



Indiana State  
Department of Health



Mental illnesses are complex, relapsing brain diseases that affect individuals who have them in a number of possible ways that may include (but are not limited to) changes in perception of reality, thoughts, feelings, mood, memory, personality, anxiety level and ability to function normally. The exact causes are unknown. There is strong evidence to support that they are the result of genetic, biological, psychosocial and environmental interactions.

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## Beyond the Balancing ACT: Your Mental Health

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Your family physician, local mental health association, hospital outpatient psychiatric clinic or counseling center can help you gain a mentally healthy balance for a better tomorrow.

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*A special message from State Health Commissioner*

## Dr. Judy Monroe

It's time to move beyond acting as if everything is OK when it's not.

Mental health disorders are common and impact everyday life in challenging and often debilitating ways. One out of every four Hoosiers has been diagnosed with depression or anxiety, and many more go undiagnosed because they do not seek help.

You may not recognize what is happening to you. Or, you may be reluctant to take the first step and get the help you need. However, by getting help, you can live a fulfilling and happier life. Take the first step: consult your health care provider for accurate diagnosis and treatment.

Take your treatment plan seriously; it will allow you to put one foot in front of the other so you can continue on the road to recovery. If you are prescribed medicine, take it as your doctor advises — even when you begin to feel better.

Consider “talk therapy” to deal with issues we all carry — fears, anger, loss, insecurities, hurt, guilt and unhealthy relationships. And last, take personal responsibility. Treat yourself to a healthy lifestyle. Start exercising and schedule some quiet time into your routine.

With unknown numbers who do not seek care, it is up to all of us to increase our understanding of the signs and symptoms of mental illness.

We must use our influence to help those we love get the care they need, as well as learn to ask for help when we need it ourselves.

Judy Monroe, M.D.  
State Health Commissioner  
Indiana State Department of Health

## Innovative solutions enhance access to Mental Health care in Indiana

New technology in telemedicine is having a significant impact on the availability and quality of mental health care services for populations that may not normally have access to care. Union Hospital's Richard Lugar Center for Rural Health has partnered with Hamilton Center, a local community health center, to provide urgent and routine mental health services through live interactive video to the emergency department of West Central Community Hospital, as well as the Vigo County Correctional Facility. With less than one-third of adults with diagnosable mental illness receiving care, this new program holds tremendous promise for hospitals and other facilities such as jails to provide quality mental health services to patients regardless of location. The project was made possible through a grant from the State Office of Rural Health with support from the Indiana State Department of Health. (*See Resources for contact information.*)

## Counting the Costs

*The emotional and monetary expense of addressing mental health issues adds up*

> In the United States, the annual economic, indirect cost of mental illnesses is estimated to be \$79 billion. Most of that amount — approximately \$63 billion — reflects the loss of productivity as a result of illnesses.

> Individuals with serious mental illness face an increased risk of having chronic medical conditions. Adults with serious mental illness die 25 years younger than other Americans, largely due to treatable medical conditions.

> Suicide is the 11th leading cause of death in the United States, and the third leading cause of death for ages 10 to 24 years. More than 90 percent of those who die by suicide have a diagnosable mental disorder.

> In July 2007, a nationwide report indicated that male veterans are twice as likely to die by suicide as compared with their civilian peers in the general U.S. population.

# Indiana's State of Mental Health

by Alan D. Schmetzer, M.D.,

*Professor of Psychiatry,  
Indiana University School of Medicine*



Indiana has a very active and engaged state agency working on mental health and addiction issues — the Family and Social Services Administration and its Division of Mental Health and Addiction.

