

FALL/WINTER 2022



Mary Greeley
MEDICAL CENTER

Health CONNECT



Jonathon Geisinger, MD
Orthopedic Spine Surgery

Andy Mizerak, M.D.
Anesthesiology/Pain Medicine

NEIGHBORS

Keith Folkmann needed pain relief.
He found it next door.

- ▶ A Story City Man's Inspiring Mental Health Story
- ▶ One Big Baby Picture
- ▶ Rare Breed: A Female Ortho Surgeon

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By **Brian Dieter**
Mary Greeley President and CEO

FALL/WINTER 2022

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Jack

Recently, some very special pictures were put on display in a very special area of our Birthways unit. It's an area designated for families who have experienced the loss of an infant due to miscarriage, stillbirth or other causes. The pictures are of a beautiful baby boy named Jack.

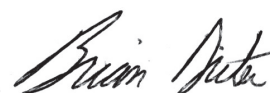
Birthways typically has about 1,000 deliveries a year. But we are sadly aware that not all pregnancies result in a live birth. Complications arise, and sometimes a fetus is not viable. When we built our new obstetrics unit, we wanted to acknowledge this by creating a quiet, comforting space for grieving parents and families.

Jack was the son of Darci and Ryan Judge. Darci is a house supervisor at Mary Greeley, a nurse who helps make sure everything is running smoothly at the hospital. Jack was to be her and Ryan's third child ... a little brother for their two daughters. Due to heartbreaking complications, Jack died in the womb.

In her grieving, Darci has focused on ensuring Jack will be remembered. Those pictures – the kind that many families who lose an infant have taken – is one part of her mission. Another is sharing her story so she can help other families cope and understand that they don't have to grieve in silence. Darci shares her moving and inspiring story in a video, which we invite you to watch at www.mgmc.org/jack.

In the center spread of this issue, you'll see another special photo. It is of a group of nurses and providers from our Maternal and Child Services department. They all had babies in the year since our new Birthways, NICU and Pediatrics units opened. You'll notice Dr. Megan Dalhoff, a pediatric hospitalist, holding a picture of her baby boy, Liam, who was stillborn.

At Mary Greeley, our staff knows when to celebrate and when to grieve with our patients. We are here to provide thoughtful, compassionate support, whatever the circumstances.



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Visit us on the internet

Learn more about Mary Greeley's programs and services at www.mgmc.org.

Contact us

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Q&A

Orthopedic surgeon, Dr. Christy Christophersen, recently joined McFarland Clinic. This is significant, because only about 8 percent of practicing orthopedic surgeons are women. Here, Dr. Christophersen, who specializes in foot and ankle surgery, talks about what drew her to her specialty and what she is able to do for her patients.

What attracted you to orthopedics?

My interest in orthopedics grew through the passion of providing patients with a higher quality of life. Entering medical school, I was introduced to orthopedics early in my education through exceptional mentors who made a deep and lasting impression upon me. My mentors exemplified the art of medicine and impressed upon me the deep impact I could have on the lives of those around me. I realized that orthopedics was my true calling, and I was able to see how I could use skill and knowledge to restore health and vigor to patients. My calling as an orthopedic surgeon is not something I take lightly.

Tell me about your area of specialization, and what's new about what you are bringing to McFarland and Mary Greeley?

I represent a whole new practice here at McFarland Clinic and Mary Greeley. I am an orthopedic surgeon with additional training in foot and ankle. I am not a 'foot and ankle specialist' or a podiatrist. One of the most common questions I get from patients is what makes me different. First, I am a physician. My training as a physician is important because it allows me to consider the patient as a whole being when it comes to creating a treatment plan. I believe in seeing the patient from a holistic perspective. Second, I am an orthopedic surgeon, trained in all areas of the body. A significant part of orthopedic training is studying biomechanics in addition to learning about fracture management, arthroplasty, and general orthopedic principles. The education I am most grateful for is knowing how to correlate my examination with imaging and the importance of combining those two to provide the best treatment for my patient(s). Finally, I have additional subspecialty training in foot and ankle surgery. I completed an additional 12 months of fellowship in foot and ankle that allowed me to focus solely on foot and ankle treatment,

including both non-operative and operative intervention.

Female orthopedic surgeons are a rarity. Why do you think so few women go into the field?

Orthopedics is a male-dominated specialty. Despite current gender parity in medical school, and a significant increase in the proportion of women in other surgical subspecialties, there has not been a similar increase seen in orthopedic surgery. As of this year, only 8 percent of orthopedic surgeons are women.

There are several theories regarding misrepresentation of women in orthopedics including: lack of exposure, lack of same sex mentors, and a negative bias against women in the profession.

Diversity in the physician workforce is critical to the improvement of patient care as it improves patient outcomes and satisfaction. Fortunately, there is progress being made. Social media has helped to raise awareness. Additionally, there have been strides made within the orthopedic community among women's professional societies. Additionally, there has been a strong push from the American Academy of Orthopaedic Surgeons to increase awareness of disparity in diversity, limit unconscious bias, and to increase diversity among orthopedic surgeons.

Early in my medical school education I had exposure to musculoskeletal medicine which fueled my passion for orthopedics. Additionally, unlike many medical schools who lack a female orthopedist attending physician, I had female orthopedic mentors who guided me in my path. McFarland Clinic should be credited for bringing



Orthopedic surgeon Dr. Christy Christophersen performs ankle surgery at Mary Greeley.

women orthopedists to their orthopedic department.

