



MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.



Shedding Light on Mental Illness

IT'S OKAY TO ASK FOR HELP

Your Mental Health & Wellness

DEAR READER,

GINA L. HAYS



It's sometimes easy to forget that your brain, like all other organs, is vulnerable to disease. And while doctors continue to solve some of the mysteries of the brain, many of its functions remain a puzzle.

Researchers continue to seek to fully understand how the brain works and why it malfunctions at times causing mental illness.

People with mental illnesses often exhibit a variety of behaviors, such as extreme sadness, feelings of hopelessness and irritability, and in more severe cases, they may also suffer from hallucinations and total withdrawal. Instead of receiving compassion and acceptance, people with mental illnesses sometimes experience hostility, discrimination and stigma.



DID YOU KNOW?

- Mental illness can strike anyone regardless of age, economic status, race, creed or color.
- One in four Hoosiers suffers from some type of mental illness.
- Suicide is the third-leading cause of death in Indiana for those ages 15 to 24.
- More than 54 million Americans are affected by one or more mental disorders during the course of a year.

- Mental illness is a disease just like diabetes or heart disease.
- Depression is treatable.
- Suicide is preventable.

It's OK to get help!

This insert will help you become aware of the signs and symptoms of mental illness. If you or a loved one are experiencing symptoms, talk to your doctor. This is the first crucial step to getting a diagnosis and the proper care and appropriate treatment.

There is help for dealing with mental health issues. You will find community resources on page 8. To help you improve your mental health, we encourage you to practice these healthy habits:

1. Connect with others.
2. Stay positive.
3. Get physically active.
4. Help others.
5. Get enough sleep.
6. Create joy and satisfaction.
7. Eat well.
8. Take care of your spirit.
9. Deal better with hard times.
10. Get professional help if you need it.

Please realize that when you take care of yourself, you can better love and care for those around you. We encourage you to help others in our community better understand mental illness. Greater knowledge about mental illness can lead to a more hopeful tomorrow.

Sincerely,

Virginia A. Caine, M.D.

Virginia A. Caine, M.D.
Director,
Marion County Public Health Department

Gina Hays

Gina L. Hays
Chief Executive Officer,
Mental Health America of Greater Indianapolis



The Numbers of Mental Illness

Its many diseases affect 1 in 5 American families

Mental illnesses usually strike individuals in the prime of their lives, often during adolescence and young adulthood. They cannot be overcome through willpower and are not related to a person's character or intelligence, according to the National Alliance of Mental Illness.

A mental illness is a disease that causes mild to severe disturbances in thinking, perception and behavior. Mental illnesses are biologically based brain disorders.

Researchers have determined that many mental illnesses are probably the result of chemical imbalances in the brain. These imbalances may be inherited or may develop because of excessive stress or substance abuse.

DID YOU KNOW?

Women ages 18 and older were more likely than men 18 and older to have any mental illness. Nearly 24 percent of women — compared to 15.6 percent of men — reported mental illness.

In 2009, 2 million people ages 12 to 17 had a major depressive episode; nearly 36 percent of those used illicit drugs.

8.4 million adults in the United States had serious thoughts of suicide in the past year. Of those, 2.2 million made a plan for killing themselves, and 1 million attempted it.

Less than four in 10 of those with mental health problems received help in the past year.

Source: *Comprehensive Look at Mental Illness, the Center for Behavioral Health Statistics and Quality*

Mood Disorders & Women

Birdie Gunyon Meyer, RN, MA, talks about hormone changes and your health

BIRDIE GUNYON MEYER



As a woman, the hormonal changes you go through may sometimes lead to mood disorders, such as depression and bipolar disorder.

“Times of hormone changes and mood disorders for women are PMS, perimenopause — the five to 15 years leading up to menopause, the cessation of periods — pregnancy and postpartum, which is the period after pregnancy ends,” says Birdie Gunyon Meyer, RN, MA, Perinatal Mood Disorders, Maternity Services at Indiana University Health.