Our state has developed multiple services for those with such needs — community mental health centers, state hospitals, accredited private hospitals and licensed clinicians in private practice. However, as advocacy groups such as the National Alliance on Mental Illness point out, we still have a long way to go. There is such a backlog of pent-up need that new services just seem to bring more people forward. Estimates for 2006 indicate that, of Hoosiers age 18 and older:

- 449,910** suffered from a mood disorder
- 52,095** had schizophrenia
- 857,196** were, or could have been, diagnosed with an anxiety disorder
- 194,171** had symptoms of attention deficit/hyperactivity disorder
- 396,469** had some sort of ongoing problem with addiction

About 45 percent of people who have a psychiatric diagnosis actually have more than one — sometimes called “co-morbidity” or “dual diagnosis.” This complicates their treatment. People who have mental health disorders often have higher likelihoods of physical ailments and on average die 10 years earlier than those without psychiatric disease.

**What improvements are needed?** Easier access to around-the-clock services. More law enforcement personnel trained in working with the mentally ill. More mental health professionals in nearly all areas of the state and in all disciplines — psychiatrists, psychiatric nurses, psychologists, social workers, marriage and family therapists, mental health counselors and certified addiction counselors.

No one wants to admit to any illness, much less a mental disorder, but even when people do, many areas have too few services. So a lot of people just put up with their symptoms until they are out of work, homeless and in despair.

**What can you do to help?** Talk with your representatives at any and/or all levels of government — county, state and even federal. Each has some part in funding and regulating mental health and addiction services. Learn about your own health coverage: Are psychiatric disorders covered at all, and if so, what will you still have to pay out of pocket?

Most importantly, let's all be willing to talk about these aspects of our health. If we could ever successfully ignore mental health needs, that time is long past. Finally, make every effort to protect your own mental health by being physically and mentally active and managing daily stresses in positive ways.

## The biology and psychology of women's mental health

by Dr. Joanna E. Chambers

**T**here are several factors — biological and psychological — to consider when thinking about mental illness in women.

From a biological perspective, hormones, including estrogen and progesterone among others, affect the brain. It is becoming clear that changes in these hormones, rather than absolute levels, are likely culprits for causing depression and anxiety. This explains why women often suffer from depression and anxiety symptoms prior to their menstrual periods, after giving birth and during peri-menopause.

From a psychological perspective, women are more likely than men to be aware of and, in response, internalize conflicts in relationships. From a social perspective, women's roles in their families continue to expand. They are expected to work and contribute to the family income, while also provide the majority of housework and childcare for the family. With these concepts in

mind, it is not surprising that the prevalence of depression and anxiety in women is four times that of men.

The good news is that women are less likely to suffer from substance abuse than men. However, women are certainly not exempt from addiction disorders.

More good news is that women are more likely than men to recognize their psychiatric symptoms and seek professional help. Many women initially seek help through their primary care providers, including OB/GYNs, internists and family practitioners as well as through psychiatrists.

Medications, as well as psychotherapy by a professional therapist, have been shown to be effective treatments for women with psychiatric disorders.

*Dr. Joanna E. Chambers is assistant professor of clinical psychiatry for the Department of Psychiatry, Indiana University School of Medicine, and a physician at University Hospital.*

# Panic Attacks

Mary Comer copes with recurring condition

by Sherri Coner Eastburn

**S**weaty palms, racing heart beat, hot flashes and a terrifying feeling of dread.

Those were the mysterious symptoms Mary Comer first experienced as a 15-year-old high school student. Her family physician explained away the episode.

Five years later, those feelings returned.

Comer, then a student at Purdue University, was riding in the back seat of a friend's car. She and four other friends were returning home from spring break in Florida.

"I was very, very anxious the whole way home, for about 15 hours," recalls Comer, now an assistant professor of electrical and computer engineering at Purdue.

One week later, that unexplainable panic returned with so much intensity that Comer could not complete a test.

When she sought therapy, Comer was diagnosed with panic disorder. Medication helped ease her mind.

Three times in the past 20 years, she has attempted to live without medication. When she became pregnant nine years ago, Comer stopped the medication. Immediately after her son was born, she again experienced the paralyzing panic, accompanied by severe depression.

Four years later, she again opted to stop medication.

