

Hospital Guide

What Families Need to Know About
Mental Health Treatment

 **nami** | Illinois

National Alliance on Mental Illness

**FREE!
TAKE ONE
HOME!**



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Welcome

Your family may have not been in this situation before. You have a loved one who needs to be in a hospital for mental health services. Suddenly, you are in an emergency room, trying to help them get appropriate care, or your family has been in this situation before, but you wish you had information to guide you through this process.

This experience can be overwhelming, anxiety-provoking, and unsettling. You are trying to understand how to help your loved one and understand medical systems and policies that you may know little about.

You are not alone. Other families have faced the same challenges and have asked the same questions. How can families face this situation? What do they need to know to help their loved one and their family?

This guide provides information about what to expect and how to best support your loved one while they're in the hospital and in the following weeks and months. Hospitalizations for mental health concerns can be more complicated than others you've experienced. Our goal is to help you and your loved one navigate this complex journey of treatment and recovery in the hospital, as well as in the following weeks and months. We are here to help answer these questions and learn where to go to find what you need.

This guide covers how the State of Illinois handles practices related to psychiatric hospitalizations as general guidance, while individual hospitals may provide more specific requirements. If you have questions or concerns, ask the hospital staff for clarification or seek legal advice.

The Decision to Hospitalize

You may have brought your family member to the hospital because you're concerned they will harm themselves or someone else. Maybe you called the police to take them to the emergency room because their behavior was unsafe. Or maybe the police took your loved one to the hospital because they or others witnessed dangerous behavior.

The situation may be chaotic and challenging, but your family member is in the hospital for safety reasons. They're also in the hospital so medical professionals can learn about what is happening.

Signs that your family member is struggling and may need psychiatric assessment include:

- Having a plan, method, and/or time frame to attempt suicide.
- Making a credible threat to harm someone else.
- Seeing or hearing things that are not there (hallucinations) and/or believing things that are not true (delusions).
- Sharing paranoid thoughts (feeling someone or something is "out to get them").
- Endangering themselves by excessive use of alcohol or drugs (for example, risking overdose).
- Risking their lives by making choices about their safety that could endanger them.



Intake and Assessment

Once your family member has arrived in the emergency room, the intake and assessment process will begin:

- First, your family member will see an emergency room nurse to take their vital signs.
- Next, they will be assigned a bed in the emergency room. This may be a secure, low stimulation room that is quieter, has lower lighting, and few fixtures. This is for your loved one's safety. You may or may not be allowed to stay with your loved one in this room.
- They will also be searched for any items with which they could harm themselves.
- If your family member has seriously harmed themselves, managing that injury will take priority over everything else and they may be admitted directly to a medical floor for stabilization and critical care.

Once your loved one has been assigned a bed in the emergency room:

- A medical team will perform an intake interview to determine whether a physical condition such as a concussion or substance use is causing the symptoms.
- The team will determine if a mental health condition is present. They will ask about your family member's prior diagnoses, current symptoms and behaviors, substance use, and thought processes. Your observations of their behaviors and the historical information you provide will be valuable to the medical team.
- A member of the hospital psychiatric staff may be called in at this time for a consult.

Even if your family member is showing signs of a mental health crisis, there is no guarantee that they will be hospitalized. The decision to hospitalize rests with the hospital staff's assessment and consultation with a mental health physician.