“These hormone changes affect brain chemistry, such as levels of serotonin and norepinephrine, which can cause mood changes. Women are the caretakers and nurture everyone but themselves. Don’t leave yourself off your list of caring responsibilities. Take time for you; do something just for you.”

Meyer advises women to eat a healthy diet, get enough sleep and exercise. Get therapy or join a support group, such as the postpartum depression support group at Indiana University Health. Contact Birdie Meyer at (317) 962-8191.

Q How are women at risk for developing mood disorders such as depression?

A: Risk factors include:

- Personal or family history of mood or anxiety disorders
- Life stressors
- Chronic sleep deprivation
- Physical illnesses
- History of physical or sexual abuse
- No support system
- Financial issues

Q What are the signs of mood disorders?

A: Symptoms include the following:

- Feeling sad, anxious or ‘empty’
- Sense of hopelessness
- Loss of interest in usual activities that you used to enjoy, including sex
- Decreased energy
- Difficulty staying focused, remembering or making decisions
- Sleeplessness, early-morning awakening or oversleeping and not wanting to get up
- Lack of desire to eat and weight loss, or eating to ‘feel better’ and weight gain
- Thoughts of hurting yourself
- Thoughts of death or suicide
- Being easily annoyed, bothered, angered or irritable
- Anxiety

→ Constant physical

symptoms that do not get better with treatment, such as headaches, an upset stomach and pain that does not go away.

For pregnancy or postpartum mood disorders, women may experience the above symptoms, as well as feeling overwhelmed, intense anxiety, worries, fears and guilt. Talk with your doctor about the feelings you are experiencing.

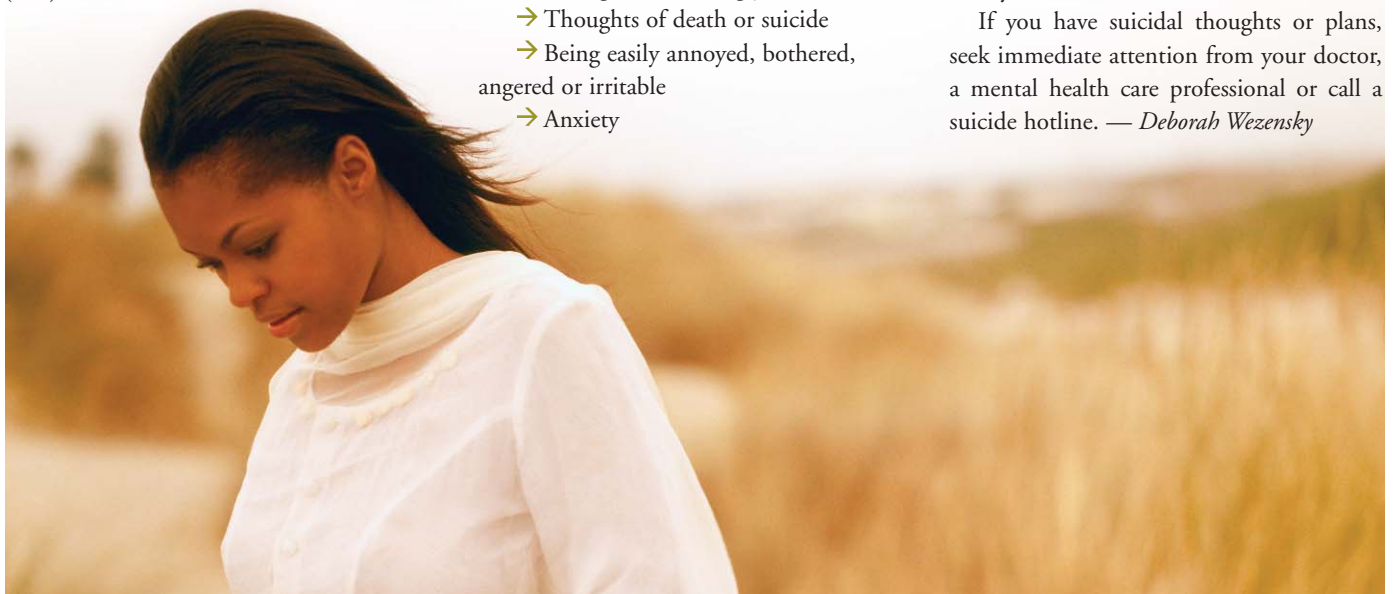
Q How common is it for women to experience mood disorders?