Any success stories you'd like to share?

Much of what I do involves reconstruction of complex deformity. Since arriving here, I have had the opportunity to help many patients who had previously been told there was nothing that could be done.

For example, there was a 16-year-old female who two years ago sustained a bad ankle injury while playing volleyball. Despite a full year of physical therapy, she did not show meaningful improvement and could not participate in sports. Her biggest concern was she could not trust her ankle because it kept giving out on her. She had seen three other specialists, including two podiatrists and one general orthopedic surgeon, before she met me. They all told her there was nothing to be done. Upon our first meeting, after examining her ankle, I found her ankle to be highly unstable. After explaining my findings, I explained I could help her by performing a surgical lateral ligament reconstruction. She agreed to surgery, and three months after the procedure she was back to participating in sports. She is very pleased with her results and ability to return to activity.

Keith Folkmann found exactly who he needed to help relieve his chronic pain: His neighbors.

Keith Folkmann's mom called him her "miracle baby."

He was a breech birth, and the umbilical cord was wrapped around his throat twice. As if that rough entry into the world wasn't enough, he also grew up with a chronic muscular-skeletal abnormality that has plagued him all his life. (A doctor once speculated Folkmann may have had an undiagnosed case of polio.)

Despite his health issues, Folkmann has led an active and successful life. When retirement time came around, he had definitely earned it. Severe pain, however, threatened to derail his plans. The miracle baby needed a kind of medical miracle. He found it next door when he met his new neighbor, Dr. Jonathon Geisinger, a McFarland Clinic spine surgeon.

"I knew Dr. Geisinger was the person I needed to be with," Folkmann said. "He was caring. He took his time and communicated very well, and he wanted to be as thorough as possible."

Geisinger is honored when friends, family, or colleagues come to him with questions about their spine-related issues.

"It is an even greater honor when they ask me to do their surgery. It is special because these are the people that see me and the results of my work and have taken the next step to entrust me with their own life," he said. "But as special as that is, when the sterile drapes go up, surgery is the mission and flawless execution is always the goal. I often think about the trust that people put in me as they are going to sleep for surgery, and that trust is never something I take for granted."

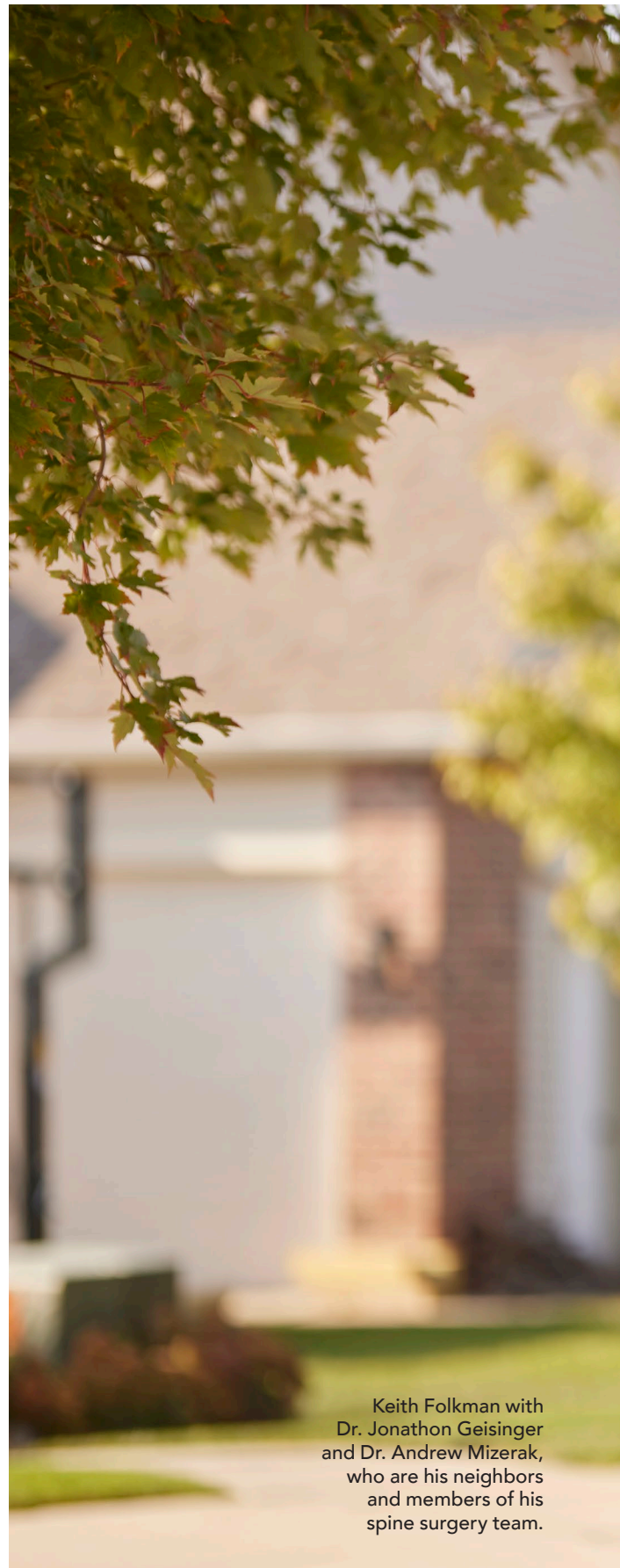
ABNORMALITY

Folkmann has abnormal muscle development around his scapula, or shoulder blade. The muscle system around the scapula is complex, and any abnormality can cause serious, long-term problems. As a kid, Folkmann's shoulder often sagged, prompting his parents to tell him to sit up straight when he was at the dinner table.