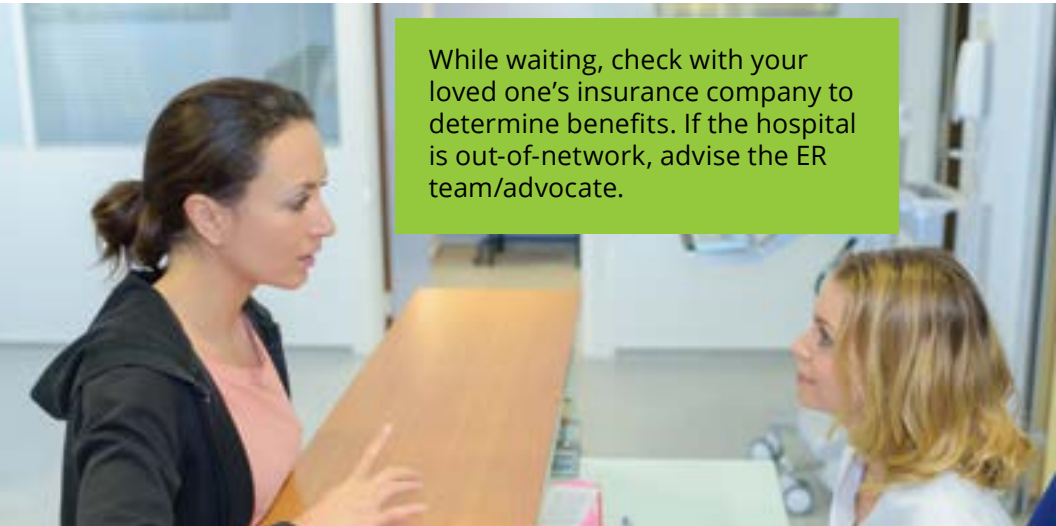
Some of the criteria that may be used to determine the need to hospitalize include:

- They're at imminent risk of harm to themselves or others.
- They're unable to independently provide for their basic physical needs to guard themselves from serious harm.
- They refuse or are not complying with voluntary treatment because their illness keeps them from understanding the need for hospitalization **and** their behavioral history indicates that their condition will worsen without inpatient treatment, leading to one of the above criteria
- Their behavior indicates that their condition will worsen, leading to one of the above criteria.

The data collected from the intake interview will determine next steps for your loved one, such as:

- Admission to the psychiatric floor.
- Admission to a medical floor for treatment of another condition.
- A transfer to another hospital or psychiatric facility.
- Release from the emergency room.

If admission is required, the team will locate a bed for your family member. Depending on where open beds are available, including at a different facility, there may be a lengthy wait.



While waiting, check with your loved one's insurance company to determine benefits. If the hospital is out-of-network, advise the ER team/advocate.

Hospital Admission

If your family member is admitted, they will be taken to the psychiatric/behavioral health floor and assigned to a treatment team that will diagnose them and create a treatment plan and treatment goals. (We'll cover this topic in greater detail in "Transition Planning.")

Psychiatric treatment begins on the inpatient unit. You won't necessarily know their diagnosis at this point. Also, don't expect to be allowed to accompany your loved one to the psychiatric floor. This is for a smooth transition to the inpatient unit.

If hospitalization is recommended, it's ideal if your loved one voluntarily agrees to inpatient admission. They're more likely to comply with their treatment plan if they accept the need for admission. However, they may not want inpatient treatment, especially if they don't believe they're ill. If your family member meets the criteria listed above, it's possible to legally admit them to the hospital for short-term treatment.

The Involuntary Admission Process

Involuntary admission may be recommended if the hospital staff recommends inpatient treatment for your loved one, but they refuse admission to the psychiatric unit. In Illinois, the legal system at the county level, not the hospital team, determines if your loved one can be involuntarily admitted to a psychiatric floor or facility. There are three ways to initiate the involuntary admission process:

- **Admission By Court Order:** An eligible third party over the age of 18 (including you) can file a petition for immediate hospitalization of a person with a mental illness, assuming they are a danger to self or others. The court will then determine the need for your family member to be admitted to a mental health facility involuntarily.
- **Emergency Admission Via Certification Process:** If your loved one threatens immediate harm to themselves or others, families may contact emergency responders or law enforcement to escort them to a hospital for treatment. These responders can initiate the petition filing process for involuntary commitment. Two qualified examiners will determine if the person is subject to involuntary admission and requires immediate hospitalization. Upon completion of one certificate, the facility may begin treatment of the individual.

- **Order for Detention and Examination:** If you are unsure if your loved one requires inpatient treatment, you can request your county court for an Order for Detention and Examination which allows for your loved one to be transported to a hospital for a mental health evaluation. If granted, a mental health professional will examine your loved one and determine whether your family member requires hospitalization. If they do, they can be involuntarily admitted.

Once your family member is involuntarily admitted, the hospital must develop a treatment plan within three business days of admission so the court can be certain they are receiving appropriate care.

You may find it difficult, scary, or overwhelming to hospitalize your loved one, whether the hospitalization is voluntary or involuntary. You may feel guilty, especially if they don't want to be there or are angry with you. You may also feel relief that they are receiving treatment in a safe place. Other families have gone through this. You are not alone. Rest assured you have made the best decision you could to get care for your loved one, and know that your support will help them get the treatment they need.