A: Twice as many women than men experience mood disorders, anxiety and depression. One in four women will experience an episode of depression or anxiety in their lifetime, often peaking at hormonal changes. One in eight women will experience pregnancy or postpartum depression or anxiety.

Q When should you seek professional help?

A: When symptoms last longer than a few days or more than a week, or you feel you have more bad days than good days, talk with your doctor.

If you have suicidal thoughts or plans, seek immediate attention from your doctor, a mental health care professional or call a suicide hotline. — *Deborah Wezensky*



Understanding Mental Illnesses

Commonly experienced disorders

Recognizing the signs and symptoms and telling your doctor how you are feeling is an important, necessary part of diagnosis. Mental illness is treatable and recovery is possible by seeking and following treatment. There are five major categories of mental illness:

Anxiety disorders

Anxiety disorders are the most common mental illnesses. The three main types are phobias, panic disorders and obsessive-compulsive disorders. Phobias produce extreme fear or dread from a particular object or situation. Panic disorders involve sudden, intense feelings of terror for no apparent reason and symptoms similar to a heart attack. People with obsessive-compulsive disorder try to cope with anxiety by repeating words or phrases or engaging in repetitive, ritualistic behavior, such as constant hand washing.

Mood disorders

Mood disorders include depression and bipolar disorder (or manic depression). Symptoms may include mood swings and changes in activity and energy levels. Suicide may be a risk with these types of disorders.

Schizophrenia

Schizophrenia is a serious disorder that affects how a person thinks, feels and acts. It's believed to be caused by chemical imbalances in the brain.

Dementias

This group of disorders includes diseases like Alzheimer's, which leads to loss of mental functions, including memory loss and a decline in intellectual and physical skills.

Eating Disorders

Anorexia nervosa and bulimia involve serious, potentially life-threatening illnesses. People with these disorders have a preoccupation with food and irrational fear of being fat. Behavior may also include excessive exercise.

— Amy Tobias, *Mental Health America of Greater Indianapolis*

Visit mhandy.net for free online depression or anxiety screenings.

Justice: Serving Those With Mental Illness

Q&A with Judge Barbara Collins, Marion Superior Court, Criminal 8, Mental Health Court



JUDGE BARBARA COLLINS

There is no easy way to solve the mental health issues in our society, in particular the ones that come before Judge Barbara Collins in Marion County Superior Court.

“Resolving these issues requires the cooperation of families, police, prosecuting attorneys, public defenders and all others involved in the criminal justice system to even make a dent in the problems that people with mental health issues face in our judicial system,” Collins says.

Q What is the connection between mental illness and people entering the justice system?

A: There are a number of ways and reasons why individuals with a mental health issue may face criminal charges.

Poverty and homelessness puts many individuals with mental health issues in marginal relationships and situations with a high probability of criminal charges.

Brain issues related to disorganization, cognitive deficits and impulse control often precipitate behavior that in certain circumstances leads to criminal charges.

The inability of the individual with mental health issues to access medical care, especially mental health care, due to denial of need, due to lack of financial resources and due to inability to appropriately access needed mental health resources make the individual at risk of becoming a ward of our justice system.

Q What are warning signs that parents and families need to be aware of that a loved one is dealing with mental illness?