Folkmann's physical challenges didn't hold him back. He was an active young man, working on the family farm near Williamsburg and playing sports in high school. A school counselor once arranged a full-tuition scholarship to Iowa State University based on Folkmann's disabilities. He turned it down, saying, "I'm not disabled, but thank you very much. Give it to someone more disabled than me."

He attended Iowa State, but juggling work and school was difficult, and he left before finishing his degree. (He eventually earned a business degree in 1991.)

He started working at Sundstrand (now Danfoss, a multinational industrial engineering manufacturer). He began as a night shift

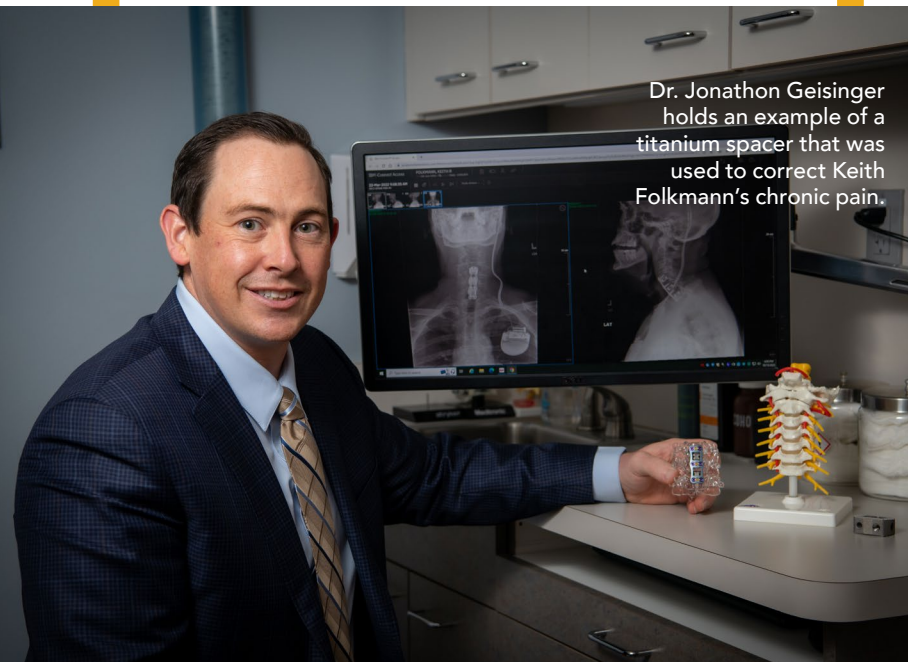


Keith Folkman with Dr. Jonathon Geisinger and Dr. Andrew Mizerak, who are his neighbors and members of his spine surgery team.

Won't you be my surgeon?

BY STEVE SULLIVAN





Dr. Jonathon Geisinger holds an example of a titanium spacer that was used to correct Keith Folkmann's chronic pain.

LET'S TAP SOME SPINAL STATS

Mary Greeley's spine surgery program is a busy one.

In the last year, the Mary Greeley spinal surgery team has performed nearly 300 surgeries. Since joining McFarland Clinic in June 2021, Dr. Jonathon Geisinger has performed just over 400 spine surgeries.

The spine program is multi-disciplinary, involving Surgery, Rehab & Wellness, Radiology, Pain Clinic and the Cardiac Cath Lab.

For example, in the last year, more than 540 spinal MRIs have been performed in Radiology. Pain Clinic visits for spine-related issues topped 4,000.

A minimally invasive procedure called percutaneous kyphoplasty, which is performed in the Cath Lab, involves using a balloon to expand collapsed vertebrae so a special cement can be injected. The procedure, which can restore a damaged vertebra's height and reduce pain, has been performed 20 times in the Cath Lab over the last year.

Mary Greeley's Rehab & Wellness, meanwhile, helped nearly 460 spine patients with issues related to lower and upper back and neck.

VIDEO

Learn more about Dr. Geisinger using 3D-printed spacers in his spine surgery practice at www.mgmc.org/spine-insert

parts washer and climbed the ladder, retiring after nearly 44 years as a global vice president. As an executive, he had responsibilities for plants around the world, including Japan, Germany, Slovakia, and China. That meant a lot of travel. When TSA began screening airport passengers, Folkmann was always pulled aside for a pat down because TSA agents never knew what to make of security scanner's images of the unusual structure of his shoulder. They thought he might be concealing something.

PAIN

Before retirement in 2015, he started to have hand tremors, which several members of his family have also experienced. Dr. Edward Clemmons, a McFarland Clinic neurologist, suggested Folkmann would be a candidate for deep brain stimulation surgery. This involved a small transmitter placed in his chest with probes that went across his collarbone to the back of his neck and then behind his ear and under the scalp to the top of his head. The probes sent signals to his brain whenever he started having a tremor.

In 2019, Folkmann began having back issues. Physical therapy and cortisone shots brought some relief. Eventually he had surgery to relieve pressure on his lower back.