Flow of Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Mental Health and Developmental Disabilities Confidentiality Act (MHDDCA) guides communication between your loved one's treatment team and your family. In general, HIPAA and MHDDCA allow your adult family member to limit the amount of protected health information that the facility or treatment team can disclose to you without their permission. Neither HIPAA nor MHDDCA prevent family members from providing information to the treatment team. Both permit family members to receive limited information about their loved one's care without a signed release in certain situations.

Even if you hold your loved one's medical power of attorney, having them sign the following forms is the easiest way to ensure your full participation in their care:

- Release of Information, which spells out what information can be released, to whom, and for how long.
- Authorization to Disclose Protected Health Information, which allows the treatment team to release information to you.
- Emergency Contact Information, to ensure you're contacted in case of an emergency.

Ideally, your loved one will sign these forms voluntarily. If you sense that they're reluctant, ask the staff to help explain you need them to share information so you can help them get the best care possible. If they refuse, you can request hospital staff ask your family member to sign the form on another day, hopefully before discharge.

If your family member signs these forms, request a copy of them for your files.

If your loved one refuses to sign a release of information, you may be able to obtain very limited information about their care based on Section 5.5 of MHDDCA. This act allows family members to receive information about a person who is hospitalized with a mental illness, even if that person won't sign a release. You must meet the following conditions to receive information:

- Proof of identity to the hospital.
- Provide a written statement that there is no current or pending protective order, or a divorce proceeding between you and your family member.

- Proof of your involvement in your loved one's care such as:
 - They live with you.
 - You pay for their mental health services or prescriptions.
 - You assist them in scheduling or attending the appointments or filling prescriptions, and can offer provider name(s) and contact information.
 - You are an adult and either their parent, spouse, sibling, child, or grandchild.
 - You are their emergency contact.
 - Your loved one's mental health care is covered under your health insurance.

At the same time, the treatment team must:

- Determine your family member's illness is so severe they are incapable of legally withholding the release of information.
- Determine it is in your family member's best interest to provide the information to you and that this would not put them at risk of abuse or neglect.

You are then entitled to information including:

- Whether or not your loved one is in that hospital.
- Their projected discharge date.
- The discharge plan, including future treatment and medication information.

Although a signed release of information gives you the greatest ability to participate in your loved one's care, you can still participate by communicating information about your family member to their treatment team. Prepare a written history if you're able and ask the treatment team to include it in your family member's medical records. You can say to the staff: "I know you cannot tell me anything, but as a family member, I have vital information to give to the treatment team."

With this information, you will be able to assist your loved one in accessing care, understanding treatment options, and setting them up for success in their recovery.

In the Hospital

Your family member has now been admitted to the psychiatric unit, which significantly differs from a stay on a medical unit. Thus, families may encounter unique challenges in managing their family member's inpatient care. These challenges are typical, and managing them will help your loved one recover.

Family Visits

Your experience visiting your loved one on a psychiatric floor will differ from what you might have experienced visiting friends or family on a medical floor. Listed here are some common differences:

- Psychiatric floor visiting hours will likely be more restrictive than general hospital visiting hours. Request a copy of the psychiatric floor visiting hours.
- Visits typically occur in a common area, rather than in your family member's room.
- There may be limitations on who can visit your family member (for example, children may not be allowed).
- There will likely be limitations on what your family member can have in the hospital, and on what you can bring them during their stay. Ask hospital unit staff about any limitations.
- Telephones on the unit are located in common areas. You can call your family member on these phones during designated hours. Check with hospital unit staff regarding phone hours.

It's not Personal

If your loved one was involuntarily hospitalized or is angry, they may refuse to see you. While it feels personal, please know it is not, and check in with hospital unit staff later to see if your family member is ready to see you.

While you may feel angry, worried, or scared by the limits on communication, you can improve your loved one's recovery and stability if you stay calm, loving, positive, and supportive during your communications and visits.