A: Warning signs for parents and families include marked change in behavior; the individual isolating themselves from family and friends; articulation of happenings or change in belief systems that appear unrealistic; and unusual anger and violence toward family members.

Family members can find more information at NAMI Indianapolis and NAMI Indiana. These organizations provide a number of family programs and support materials.

Q How does the court intervene to get individuals the counseling needed to prevent further consequences?

A: Individuals with a mental health issue who end up in Marion Superior Court, Criminal 8, Mental Health Court, find a number of individuals and resources to help them resolve some of the issues that resulted in the filing of criminal charges.

A number of parties all work on plans for individuals to enter into mental health treatment. Success in complying with the treatment plan can result in dismissal of charges, or if convicted, a sentence tailored to encourage ongoing continuation of treatment. — *Deborah Wezensky*

According to the 2009 Indiana Youth Risk Behavior Survey, 22 percent of girls and 12 percent of boys surveyed in grades 9-12 seriously considered attempting suicide in the last year.

Long-term depressive illness often begins in the teen or young adult years. Approximately 15 percent to 20 percent of American teens have experienced a serious episode of depression. Teen depression should be treated by a mental health professional as soon as possible, according to the National Institutes of Health.

Sources: *Suicide in Indiana*, Indiana State Department of Health's Injury Prevention Program report, and Youth Risk Behavior Survey



DR. PEGGY HINCKLEY



JON AMONES

Stop Bullying

Be informed and get involved to end this serious problem

Bullying is a serious matter in today's society, says Dr. Peggy Hinckley, superintendent of the Warren Township Metropolitan School District.

"We have all seen the serious consequences in recent news when the bullying concerns of a young person were ignored and that young person felt very desperate and responded by taking their own life," she says.

"No one should be a bystander to bullying. We must address bullying not only with our students, parents, school staff and administrators but with other experts in the community as well."

Bullying is serious. Childhood bullies are more likely to commit a crime by age 24, reports the Center for the Study and Prevention of Violence. It is estimated that 160,000 children miss school every day due to fear of attack or intimidation by other students, according to the National Education Association. Prevention and involvement is the key to stop bullying.

Bullying

Bullying is when one person or a group of people act aggressively to scare or hurt someone with less power, confidence or strength, usually repeated over time. It can happen anywhere: at school, on the bus, in the park, on a sports team or even at home, and includes the following forms:

Physical, such as hitting or punching

Verbal, such as teasing or name-calling

Emotional, such as intimidation using gestures or social exclusion

Cyberbullying, which is sending insulting messages by e-mail, text message or other social media

What Parents Need to Do

1. Check social networking sites. Make sure your child is not a victim or a bully on sites such as MySpace, Facebook and Twitter, as well as text messages or on instant messenger.

2. Talk to your children. Explain how they can stand up for themselves; tell a bully to stop and walk calmly away; make new friends and get involved to build more self-confidence; and tell them when to talk to an adult about a bullying situation.

3. Contact your school to alert them to a bullying situation and work as a team to stop the bullying.

"The most common way we find about a bullying incident is when the victim simply reports it to school officials," says Jon Amones, assistant principal at Raymond Park Middle School. "Sometimes we receive a call from the victim's parents, or sometimes our staff members observe a situation going on.

"When our school is notified of a bullying situation the administration conducts an investigation," Amones says. "Based on the situation, we assign the appropriate consequences. We implement safeguards to ensure our students' safety.

We contact the parents of the bully, the person being bullied and any bystander that plays a significant role. We inform the appropriate staff members and then we continue to monitor the situation. Other steps may have to be taken as deemed necessary to end the incidences."

What Schools Need to Do

1. Schools should have procedures in place and outlined in their student handbooks and implemented to deal with issues such as bullying.

2. Administrators need to educate the staff, students and parents about bullying issues and how to monitor children's lives for evidence of it.

3. Students need to understand that the counselor's office is a safe place to talk about issues, including bullying.

4. Upon being notified of a bullying situation, school officials must act proactively to discern the situation and act to stop the bullying.