"When I was five weeks pregnant with my daughter, I suffered another panic attack," Comer says. "That time was really bad. I would sleep half an hour and wake up in a panic. I was only able to sleep an hour and a half at night."

Four days later, her physician prescribed a newer medication.

Comer says she is thankful that medication is available and effective. The symptoms of her condition are too debilitating to survive without treatment.

"I've had enough episodes now that it appears to be a chronic thing," she says. "It's not a big deal for me to have the medication. There are a lot worse things. I can't think of anything worse to have if you don't have effective treatment."



## Two Basic Types of Anxiety Disorders

### Generalized Anxiety Disorder

> Constant, exaggerated worrisome thoughts and tension about everyday routine life events and activities, lasting at least six months

### Panic Disorder

> Repeated episodes of intense fear that strike often and without warning

## Symptoms of Anxiety Disorders

### Generalized Anxiety Disorder

> Constant exaggerated worrying

> Fatigue, trembling, muscle tension, headache or nausea

### Panic Disorder

> episodes of intense fear > dizziness

> chest pain > abdominal distress

> heart palpitations > feelings of unreality

> shortness of breath > fear of dying

## Anxiety Overload

*Recognize when stress becomes too much for you to handle on your own*

Occasionally, we all feel anxious. Life throws us plenty of surprises and challenges. You may lose your job, a loved one becomes ill, your family moves to a new community, or your child is struggling to fit in at school. But if you feel physically ill and everyday life seems overwhelming so that you can't function over a long period, you need to seek help.

Anxiety disorders are all bound together by the common threads of excessive, irrational fear and dread. But each anxiety disorder has its own distinct features. When you try to handle an anxiety disorder without the care of a health care provider, your everyday life can be miserable.

A combination of genetics, behaviors and development factors cause these complex brain disorders. By seeking diagnosis and treatment from a mental health care provider you can begin to gain control over your life once again.

## Manage Your Stress

To manage stressful situations, follow these four steps:

> **Tune In.** Get into the habit of noticing early signs of stress: feeling irritable, tense, distracted or fatigued.

> **Analyze.** Think about the causes of your stress. Identify things around you such as noise or activity level. Think about what is happening internally. Are there things worrying you? Do you feel you have to look after everyone else's needs before your own? Do you expect the worst to happen?

> **Respond.** Deal with the cause of your stress, and its effects on you. Some options include taking a "time out."

Take a 10 minute walk. Remove yourself from the situation for 10 to 15 minutes. Slow down your breathing. Inhale deeply, hold your breath. Exhale thoroughly, hold your breath. Repeat 5 to 10 times. Relieve muscle tension throughout your body by alternately tensing one muscle and then relaxing it. When you notice negative thoughts, just say "stop!" to yourself.

> **Prevent.** Develop good stress-reduction habits for a healthier lifestyle. Set aside 15 minutes a day to relax. Exercise daily. Eat healthy, nutritious food. Limit the amount of alcohol you drink. Stop using drugs or chemicals to help you relax. Stop smoking.

## Ask the Expert



Jerry Fletcher, M.D.

*Staff Psychiatrist, and Director of Behavioral Science for Primary Care, St. Vincent's Stress Center, St. Vincent's Primary Care, Meridian Youth Psychiatric Center*

### What should I do if I am concerned about my child's mental health?

The first step in any evaluation of mental health is with your primary care doctor. Family doctors and pediatricians are trained to tell those children that are doing OK from those that may need a referral to a mental health professional.

### Who can help my child deal with mental illness?

There are a variety of providers who can see your child for mental health care. Psychiatrists are medical doctors who can diagnose, treat and prescribe medications. Some psychiatric nurses may do these tasks as well. Psychologists can diagnose, do psychological testing and therapy. Social workers and licensed mental health clinicians probably do the bulk of therapy interventions. On occasion, your school counselor will have a degree and can help.