Family Questions

To better understand your family member's stay in the hospital, you will likely have questions:

- Remember that the staff's ability to answer some of these questions will be based on whether your family member has signed a release of information form.
- How long will my family member be hospitalized?
- What is their diagnosis? Please explain it to me in clear terms.
- What is the treatment plan while they are hospitalized?
- Which symptoms are you most concerned about? What do they indicate? How are you monitoring them?
- What medications are you giving to them, why should they help, and what are their side effects?
- Has the treatment team discussed treatment, progress, and discharge planning with my family member?
- Can I be present when the discharge plan is discussed with my family member, or can it otherwise be shared with me?

Benefits of Inpatient Hospitalization

- Having a team of trained professionals to educate you and your loved one about mental illness, its treatment, and its long-term management.
- Making them feel cared for, safe, and understood.
- Providing routines and consistency that may comfort them and promote their recovery.
- Providing recovery tools such as art therapy, yoga, and exercise.
- Seeing your family member's condition improve can bring you hope that your family member will recover.



Transition Planning

As your loved one approaches the end of their inpatient stay, their treatment team will likely create a transition (or discharge) plan to step them down to outpatient care. It's essential to participate in the transition planning meeting if the treatment team and your family member allow it. They may need assistance determining what will be feasible when your family member leaves the hospital.

Recovery goals such as controlling symptoms, independent living, or returning to work or school form the basis of the transition plan. The transition plan can include the following elements:

- Their diagnosis, explained in easy-to-understand language.
- Medication prescriptions.
- A clear explanation of outpatient treatment options.
- Referrals for follow-up care.
- Instructions for using over-the-counter medications, and avoiding non-prescribed medications, alcohol, marijuana, and other drugs.
- Self-care activities, including activities of daily living such as meals, hygiene, sleep schedules, exercise, and pleasant activities.

It's best for your loved one to participate in transition planning, since they're more likely to follow a plan if they are involved. You can support them by helping them understand the transition plan, access outpatient care, and create concrete activities, skills, and strategies for managing life outside the hospital.

Crisis management steps

- Create a list of behaviors that suggest a need to return to the hospital or to call emergency services.
- Use of emergency hotlines and/or chat lines (for example, 988, The National Suicide Prevention Lifeline, and The Crisis Text Line).
- Learn about alternatives to Emergency Rooms such as Living Rooms and Mobile Crisis Response Teams.
- Use state resources on the web, like the Dept. of Human Services' Mental Health webpage for consumers, and BEACON, a portal for youth and families seeking services



The Recovery Process

Now that your loved one has left the hospital, they are ready to begin the journey from short-term stabilization of symptoms to long-term wellness. They will utilize the transition plan created in the hospital to maintain stability, set and achieve goals, and promote their own recovery. Your active support sets them up for success in achieving and maintaining long-term wellness.

Because of what they've just come through, your family member may need practical support in implementing the transition plan and setting up their day-to-day life in a way that fosters recovery. You can help them by:

- Facilitating parts of transition plan such as transportation, calling providers, researching in-network providers, managing logistics, etc.
- Limiting stressors in their environment.
- Setting appropriate boundaries.
- Creating routines for mealtimes, bedtimes, taking medications, exercise, and activities with family and friends.
- Helping submit claims to their insurance company or paperwork to employers, if needed.

Recovery from mental illness is complex. Since these illnesses are chronic, relapses can be a normal part of recovery. But rest assured, your loved one can still make progress even if they relapse.

You and your family member will want to be aware of warning signs of an impending relapse. If you should notice any warning signs in your family member, that signals the need for action. Earlier action could reduce the need for hospitalization or other strong measures.



Relapse warning signs:

- Return of symptoms such as depressed mood, anxiety, psychosis, or delusions.
- Problems adhering to treatment (for example, stopping medications or quitting therapy).
- Changes in daily routines.
- Neglecting hygiene.
- Reverting to unhealthy coping strategies, including substance use.
- Self-harm.
- Suicidal or homicidal thinking.

Recovery from mental illness is not linear, it is a journey. Your family member's progress from illness to wellness may be slow, difficult, or complicated. Do not give up hope! Your support and encouragement during this time can lead to healing.

While your family member is recovering, you'll need to attend to your own recovery and well-being. See "Support for Families."

A Patient's Perspective:

After I left the hospital, I started the slow path to recovery. I adjusted to new medications, and learned that I'd need to take them consistently for the rest of my life. I participated in treatment: partial hospitalization, then an intensive outpatient program, and then to twice-weekly sessions with my therapist. I began attending a NAMI support group for people with mental illnesses, and learned that I was not alone.