5. Implement consequences, like student and/or parent conferences and alternate passing period routines, and look at punitive consequences such as short-term removal time or suspension and expulsion in more extreme cases.

6. On the flip side, reward students when they are doing the right thing, such as celebrating "building respect awards" and "setting a good example award." — *Deborah Wezensky*

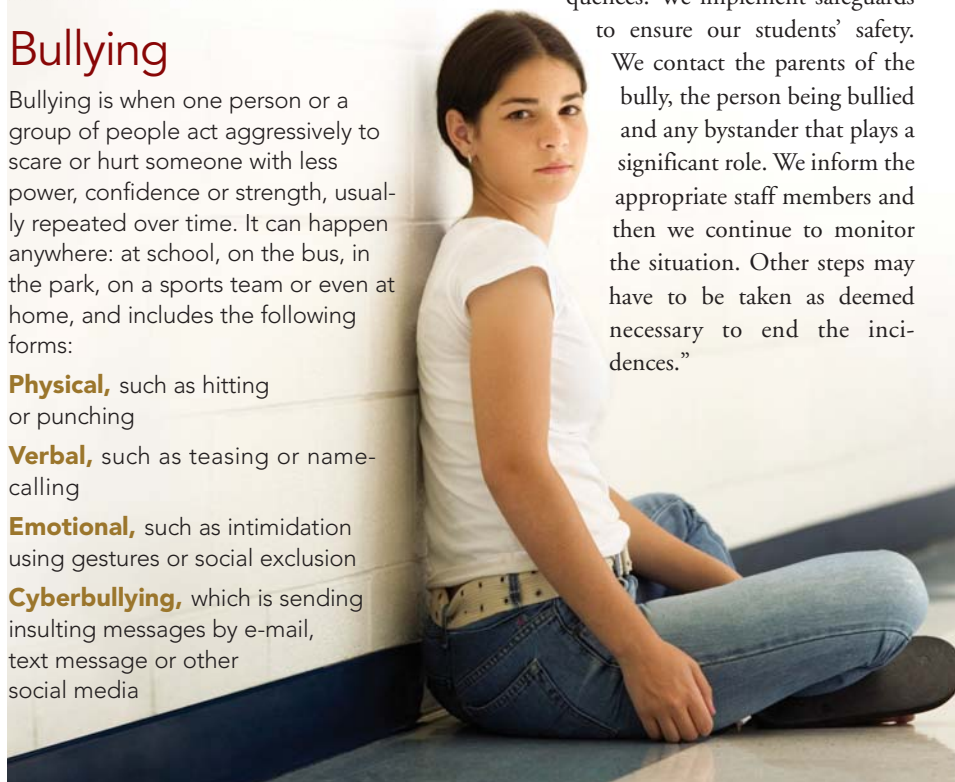
WARNING SIGNS THAT YOUR CHILD MAY BE BEING BULLIED

- Experiencing sadness, hurt feelings, loneliness and depression
- Poor body image, low self-esteem and even eating disorders
- Skipping school or being afraid to go to school, a drop in grades
- Headaches, stomachaches and anxiety
- Trouble sleeping
- Thoughts and acts of suicide in very extreme cases

Indiana's suicide rate has been higher than the national average since 1999.

In recent years, suicide among Hoosiers ages 15-19 has wavered between the second- and third-leading causes of death.

Source: Indiana Suicide Prevention Coalition



Bipolar Disorder

A complex mental illness

Many individuals report “mood swings,” and they assume they have bipolar disorder. Bipolar mood disorder, while relatively common at about one person in 50, is both under and overdiagnosed.



JERRY SHEWARD

Bipolar disorder is a serious mental illness that can lead to risky behavior, damaged relationships, difficulty holding a job and even a tendency toward suicide if not diagnosed and treated appropriately.