### What other resources are available to help my child?

Your local library may be helpful for information on normal development. The larger professional organizations will have Web sites with information for parents. (See *Resources*.) There also are parent support and referral sites such as About Special Kids (ask.org).

### What do I need to know about prescribed medications for my child?

Psychiatric medications for children have advanced dramatically in recent years. Medicines can be used for specific illnesses or for symptom relief. All medicines have side effects that may or may not affect your child. You must work with a physician who is comfortable with prescribing psychiatric medications and has experience working with children. Medications are seldom the only answer. They do not give you skills or help with decisions. Therapy is what makes recovery stick.

### How do I find the right services for my child?

More than anything, be an educated consumer. Know the goals, benefits and risks of the care your child receives, and monitor your success. Many facilities such as the Stress Center will have Access Departments — (317) 388-4800 — that can help discuss levels and kinds of care with you.

### What do I do if my child refuses to follow treatment?

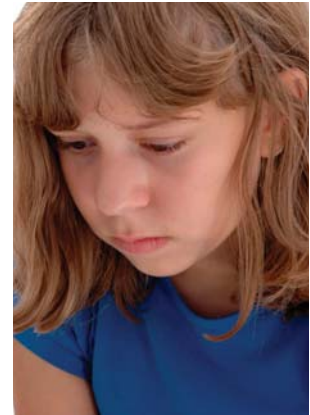
As in any other aspect of parenting, children do not know what they need or often what is good for them. Talk to your therapist or doctor when there is a specific issue that is poorly understood or is causing conflict. Resistance is often an issue of control ... and can be addressed by a mental health care professional.

## Warning Signs

*When does your child need help?*

Untreated mental health disorders can be very costly to your child, your family, communities and the health care system.

Early diagnosis and treatment enables your child to live a healthier and happier life. The Substance Abuse and Mental Health Services Association urges you to pay attention if a child or adolescent you know has any of these warning signs:



### A child or adolescent who seems to be troubled and feeling that they are:

- > Sad and hopeless for no reason, and these feelings do not go away.
- > Very angry most of the time and crying a lot or overreacting to things.
- > Worthless, guilty, anxious or worried often.
- > Unable to get over a loss or death of someone important.
- > Extremely fearful or having unexplained fears.
- > Constantly concerned about physical problems or physical appearance.
- > Frightened that his or her mind either is controlled or is out of control.

### A child or adolescent experiencing big changes, such as:

- > Decline in performance in school.
- > Losing interest in things once enjoyed.
- > Showing unexplained changes in sleeping or eating patterns.
- > Wanting to be alone all the time.
- > Feeling life is too hard to handle or experiencing suicidal thoughts.
- > Disregard for property and lives of others.

### A child or adolescent who exhibits:

- > Poor concentration; unable to sit still or focus attention.
- > Worry about being harmed, hurting others or doing something "bad."
- > A need to wash, clean things or perform certain routines hundreds of times a day in order to avoid an unsubstantiated danger.
- > Racing thoughts that are almost too fast to follow.
- > Persistent nightmares.

### A child or adolescent who behaves in ways that cause problems, such as:

- > Using alcohol or other drugs.
- > Eating large amounts of food and then purging or abusing laxatives to avoid weight gain. Dieting and/or exercising obsessively.
- > Violating the rights of others or constantly breaking the law without regard for other people.

# Talking About Depression

*Understanding the medical illness is a major step in attempts to cope*

## What is depression?

Depression is a serious medical illness; it involves your body, mood and thoughts. It's not something you have made up in your head. It's more than just feeling "down in the dumps" or "blue" for a few days. It's feeling "down" and "low" and "hopeless" for weeks at a time. Depression affects the way you eat and sleep, the way you feel about yourself, and the way you think.