Then, in 2021, he was having excruciating pain from his neck and into his right shoulder and arm. Soon he couldn't lift his arm much higher than his shoulder. He was referred to Dr. Godfrey Thuku, a McFarland Clinic pain medicine specialist who treats patients in Mary Greeley's Pain Clinic.

"I was wondering what God's plan for me was as I reached this point in my life. Retirement. Kids grown. Ten grandchildren. This is when there's a chance to do the things I enjoy – fishing, hunting, working in the yard, traveling. My fear is that this would interrupt or cut that short," Folkmann said.

Therapy and more injections helped to control the pain, but he continued to lose range of motion and strength. He was then referred to Dr. Geisinger.

THE A TEAM

"I first met Keith at a neighborhood gathering and have since visited with him a number of times in our neighborhood. But Keith never mentioned his neck issues. So I was surprised one afternoon when I entered the clinic room and found Keith's friendly smile." Geisinger said.

Geisinger explained Folkmann's condition. "Keith has a unique history that presented several complexities, and in order to diagnose and help Keith, I needed the help of other professionals. And in Keith's story, one of the things I am very proud of is how Mary Greeley and McFarland Clinic came together to showcase the strength and depth of talent we have in our staff. Physicians, nurses, and therapists all working together to help my neighbor."

"In Keith's situation, it was difficult to determine with certainty if his pain and weakness was coming from his shoulder or his neck. I ordered an MRI of Keith's shoulder and asked Dr. David Sneller, a McFarland orthopedic surgeon, to evaluate Keith. It was determined that his



Keith Folkmann and his wife, Carol, trim hedges at their Ames home. Prior to his surgery, Folkmann couldn't lift his arm much higher than his shoulder.

shoulder was not likely the source of Keith's issue. Concurrently, I asked Dr. Semira Ramic, a McFarland Clinic neurologist, to test Folkmann's nerves. Dr. Ramic's nerve study found Keith to have a pinched nerve in his neck. With this information I sat down with Keith, and we discussed his neck and developed a plan."

Geisinger explained to Folkmann that it was instability in his cervical spine and pinching of nerves that was causing his pain and weakness. What he needed was surgery to take pressure off his nerves and stabilize his cervical spine. This surgery would take three hours but could be done minimally invasively. "This is a sophisticated procedure that requires sophisticated techniques, implants, and skilled anesthesia," Geisinger explained.

Geisinger discussed the procedure. "I performed the surgery through the front of Keith's neck. Through a one-inch incision, I was able to access all three levels of the spine that needed to be addressed. I removed the disc and bone spurs that were pinching the spinal cord and nerves. I then inserted 3D printed titanium interbody spacers specially designed to grow into the patient's bone and stabilize the spine."

Folkmann may have had some luck going into the surgery as each spacer used for his procedure was 7mm tall – triple sevens. He was fortunate to have his other neighbor, Dr. Andrew Mizerak, a McFarland Clinic anesthesiologist, providing the skilled anesthesia needed for these types of high-level spine

surgeries. Folkmann loved the idea of having his two neighbors, Geisinger and Mizerak, performing his surgery. "I was relaxed and as confident as I've ever been going into a medical situation," he said. "I had the A team."

"What I love most about our hospital and clinic is that we are large enough to offer extraordinary services yet small enough to have our health care professionals living together in this community. We care for everyone we see as if they are our neighbor," added Geisinger.

Folkmann has gone on to have a remarkable outcome. His surgery was flawless and smooth. He stayed in the hospital for one night and went home the next day. Three months following surgery he is now free of pain and able to do all those things he was afraid he'd lost.

"It's all been successful," he said. "God brought the right people into my life at the right time." ■

"What I love most about our hospital and clinic is that we are large enough to offer extraordinary services yet small enough to have our health care professionals living together in this community. We care for everyone we see as if they are our neighbor."

– DR. JONATHON GEISINGER



AN ABUNDANCE OF BABIES

Here is photographic evidence that our Birthways, NICU and Pediatrics staff really know babies. To commemorate the first birthday of our new Birthways, NICU and Pediatrics units, we gathered all of the nurses and

providers who delivered this past year. There are 20 of them. (Dr. Megan Dalhoff, a pediatric hospitalist, is seen holding a picture of her son, Liam, who was stillborn.)



1: Jenna Smith – Amelia | 2: Kelsey Shortley – Koda | 3: Stacy Peterson – Briggs | 4: Jaime Bunker – Maren |
5: Morgan Hammes – Cash | 6: Dr. Megan Dalhoff – Liam | 7: Jennifer Gross – Theo | 8: Dr. Susan Comer – Claire |
9: Kelsey Trau – Addison | 10: Tara Stone – Silas | 11: Erin Easter – Aiden | 12: Carly Cosens – Ivy |
13: Lyndi Donovan – Josie | 14: Cherish Shuka – Ezra | 15: Megan Young – Grayson | 16: Courtney Titman – Crew |
17: Maggie Puls – Lilian | 18: Dr. Cammy Hinrichsen – Rory | 19: Kelsey Jellings – Simon | 20: Jessica Wycoff – West

WIRED FOR CARE

New technology significantly enhances patient experience at Mary Greeley.

A positive patient experience is shaped by skilled, compassionate healthcare workers.