Bipolar disorder is often experienced as extreme changes in mood — from mania to depression. Mania describes an increasingly restless, energetic, talkative and powerful period of euphoria. Then this high-flying mood turns into irritation, confusion, anger or feeling trapped. Between these mood swings, a person with bipolar disorder may experience normal moods.

There are no definitive lab tests or imaging technologies to confirm the diagnosis. So a very careful history, with information from several sources, remains the mainstay for an accurate diagnosis and effective treatment.

Because mania may not be recognized in its milder forms as abnormal or unwanted, ensuing depressive episodes may be misdiagnosed as unipolar depression. Patients who suffer from unipolar disorder have symptoms at one end of the spectrum (the low end).

Treating bipolar disorder

The first goal is to alleviate the mood symptoms of an individual diagnosed with bipolar disorder, but the second objective is to stabilize the mood swings. Often, the challenge is to devise a medication regimen that accomplishes both.

The benefits of psychotherapy should not be discounted. Supportive and cognitive behavioral therapy can be critical in helping individuals learn to cope with their symptoms and the consequences of bipolar disorder.

— Jerry Sheward, M.D., Chief Medical Officer, Aspire Indiana

Helping a Loved One Cope With Mental Illness

Peter Casady blooms on his own schedule

On Christmas morning 2010, Darby and Tim Casady’s son Peter left their home and came home intoxicated. His conversation became disorganized and delusional. Over the next few days, Peter couldn’t sleep and appeared manic and incoherent. The couple set an appointment for Jan. 4, 2011, at Wishard, and their son was admitted to the psychiatric inpatient unit for diagnosis and treatment.

Treatment has been up and down as there is no quick fix to dealing with bipolar disorder. While at Wishard for a month, Peter began to wonder if he had any friends. Then, on his last night there, his friends, Billy, Stu and Andrew, came to visit him, saying, “We love him, Mrs. Casady. We want what’s best for him.”

The Casadys have found the support and care needed to help Peter deal with his mental illness.

“While we were trying to stabilize this situation with our 18-year-old son Peter, I was director of programs at the International Center,” Darby says. “The entire staff was a wonderful support. Diane Thomas, president/CEO, and Kathy Humphrey, COO, encouraged me to take a leave of absence. But I knew in my heart that Peter needed me at home, and this was not a two-week episode.

“My husband and I have a loving and supportive set of friends,” Darby says. “Peter does as well. We are blessed.”

The family was met with compassion and care while Peter was at Wishard and also as an outpatient at St. Vincent.

“Dr. Liffick has seen Peter for three years at Wishard — she and Jada are the best. Kristen was great, as was Carole, the nurse practitioner,” Darby says. “Dr. Brier, although busy with research, was also extremely compassionate.”

To learn more and to gain support, Darby took NAMI’s Family-to-Family course twice.



“The first time I was in denial. The second time, I listened and learned,” she says. “It is a wonderful program where family-to-family classmates become a support group. The classes are taught by well-trained experts and compassionate parents. I highly recommend it to anyone touched by mental illness.

“Dealing with Peter’s mental illness has been a whole new learning adventure. I love the quote, ‘Every flower blooms in its own time.’ Pete’s a gentle, gifted artist and guitarist — he blooms on his own schedule.”
— Deborah Wezensky

The Bipolar Spectrum

- Bipolar mood disorder occurs in about 1 percent to 2 percent of the population.
- Males and females experience bipolar disorder equally, as opposed to unipolar depression, which is more common in women.
- For women, the initial mood episode tends to occur in the late 20s. It is depressive in nature and symptoms often follow childbirth.
- The initial mood episode for men is more often mania and occurs about a decade earlier in late adolescence.
- An individual’s behaviors and symptoms that may suggest bipolar depression are not unique to the disorder. Many other psychiatric conditions are mistakenly thought to represent bipolar mood disorders, so expert mental health care is essential.