## What are the symptoms of depression?

- > Persistent sad, anxious or "empty" mood
- > Feelings of hopelessness, pessimism
- > Feelings of guilt, worthlessness, helplessness
- > Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- > Decreased energy, fatigue, being "slowed down"
- > Difficulty concentrating, remembering, making decisions
- > Insomnia, early-morning awakening, or oversleeping
- > Appetite and/or weight loss or overeating and weight gain
- > Restlessness, irritability
- > Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain
- > Thoughts of death or suicide; suicide attempts

## How common is depression?

- > About 5 percent to 10 percent of all adults have major depression in a given year, and another 3 percent to 5 percent have a milder form
- > Women are two times more likely to have depression
- > Depression also is more common among those with medical conditions or a family history of depression
- > There are no major differences based on race or age

## What are the causes of depression?

- > Depression may happen as a result of changes in your brain
- > Depression runs in some families
- > Painful events or losses such as deaths can trigger depression
- > Stress can lead to depression
- > Addiction to alcohol and/or drugs
- > Sometimes the cause of depression is not clear

## When should I get help?

- > If you experience four or more symptoms nearly every day for two weeks
- > Symptoms are causing impairment, such as disrupting school, work or family life
- > If you think that one of your current medications may be making you feel depressed

## How can I help someone else who may be depressed?

- > Tell the person that you are concerned
- > Share information about depression
- > Talk to the person about seeing a doctor
- > Help make doctor's appointments and take them
- > Be there for the person after he or she starts treatment

# Exercise for Mental Health

*Moving your body can produce long-term benefits*

by JoEllen Vrazel, Ph.D, MA

In the past several decades, promising results from research have shown that exercise is an effective prevention and treatment method for certain mental health disorders.



From a prevention standpoint, people who are physically active have lower rates of depression, anxiety and stress, according to *The Psychology of Exercise* by Curt Lox, Kathleen Anne Martin and Steven J. Petruzzello. Most importantly, study results confirm that the protective effect of exercise on mental health can be experienced by people who were formerly inactive but have since added exercise to their lifestyle.

From a treatment perspective, exercise has been shown to be as effective as other treatment methods in reducing or eliminating symptoms of mental disorders in addition to preventing relapse. This is valuable information given the challenges associated with some treatment methods such as cost and side effects from medication.

Although a specific exercise prescription or "dose" has not been established, the following information can be used as a guide. Consult your doctor before beginning any type of exercise program.

> **Type of exercise.** Research results reveal that all types of exercise reduce symptoms of depression. However, anxiety research has shown that aerobic activities (walking or biking) may be best, with some debate regarding the effects of weight training for anxiety reduction.

> **Length of exercise program.** Exercise programs lasting four weeks or longer all showed a reduction in depression. However, studies with clinically depressed patients revealed twice the reduction in symptoms for programs lasting nine to 12 weeks compared to those lasting eight weeks or less.

> **Extra bonus.** Regular exercise not only positively impacts your mental health but physical health as well!

Need help sticking with an exercise program? Check out INShape Indiana, [www.inshape.in.gov](http://www.inshape.in.gov), for support and resources.

## Treatment Options

If you are experiencing symptoms of depression, see your health care provider. There are a variety of treatments including medications and short-term psychotherapies that have proven effective for depression. Peer education and support groups also can help people deal with depression. Experts indicate changes in your lifestyle, including diet, exercise and smoking cessation, can result in better health, including mental health.

Depending upon the diagnoses from your health care provider, treatment for depression may include:

- > Medication
- > Psychotherapy
- > Complimentary Therapy

# Defeating Depression

*Karla Buchanan overcomes malaise with medical intervention*

by Sherri Coner Eastburn

**A**fter ending a relationship, Karla Buchanan did what many women do: She cried a lot, slept a lot and isolated herself from friends and family. She also admits to experiencing episodic suicidal thoughts.



At times, her life didn't feel like it was worth living.

One year later, Buchanan still struggled with feelings of extreme hopelessness. Her life was reduced to going to work, then going to bed when she got home.

"I was constantly crying," she says. "At first, I thought I had more trouble in the evenings. But it got to the point where I was feeling depressed year-round."