These days, technology plays a big part, too, especially at Mary Greeley. Three new tech tools are contributing significantly to the experience patients have, and the care they receive.

BEDSIDE RESOURCE

Good bedside manner is important for doctors and nurses ... and iPads.

A new program at Mary Greeley called MyChart Bedside is helping patients be more engaged in and informed about their care. Patients on inpatient floors are provided with a specially programmed iPad that connects them to resources related to their care while in the hospital.

If the patient is unable to operate the iPad, they can set up a proxy so a family member can use it.

You don't have to have a MyChart account to use a MyChart Bedside iPad. You can use the iPad to sign up for MyChart. If you do have MyChart, the iPad program will provide more features than are available on your own personal device.

When not in use, the iPads are docked at a nursing station, and all personal information is wiped clean after a patient has used them. The iPads are programmed to only work inside the medical center and will not work outside the hospital building.

With MyChart Bedside you will have access to:

- Lab and test results when posted to your MyChart account. You will also have access via MyChart Bedside if you don't have a MyChart account.
- Consent forms you can sign electronically.
- Records of your vital signs and a schedule of your appointments while in the hospital.
- Information regarding medications.
- Information about your care team.
- Educational videos.
- A note-taking feature to help you remember information provided by physicians and other care team members. If you have a MyChart account, these notes will transfer over to MyChart for viewing after you are discharged from your hospital stay.

Mary Greeley is working with Epic, our electronic medical record service and developer of MyChart and MyChart Bedside, to expand the available services. In the future, patients will be able to review menus and order meals via MyChart Bedside and submit preferences for continuing care after your hospital stay.

"MyChart Bedside is one example of how we use technology to keep patients up-to-date on their care, and really engage them in their healthcare journey and decision-making," said Jo-el Sprecher, RN, MSN, director of patient experience and safety. "They have a view of their day and an easy way into their own MyChart account. With information at their fingertips, patients can serve as their own advocates by asking questions and initiating conversations with their nurses and medical providers."

ENTERTAINMENT & EDUCATION

A new patient entertainment and education system allows inpatients to cast programming from their personal device to the television in the room. For example, if you have a Netflix account, you could cast, "Stranger Things" from your phone or iPad to the larger television screen.

Other entertainment options available through the system include movies, television shows, ambient music and spiritual audio.

"While this is a hospital, we often get comments that it feels like a hotel thanks to the comfort of our rooms and even the quality of our food service," said Sprecher. "This entertainment and education system should contribute to that feeling and confirm Mary Greeley Medical Center as the best choice not only for quality but also for comfort and convenience."

The entertainment offerings are also a way to introduce patients to educational offerings. The "menu" button on the patient bed call light provides access to all the system's offerings. Patients can conveniently watch educational videos or read materials related to their diagnosis and treatment via the system.

"This is another way to help patients participate more fully in their care," said Sprecher.

The system is currently available on our Birthways and Pediatrics units and there are plans to expand soon to other inpatient floors.



UNMASKED

How a Story City man finally faced his mental health crisis and in doing so, brought a new focus to his life.

BY STEVE SULLIVAN

Jeff Crisman was the last speaker that Sunday in November at the Harvest Evangelical Free Church in Story City.

He wasn't there to deliver a sermon or recite Bible passages, though he knows many by heart. He was there to share an intensely personal story. It was almost a confession really, about how he had silently coped with mental illness. Crisman talked about how he had come perilously close to ending his life. He shared how he relied on his faith to get him through his darkest days but came to realize he needed something more. He explained how someone well known to many in Ames though who he had never met convinced him to get help. Ultimately, Crisman told a story about how he found a renewed purpose to keep on living.

This wasn't easy. Crisman admits that he had been hiding behind a mask for much of his life. That mask hid a lot of pain. Crisman is a longtime banker in Story City. His customers have his cellphone number and are welcome to call him anytime. He's been a volunteer football coach and organized a Christian athlete group. He's served on Story City's city council. A former college football player, he's a physically fit father and grandfather. He's a typical, upstanding Midwesterner ... and guys like that don't have mental health problems, right?

Wrong.

MASK

Crisman's mask started slipping in August of 2021. He'd been dealing with depression for years. On many mornings, he had to drag himself out of bed because people were counting on him. He grew up in a big family with limited resources and played sports. He abided by the philosophy of "suck it up."

But a crisis in his personal life finally pushed him to a breaking point. He woke up in the middle of the night, a darkness weighing on him. He wrote a suicide note and went to the garage with a shotgun he hadn't used in years and two shells.

"I laid on the garage floor, yelling at God because I didn't know what to do," he said.

The "suck it up" kicked in though and Crisman pulled himself together, got himself ready for work and went to the bank.

"You'd never know I have a problem," said Crisman. "I smile and say everything is fine. I wear a really good mask. I can hide anything."

He couldn't avoid going further into the dark place though. More than once he found himself in his closed garage with the car engine running. It seemed like the only way to end the pain.

He was rescued from these moments by his faith, or a timely text from a friend. While at the home of a couple he's known for years, Crisman opened up about what he'd been going through. We know someone, his friends told him, someone who might talk to you.

FENNELLY

They were referring to Lyndsey Fennelly, who became a mental health advocate after going public with her own struggles. Crisman didn't know who she was but reached out and had a

phone conversation on a Saturday. Crisman was parked at local big box store, sitting in the car where he had pondered suicide so many times. This time, though, he was receiving a life line.