Improving the Treatment of Mental Illnesses

Effective, innovative and successful approaches

There have been several recent advances in the treatment of mental illnesses such as depression. One of the biggest barriers is the stigma of mental illness and a lack of education regarding the warning signs and how to get help.

People would be shocked if they knew how effective the current treatments are for depression and anxiety disorders. For many, the most effective treatments do not require taking drugs. Medications definitely have their place in depression treatment, but the advent of “direct to consumer” marketing of medications would suggest that medications are the only effective intervention.

In fact, there are many research-based treatments available for the treatment of depression and anxiety with success rates in the 70 percent to 85 percent range. These are usually based on cognitive behavioral treatment where people learn new ways of handling depression and anxiety. Recent studies by Drs. Steve Hollon and Richard Shelton at Vanderbilt University have indicated that using both CBT and medication can be more successful than medications alone. — *Dennis Morrison, Ph.D., Chief Executive Officer, Centerstone Research Institute*

“The most important support factor in my recovery from bipolar disorder has been my friends and family. There were times when my family did not know what to do, and my illness created a lot of upheaval. But they hung in there until I finally started to get better.

“Also, as part of a support system, it’s very important to have an understanding and knowledgeable psychiatrist on board, as well as a therapist and support groups.

“If you or a loved one has bipolar disorder, it’s important to take responsibility for your own health. And always remember that you are a person with an illness, not the illness itself.”

— *Natalie Coffin, age 36*



NATALIE COFFIN



Depression

It’s more than a day of feeling low

DENNIS MORRISON, PH.D.



Depression can be hard to recognize, so it’s not always easy to know when or where to get help. Depression is more than a day of feeling low. It is a long-lasting, often recurring illness. Life stressors, family history of depression, aging, drug abuse and medical problems can affect the levels of these chemicals and may lead to depression.

“People need to realize that mental illness is not something to be ashamed of,” says Dennis Morrison, Ph.D., chief executive officer of Centerstone Research Institute. “Disorders such as depression are caused by biochemical changes in the brain, and in many cases people have no more control over whether they develop a mental illness versus another disease like cancer.”

If you experience four or more of the following symptoms for more than two weeks, seek professional help:

- Persistent feelings of sadness, anxiety or hopelessness
- Restlessness, agitation, irritability
- Feelings of inappropriate worthlessness or withdrawal
- Sleeping too much or too little
- Eating too much or too little
- Inability to function at work or school
- Headaches, digestive disorders, nausea or pain with no medical basis
- Tearfulness, excessive crying
- Thoughts of death or suicide
- Lack of energy, constant fatigue
- Slowed thinking
- Loss of interest in daily activities

→ Loss of sex drive

“The most important thing is that when seeking treatment you should take the time to interview your potential therapist or psychiatrist to find out what they recommend as a course of action and how much experience the clinician has in treating your problem,” Morrison says. “The research is very clear that the quality of the relationship between the therapist and the client is of paramount importance in achieving successful outcome — some even argue that it is the only thing that matters.”

Many people with depression, anxiety or other illnesses resort to abusing drugs and alcohol as a means of self-medicating. This only masks the underlying problem. Seek help.

“It is so very important to get treatment for mental illness as soon as possible, because left undiagnosed, these illnesses can become fatal and wreak havoc on the lives of the individual, their family and their community,” Morrison says.

If you are unsure where to go for help, talk with your family doctor about your options.

“You should feel comfortable with the person who will be providing your treatment,” Morrison says. “You should be comfortable with the type of treatment being offered. If either of these doesn’t feel quite right, find another therapist. What matters is the match of therapist and client.”

See page 8 for mental health care resources. — *Deborah Wezensky*

Reaching Out

Services for individuals and families

EDWARD ALEXANDER



People of all ages are susceptible to mental illness, but the young and the old are especially vulnerable.

The good news is that the National Alliance on Mental Illness — Indianapolis serves our community by providing individuals and families with services that help them cope with mental illness.