Talking about severe depression is sometimes difficult, Buchanan says.

"The word depression is used so much in today's language," she says. "But lots of times, people don't really understand what it means, that it is something more than sadness."

Buchanan admitted to herself that something more was wrong. Unexplainable and overwhelming feelings of sadness immobilized her. She sought counseling.

And at age 24, Buchanan was diagnosed with major depression. Medication was prescribed. Buchanan later was hospitalized in an effort to stabilize her mood with different medication dosages.

"It's life-changing when you're able to feel better and feel there is hope," she says.

In April 2006, Buchanan opted for an additional form of treatment. A device called a vagus nerve stimulator, the size of a pacemaker, was implanted near her collarbone. Because electrodes from this device stimulate Buchanan's brain to fight off depression, oral medications are now greatly reduced.

Today, Buchanan says she is happily married, much more emotionally balanced and working part time in a card shop.

"My quality of life has gone up drastically," she says. "Depression is not a character flaw. The more active role you take to change your life, the better life is."

## About Those Baby Blues

by Caitlin Finnegan Priest, MPH

Many new moms feel tearful, overwhelmed, sad, angry or nervous after their babies are born. These "baby blues" are common and generally go away within two weeks.

If these feelings last longer than a couple weeks, let your healthcare provider know. You may have postpartum depression. Signs of depression, which can occur anytime during pregnancy as well as the first year after delivery, include:

- > Crying
- > Anxiety or panic
- > Sadness
- > Lack of energy
- > Loss of or change in appetite
- > Feeling hopeless or overwhelmed
- > Anger
- > Headaches
- > Sleeping problems
- > Rapid mood swings
- > Frightening thoughts

If you are thinking about hurting yourself or your baby, call your doctor immediately.

You are not a bad person or a bad mom for having these feelings! Depression and anxiety during or after pregnancy are very common and can be treated with support, medication and/or talking with a trained counselor.

For more information, contact your health care provider or call the Indiana Perinatal Network at (317) 924-0825 or visit [www.indianaperinatal.org](http://www.indianaperinatal.org).

## Road to Recovery

*Medical problems and addictions form a complex relationship with depression*

Depression often occurs with other serious illnesses such as heart disease, diabetes and cancer. Although some might consider it "normal" to be depressed when coping with a medical illness, depressed feelings lasting more than two weeks are not "normal" and may be clinical depression.

Although it is not clear how this happens, research suggests there may be physical reasons for depression to occur with medical illnesses.

Don't ignore the symptoms or think that these prolonged depressed feelings are part of your illness; they aren't. Discuss these symptoms with your doctor, and ask to see a mental health professional. Clinical depression can be treated, which can lead to improvement in your physical health, too.

Substance abuse disorders (alcohol and other substances) also have been shown to occur frequently with depression and vice versa.

This is a complex relationship. For example, a person with depressive symptoms may abuse alcohol as a means of coping with the symptoms. Or, someone struggling with an addiction may become clinically depressed. This "dual diagnosis" can be very difficult to identify and requires professional assistance from mental health professionals trained to treat addictions.

Addiction treatment professionals, like those at Fairbanks, can help you or a loved one move toward a healthier life through addiction recovery.

# Educational and Advocacy Resources for Mental Health

**American Academy of Child and Adolescent Psychiatry** — Assures access to services for children. Call (202) 966-7300 or log on [www.aacap.org](http://www.aacap.org).

**American Academy of Pediatrics** — Provides information on child health advocacy. Call (847) 434-4000 or log on [www.aap.org](http://www.aap.org).

**Bazelon Center for Mental Health Law** — Advances the rights of those with mental disabilities. Call (202) 467-5730 or log on [www.bazelon.org](http://www.bazelon.org).

**Center for Mental Health Services** — Staff members respond to questions about mental illness. Call (800) 789-2647 or log on [www.mentalhealth.samhsa.gov/chms](http://www.mentalhealth.samhsa.gov/chms).