"I take great pride in being a mental health experiencer, but I'm not an expert," Fennelly said. "From Jeff's tone I could sense nervousness, embarrassment and overwhelming sadness. What I sensed most though was helplessness."

He remained resistant to getting help. He had his faith. He was reading Pastor Rick Warren's "The Purpose Driven Life." He could suck it up.

Crisman had a sense of shame about "stepping a foot in that hospital," Fennelly said. "I tried to relate to him about the times I had been there and the life I lead very publicly now. I wanted him to know what I knew when I left the hospital, that it was a place of hope and health and that a better version of Jeff Crisman was available within those walls."

"I told her what I was going through, and she told me her story," said Crisman. "She seemed to understand how I felt, and I will never forget her telling me that there was a word that she had to learn. That word was 'surrender.'"

Inspired by Fennelly, Crisman surrendered to his crisis and went to the Emergency Department at Mary Greeley.

TREATMENT

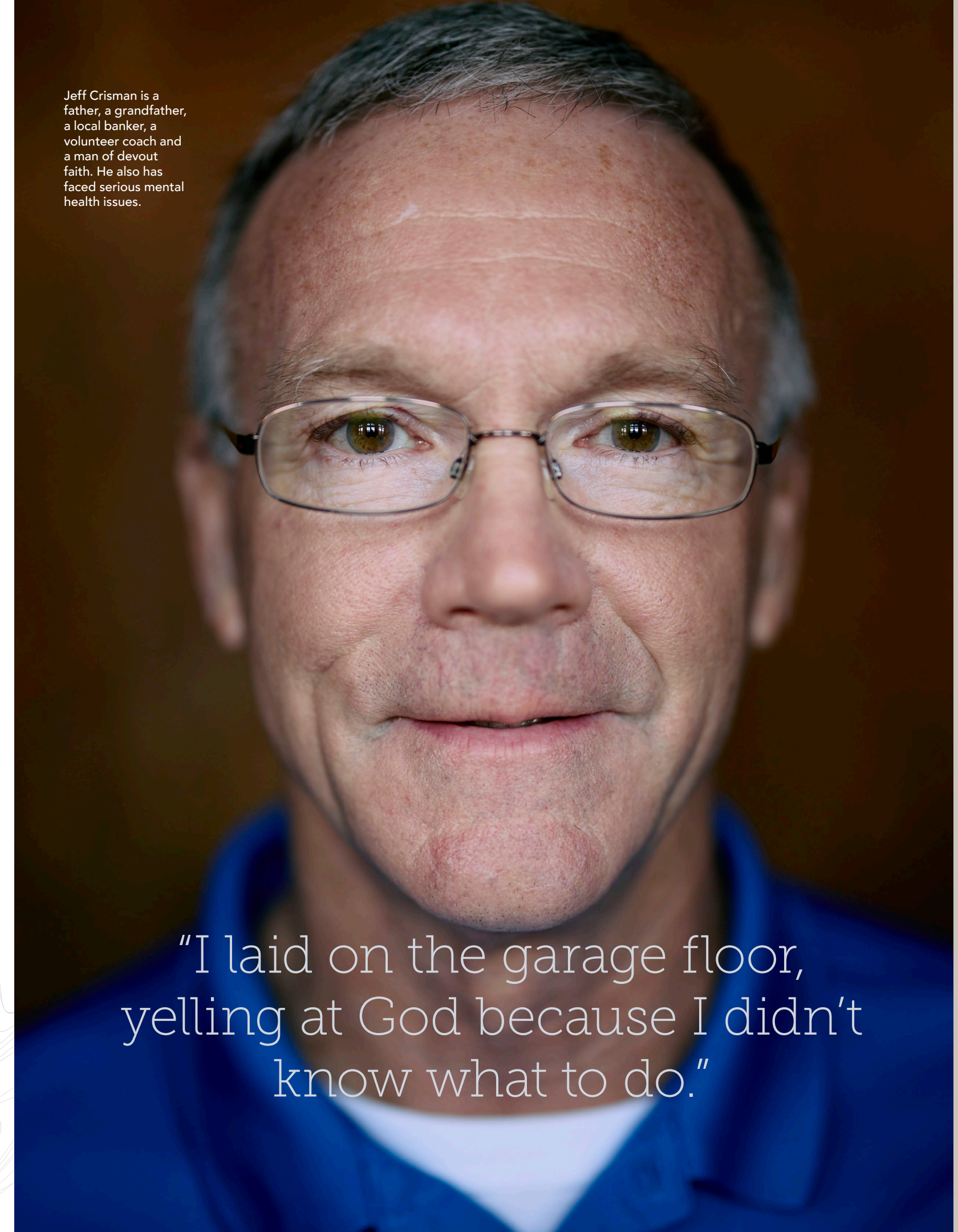
"It's a little embarrassing to say I was scared, but I was," he admits. "Lyndsey said that they would take care of me, and they did."

He asked a nurse "why now?" He'd been managing his issues for so long, why did he fall apart now? Your brain just couldn't do it anymore, he was told.