Here are some of the resources to help improve mental health so you can turn despair and fear into hope for a better tomorrow.

Information and referral

Many times, after a diagnosis is made to a friend or family member, you may feel emotional, frightened and have no idea what to do next.

We will help you learn about the specific diagnosis, how to select a doctor, refer you to a therapist and explain how to tell people about your mentally ill loved one.

NAMI Indianapolis is in the business of

listening and giving simple, practical solutions and suggestions.

Family-to-family

NAMI offers a free 12-week program taught by trained instructors for families and friends of people with a mental illness diagnosis.

You will learn about symptoms and treatments, medication review, research, mental health advocacy, how the mental health system works, insurance issues, self-care during a mental health crisis and communication skills.

Support groups

You may feel that no one could possibly understand what you or a loved one is experiencing. A support group is a safe place to talk with people in a similar situation.

We offer eight support groups around Indianapolis and central Indiana for families and also for people living with a mental illness.

Crisis Intervention Team (CIT)

The CIT program is very unique. It's a true collaboration between NAMI Indianapolis, the Indianapolis Metropolitan Police Department and other community mental health providers.

Our goal at NAMI is to provide 40 hours of specialized training to law enforcement professionals, equipping them to divert mentally ill people away from the criminal justice system as appropriate and into proper treatment.

CIT is a national program and has been very successful here in Indianapolis, with just over 600 law enforcement professionals in less than 10 years. We are now expanding into Hamilton, Boone and Hendricks counties.

For more information call (317) 257-7517, e-mail info@nami.org or log on namiindy.org. — *Edward Alexander, Executive Director, National Alliance on Mental Illness – Indianapolis*

Resources

Are you or a loved one in need of help to deal with mental health issues? Mental illness is treatable and recovery is possible if one seeks and follows treatment. Here are local and state resources so that each one of us can realize our full potential and live a healthier life.

For free online depression or anxiety screenings, visit mhaindy.net.

In Crisis? 24-Hour Crisis and Suicide Hotline (317) 251-7575 or 1 (800) 273-TALK

Access Indiana, the official website of the State of Indiana: in.gov

Adult and Child Center: 1-877-882-5122, adultandchild.org

Aspire: (317) 574-1254, aspireindiana.org

Behavioral Health Services, Gallahue Mental Health Services: (317) 621-5719

Breaking Free: (317) 634-6341 or 1-888-254-8988, familiesfirstindiana.org

Centerstone: (888) 291-4357, centerstone.org

Children's Bureau: (317) 634-5050, childrensbureau.org

Choices Inc.: (317) 726-2121 or 1-888-543-9727, choicesteam.org

Connect 2 Help: 211, connect2help.org

Domestic Violence Network of Greater Indianapolis: (317) 872-1086, dvnconnect.org

Horizon House: (317) 423-8909, horizonhouse.cc

Indiana Protection & Advocacy Services Commission: (317) 722-5555 or 1-800-622-4845, in.gov/ipas

Indiana Suicide Prevention Coalition: 1-800-273-TALK (8255), suicideprevention-lifeline.org

Indiana Youth Institute: (317) 396-2700 or 1-800-343-7060, iyi.org

Indianapolis Bipolar Parents: indplsbp-parents.org

Julian Center: (317) 941-2200 or crisis line: (317) 920-9320, juliancenter.org

Key Consumer Organization: (317) 205-2500, keyconsumer.org

LiveYourLifeWell.org

Marion County Health Department: (317) 221-2000, mchd.com

Mental Health America of Greater Indianapolis: (317) 251-0005, mhaindy.net

Midtown Community Mental Health Center: (317) 630-7791, wishard.edu/midtown

National Alliance on Mental Illness: NAMI Indy — (317) 257-7517, namiindy.org; NAMI Indiana — 1-800-677-6442, namiindiana.org

Reach for Youth: (317) 920-5900, reachforyouth.org

St.Vincent Stress Center: (317) 338-4600, stvincent.org