Today, I'm living well in recovery. I'm grateful for my family's support throughout the process of healing. They lifted me up when I got discouraged, and helped me make changes that promoted my recovery. I couldn't have done it without them.

A Family Member's Perspective:

The first few months after my wife's hospitalization were rocky. She was confused, scared, and had problems setting herself up for recovery. She needed my help with everyday activities and outpatient care. We got through it together, but I wish I'd had some guidance and support for myself during this scary time. If I'd known what to expect, I could have supported her better—and could have received some desperately-needed support for myself.

What is Mental Illness?

Mental illnesses (also known as mental health conditions or challenges) are chronic, brain-based disorders that impact a person's moods, emotions, behaviors, and thoughts. These illnesses affect a person's ability to relate to others and function each day. They are medical illnesses, not moral failings!

Research suggests that mental health conditions are caused by a combination of factors, such as genetics, trauma, social stressors, problems at school, or dangerous neighborhoods. While you may never know why your loved one developed a mental health condition, it's important to remember that you are not to blame. Although mental health conditions cannot be cured, they are treatable, and recovery is a real possibility.

Widespread misunderstandings about mental health conditions remain. People may expect a person with serious mental illness to look visibly different from others. They may tell someone who doesn't "look ill" to "get over it" through willpower. Also, many people don't seek treatment or don't understand that their symptoms could be connected to mental health challenges.

Anyone can experience mental health symptoms, particularly during times of stress. Mental illnesses, however, impact a person's day-to-day life in a manner that creates distress and problems functioning in social, work, or family activities.



Common Mental Illnesses Include:

Anxiety Disorders involve persistent, excessive fear or worry in situations that are not objectively threatening. Common anxiety disorders include :

- Generalized anxiety disorder
- Panic disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

Mood Disorders cause shifts or cycles in mood. Common mood disorders include:

- Depressive disorder (also called "clinical depression")
- Bipolar disorder (once called "manic depression")

Schizophrenia causes difficulties with a person's ability to think clearly, manage emotions, make decisions, and relate to others. Common symptoms include:

- Paranoia
- Hallucinations
- Delusions
- Problems thinking clearly
- Social withdrawal

Borderline Personality Disorder results in difficulty controlling emotions and managing relationships. Common symptoms include:

- Outbursts
- Rapidly shifting emotions
- Reckless behavior
- Self-Injury
- Unstable self-image
- Unstable relationships

It's not unusual for a person with a mental health condition to misuse substances, including nicotine, alcohol, marijuana, or other drugs. This is referred to as "dual diagnosis" or "co-occurring disorders." In fact, 50% of people with severe mental illnesses misuse substances.

One person can be diagnosed with multiple mental health disorders, known as "comorbidity." Comorbidity can complicate treatment.

For in-depth information about these illnesses, visit the NAMI website at [nami.org/About-Mental-Illness/Mental-Health-Conditions](https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions).

A Patient's Perspective:

Before I was diagnosed, I didn't understand that I was sick. Sure, I struggled at school and at work, but I didn't realize that not everyone experienced what I did. My mood swings felt normal, I enjoyed the euphoria that came with mania, and doesn't everyone use alcohol or drugs to cope with life and relax? And don't all college students feel suicidal sometimes?

Over time, my symptoms worsened to include delusions that the police wanted to frame me for murders I didn't commit, and paranoia that the ibuprofen I often took for headaches was poisoned. However, I didn't think I needed inpatient treatment. I just wanted to get some anti-anxiety medication to calm myself. Eventually, my family convinced me to visit the emergency room, and I agreed to be hospitalized.

A Family Member's Perspective:

It was terrifying to watch my wife's mental health deteriorate. As her condition worsened, she had increasingly severe outbursts, and became unable to work. However, I didn't know that she had grown delusional and paranoid, and I sure didn't know that she was abusing alcohol and planning to end her life. When I found out that she'd spiraled into a deep depression, I convinced her to visit the emergency room. I asked her to accept inpatient treatment, but she wouldn't agree to it until the psychiatrist said he'd go to court to admit her involuntarily. Fortunately, she consented to the hospitalization, and signed a release of information so I could participate in her treatment.