"Mental health is easily stigmatized because a person's mental toughness can be put in question. It's easy for a person struggling with their mental health to question themselves and assume fault for thinking and feeling the way they do," said Dr. Anna Statz, a psychiatrist with Mary Greeley's outpatient Behavioral Health Clinic. "We are also conditioned to want people to think the best of us, and the 'best' is to be joyful, energetic, care-free, capable. This is often the mask that's hidden behind. If the mask were to come off, other people might find out the 'truth,' which is terrifying for people."

Statz added that "it takes a significant amount of energy to keep this mask on day after day because it's not in-sync with how a person feels inside. It doesn't flow, it's not spontaneous. It's calculating and difficult. Soon this mental energy will burn out, particularly for a person struggling with a mental illness, when energy reserves are already low. A significant stressor or accumulation of stressors can burn up the mental energy reserve, and this can become a dangerous and vulnerable time for a person. They may feel 'out of control' and behave in ways fueled by the emotional intensity that has been pent up all that time, which can sometimes lead to things like suicide attempts or self-harm, or hopefully, a reach for help."

Crisman was placed in a designated area in the ED for Behavioral Health patients and put on a 48-hour hold. The hospital's inpatient unit was full and Crisman was told he



Jeff Crisman is a father, a grandfather, a local banker, a volunteer coach and a man of devout faith. He also has faced serious mental health issues.

"I laid on the garage floor, yelling at God because I didn't know what to do."

would have to be transferred to a facility in Council Bluffs.

Crisman protested: “Lyndsey Fennelly told me this is where I need to be.”

Fortunately, a bed became available and Crisman arrived at Mary Greeley’s inpatient Behavioral Health unit with his Bible, journal, and his copy of “The Purpose Driven Life.” All those items, per standard procedure, were taken from him.

“So why are you here today?” he was asked by a nurse on the unit.

He told the nurse everything and about the support he’d received from Fennelly. “We love Lyndsey,” was the nurse’s response. He knew he was in the right place.

His blood pressure was high, and a decision was made to let Crisman have his Bible, which helped.

“I went from absolutely terrified to almost numb,” he said. “But I told myself, ‘This is what it is now. I’m here.’”

Staff checked on him regularly. He was able to watch church services online. He met with therapists and staff. He participated in group meetings. When discussing medications, he expressed concern about being a “vegetable or a zombie.”

That won’t happen he was assured. “Jeff will be Jeff,” he was told.

“There was no judgement. They listened to me, and they cared,” he said.

He was in the hospital for five days. He learned how to recognize feelings of depression and to use coping exercises.

RELAPSE

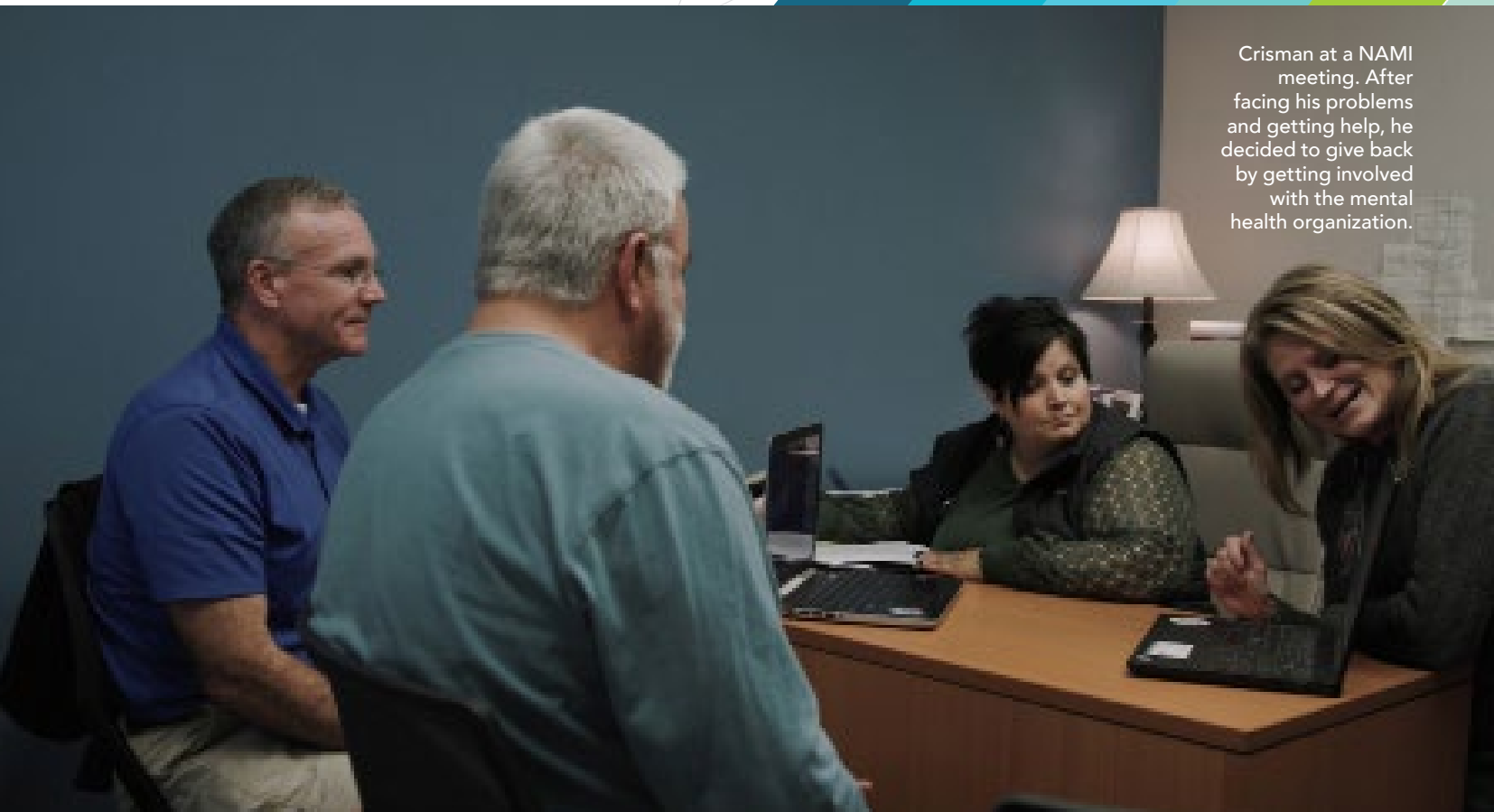
He wasn’t totally in the clear yet, though. Despite everything he’s done, the darkness crept in again. On a day in late October, he was in his garage, with the car running. He had a pillow and a blanket. He listened to Bible verses over his phone. He prayed for God’s forgiveness.