**Depression and Bipolar Support Alliance Indiana** — Offers a referral line and educational materials free of charge. Call (800) 826-3632 or log on [www.dbsalliance.org](http://www.dbsalliance.org).

**Equal Employment Opportunity Commission** — Monitors the rights of the individual. Call (800) 669-4000 or log on [www.eeoc.gov](http://www.eeoc.gov).

**Fairbanks** — Helps people move toward a better life through addiction recovery. Call (317) 849-8222 or log on [www.fairbanksed.org](http://www.fairbanksed.org).

**Hamilton Center, Inc.** — Serves as a community mental health center in Terre Haute. Log on [www.hamiltoncenter.org](http://www.hamiltoncenter.org).

**Indiana Legal Services, Inc. Hotline** — Offers free legal services. Call (877) 323-6260 or log on [www.icapcaa.org/programs/ils.html](http://www.icapcaa.org/programs/ils.html).

**Indiana Protection and Advocacy Services** — Provides sources of free publications and advocacy support. Call (317) 722-5555 or TDD (800) 622-4845. Log on [www.IN.gov/ipas](http://www.IN.gov/ipas).

**Indiana Telehealth Advisory Consortium** — Works on expanding the use of telehealth technologies. Log on [www.indianatac.org](http://www.indianatac.org).

**Mental Health America of Indiana** — Offers resources, information and advocacy support for all those affected by mental health issues. Call (800) 555-6424 or log on [www.nmha.org](http://www.nmha.org).

**National Alliance on Mental Illness-Indianapolis** — Provides in-depth mental illness education, support and advocacy for with serious mental illness. Call (317) 767-7653 or log on [www.namiindy.org](http://www.namiindy.org).

**National Alliance on Mental Illness** — Dedicated to improving the lives of persons living with serious mental illness and their families. Call (800) 950-6264 or log on [www.nami.org](http://www.nami.org).

**National Coalition of Mental Health Consumers and Professionals** — Provides educational resources and is an advocacy for persons for mental health consumers and professionals. Call (888) 729-6662 or log on [www.thenationalcoalition.org](http://www.thenationalcoalition.org).

**National Consumer Supporter Technical Assistance Center** — Provides resources for advocacy efforts. Call (800) 969-NMHA or log on [www.ncstac.org](http://www.ncstac.org).

**National Depressive and Manic-Depressive Association** — Educates the public on the nature of depressive and manic-depressive illness. Call (800) 826-3632 or log on [www.ndmda.org/suicide](http://www.ndmda.org/suicide).

**National Empowerment Center** — Provides support for people with mental illness. Call (800) 769-3728 or log on [www.power2u.org](http://www.power2u.org).

**National Institute of Mental Health (NIMH)** — Call (866) 615-6464 or log on [www.nimh.nih.gov](http://www.nimh.nih.gov).

**National Mental Health Consumers' Self-Help Clearinghouse** — Offers free resources to organizations that serve people with mental illnesses. Call (800) 553-4539 or log on [www.mhselfhelp.org](http://www.mhselfhelp.org).

**National Suicide Prevention Lifeline** — Provides suicide prevention services. Call (800) 273-8255 or log on [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

**Office of Disability Employment Policy** — Provides information on policy and practice affecting the employment of people with disabilities. Call (866) 633-7365 or log on [www.dol.gov/odep/](http://www.dol.gov/odep/)

**The Richard G. Lugar Center for Rural Health** — Provides innovative approaches to practicing and delivering health care to rural and underserved populations. Call (812) 238-7479 or [www.lugarcenter.org](http://www.lugarcenter.org).

**Social Security Administration** — Identifies and provides Social Security benefits. Call (800) 772-1213 or log on [www.ssa.gov](http://www.ssa.gov).

**Union Hospital Health Group** — Strives to meet the health care needs of the Wabash Valley. Log on [www.uhhg.org](http://www.uhhg.org).

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