with serious mental illness, or people like FDR and Lance Armstrong that struggled with physical illness. They made a choice, as we all do at some time in our lives.

We can give up, spend the rest of their lives in hopelessness and depression, and ultimately die or we can take on the circumstance as a challenge. What ultimately determines how we feel about our life, is how we respond to the circumstances in our life. Some of the

greatest achievements of all time were a direct response to the greatest adversities of all time.

Anyway, back to the question. What is recovery? I think there is as many answers as there are people in recovery. What matters most is that we don't surrender to the problems in our lives. Instead, we keep moving ahead as though our lives depended on it, because it actually does.

Dennis Sharp is Board Member of the Iowa Advocates and a member of the Iowa Peer Support Training Academy Advisory Committee from Council Bluffs.

Consumer Family Experience Team Project needs your input!

The Iowa Advocates for Mental Health Recovery and Visiting Nurses Services of Iowa have been contracted by Magellan Health Services as part of the Consumer Family Experience Team (CFET) project. The purpose of the CFET project is to learn about Iowa Plan members (Medicaid or Title 19 recipients) and their families experiences with mental health and substance abuse services in the state of Iowa with the goal of improving those services.

During the last year, the Iowa Advocates have conducted over 20

focus groups through out the state. Now the Iowa Advocates are providing surveys to Iowa Plan enrollees. The first two areas of focus are Recovery and Crisis Services. There will be more surveys available on a variety of topics during the remainder of the year.

There are two ways to take the survey:

1) Paper copy which can be obtained from the Iowa Advocates at 877-IAHOPE4U or info@iarecovery.org. The completed surveys can be returned to: IAMHR, 225 West 6th Street, Dubuque, Iowa 52001 or info@iarecovery.org.

2) Over the Internet by following these links:

https://survey.magellanhealth.com/Collector/Survey.ashx?Name=ExperienceofCare_Recovery

Or

<https://survey.magellanhealth.com/Collector/Survey.ashx?Name=ExperienceofCrisisServices>

Your input is very important to help improve services in the state of Iowa! Please feel free to share this



The Iowa Advocates for Mental Health Recovery need your voice! "Nothing about us, without us" means that we need to hear from **YOU** in order to make the **Recovery in Iowa** newsletter and this organization a powerful force for the healing and recovery of individual people and the healing and recovery of our local and state behavioral health service systems. Please consider sharing your news, thoughts, inspirations, dreams, recovery tips, creativity and more with our editorial and publishing team. All you need is a heart that wants to share, and some way to get the sharing to us! We'll accept audio and video tapes (we could put your short home-made film or blog onto the website version of the newsletter), emails, attachments, handwritten letters, artwork in many forms and the list goes on! If you're interested in joining our team or making a contribution to **Recovery in Iowa**, contact Todd Lange, Director at 1-877-IAHOPE4U or info@iarecovery.org

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IOWA ADVOCATES FOR MENTAL
HEALTH RECOVERY

Don't Recover Alone!



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Email: info@iarecovery.org
Web: www.iarecovery.org

Check Out Our Website

www.iarecovery.org

Discover what is happening in recovery
communities across Iowa.

Upcoming Events

October 18th
Intellectual Disabilities Developmental Disabilities
Workgroup
10:00 am - 3:00 pm
United Way, Des Moines

October 18th
Adult Mental Health Workgroup
10:00 am - 3:00 pm
State Capitol Building Room 22, Des Moines

October 20th
Mental Health Disability Services Commission
9:30 am - 3:30 pm
United Way, Des Moines

October 20th
Judicial Workgroup
10:00 am - 3:00 pm
Judicial Building, Des Moines

October 25th
Children Mental Health Workgroup
10:00 am - 3:00 pm
Polk County River Place, Des Moines

October 25th
Brain Injury Workgroup
10:00 am - 3:00 pm
State Capitol Building Room 103, Des Moines

November 16th
Mental Health Planning Council
10:00 am - 3:00 pm
To Be Determined, Des Moines

November 17th
Mental Health Disability Services Commission
9:30 am - 3:30 pm
Iowa Lutheran Hospital, Des Moines