“It was about 7:15 a.m. when I started the engine,” he said. “I woke up at almost 11. I was still here. Three and half hours and I was still there. I didn’t know why.”

He realized why a few days later when a friend texted with a request for prayers for his teenage daughter, who was in the

▶ VIDEO

Learn more about Jeff Crisman’s inspiring mental health journey. Visit www.mgmc.org/jeff



Crisman at a NAMI meeting. After facing his problems and getting help, he decided to give back by getting involved with the mental health organization.

hospital after taking an overdose of antidepressant pills. She survived but was being sent to a facility far from home and didn't want to go. Crisman reached out to her.

A NEW PURPOSE

"I asked if she felt alone, which she did. I told her that I did too, and my marriage had ended and that I had tried to hurt myself," he said. "I told her that God loves her and wants her here for a reason. I urged her to go to the hospital and get help."

She relented and went. Crisman continues to check in on the young woman and help with her struggles. Crisman had found a new purpose: To help young people suffering from mental illness.

He's reached out to families who have lost children to suicide. He volunteers with National Alliance on Mental Health (NAMI) Central Iowa. He gets welcome support from friends and colleagues. After speaking at the church that Sunday, he got a note from someone in the audience who struggled with depression and suicidal thoughts while a teen and didn't get help until they were a young adult. "I wish I had someone as a teenager that would've helped me," the person wrote.

"Many times, what leads to healing and inner peace for folks struggling with mental health is to realize they aren't the only ones dealing with these issues. Normalizing

experiences gives permission for a person to display their authentic selves, especially when it's imperfect, and when one person can display their authentic selves, it allows others the opportunity to do the same," said Statz. "This compassionate and supportive community that can be created, in a place like NAMI for instance, is an imperative piece of a person's mental health stability. With his perspective, a person like Jeff can join a community like this and create these strong supportive relationships, but also he can offer his experience to help normalize someone else's mental health experience when they are struggling."

Crisman no longer wants to hurt himself. He takes medication and continues his treatment through Mary Greeley's outpatient Behavioral Health Clinic. He copes through physical activity and finds peace in baking cookies. He often brings them to Mary Greeley to share with the staff who helped him through the darkest moments of his life. His faith is as strong as ever.

"We don't know the plan that God has for us," he said. "If I hadn't faced the kind of crisis I did, I might never have gone to the hospital to get help. If I didn't have these friends who I've known for years, I might never have met Lyndsey Fennelly. God gives us community."

NEW BEHAVIORAL HEALTH UNIT COMING TO MARY GREELEY

Next year, Mary Greeley Medical Center will open a new adult inpatient Behavioral Health unit.

The new unit will increase capacity from 18 patients to 24 and offer a modern treatment environment. The new unit will be complemented by several other mental health-focused services at Mary Greeley, including our growing Outpatient Behavioral Health Clinic, which provides patients with therapy and medication management.

Our Emergency Department offers crisis assessments and referrals 24 hours a day, seven days a week. The department treats both adult and adolescent patients with mental illness. The Transitional Living Center – Subacute Care facility provides subacute care in a home-like setting for individuals with symptoms that keep them from being able to live independently.

For more information on how you can support our vision for Mental Health Services in our community, visit www.mgmc.org/foundation/mentalhealth.

Mary Greeley's behavioral health services are provided by a coordinated, multidisciplinary team that includes:

- Board-certified Psychiatrists
- Physician Assistants
- Psychiatric & Mental Health Nurse Practitioners
- Registered Nurses
- Licensed Mental Health Therapists
- Substance Abuse Counselors
- Psychiatric Assistants
- Licensed Social Workers



Mary Greeley

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Nhu Pham, Birthways 2nd year at Mary Greeley

"I was a premature baby and had to stay at the hospital for almost 2 months. Growing up, my mom always told me stories of how hard it was to take care of a preemie baby. I was her first and only; it was a tough time to go through. I want to be there for postpartum moms who are also going through the same thing as my mom, and give them all the emotional support that they need. The greatest satisfaction of being a nurse is seeing a patient six months later and she still remembers me as her labor nurse. They would show me pictures of their little ones. It makes me feel appreciated and keeps me motivated."

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