Common Treatments for Mental Health Conditions

Since mental health conditions are complex, treatment is also complex, and there is no “one size fits all” approach. Often, your family member will need a combination of treatments and supports to succeed. Treatments are typically based on the symptoms that an individual experiences, rather than on the diagnosis, per se.

Your family member’s transition and ongoing recovery plan may include one or more of the following:

Medications

If appropriate, psychiatrists will prescribe medication(s) which include:

Antidepressants

Reduce the symptoms of depression such as low mood, poor appetite, low energy, and difficulty concentrating. These medications also reduce anxiety symptoms and obsessions/ compulsions.

Mood stabilizers

Reduce cycling between mood extremes of mania and depression.

Antipsychotics

Reduce symptoms such as hallucinations, delusions, and problems with speech, thought, and behavior. They can also help stabilize mood extremes and mood cycling.

Anti-anxiety medications

Reduce anxiety symptoms such as excessive worry, panic, and obsessions/compulsions.

Medication treatment can be complicated. Each person responds to medication differently. It can take some experimentation to find a medication that works and has acceptable side effects. Dosages

may need to be adjusted as treatment progresses. Although some medications may bring rapid relief from symptoms, for others it may take a few weeks to a few months for the medications to reach their full effect.

Some people struggle with medication adherence—they may skip doses, take more or less of a prescribed medication than they should, or stop taking their medications altogether. Non-adherence to prescribed dosages is common with many mental health disorders.

For a comprehensive list of mental health medications, visit the NAMI website at nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications.

Psychotherapy

Your loved one may benefit from using psychotherapy (talk therapy) to treat their condition. Common psychotherapies include:

Cognitive-behavioral therapy (CBT)

Examines how thoughts, behaviors, and feelings interact to create mental health symptoms and affect coping.

Dialectical behavior therapy (DBT)

Teaches mindfulness and acceptance skills to manage overwhelming emotions.

Interpersonal therapy

Addresses interpersonal skills with the goal of improving symptoms and relationships.

Group therapy

Teaches mindfulness and acceptance skills to manage overwhelming emotions.

Family therapy

Focuses on the improvement of relationships among family members to promote recovery.

Expressive therapies

Uses art, music, or movement to treat symptoms.

For an in-depth look at modes of psychotherapy, visit the NAMI website at nami.org/About-Mental-Illness/Treatments/Psychotherapy.

Brain Stimulation Therapies

When treatments such as medications and psychotherapy aren't working, your loved one may want to explore brain stimulation therapies. Examples of brain stimulation therapies include :

Electroconvulsive therapy (ECT)	Reduces symptoms of depression or mania by using small electric currents to trigger a brief, controlled seizure in the brain. This procedure is performed under general anesthesia and is considered safe and effective, although it has side effects.
Transcranial magnetic stimulation (TMS)	Reduces depression symptoms using a magnetic coil to influence the brain's natural electrical activity.
Other brain stimulation therapies	Includes vagus nerve stimulation and deep brain stimulation therapies.

Visit the NAMI website at nami.org/About-Mental-Illness/Treatments/ECT-TMS-and-Other-Brain-Stimulation-Therapies for additional information.

Education and Peer Support Services

Education and peer support services may help your loved one stay on track with their recovery and manage relapses. These services are free of charge. NAMI offers the following peer support services to individuals with mental illnesses:



A structured support group led by peers for people living with mental illnesses. Attendees use their own lived experiences with mental illness to promote recovery and healthy coping.



An 8-session educational program for adults with mental health conditions who are looking to better understand themselves and their recovery.

Peer Support Specialists	Peer support specialists are individuals living with mental illnesses who will support your family member with recovery and recovery-oriented goals, such as education, employment, housing, and social connectedness. Check with your local NAMI affiliate to see if they have a Peer Support Specialist on staff, or contact your loved one's treatment team for a referral to another provider.
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Support for Families

When your loved one experiences a mental health challenge, your family needs support. NAMI offers classes and support groups for families on this journey. Check the NAMI Illinois website or your local affiliate for available classes and groups.



A free, eight-week course for family caregivers of individuals with serious mental illness. Class topics include:

- Learning about feelings and facts about mental conditions
- Mental health conditions and dealing with critical periods
- Basics about the brain and medication
- Rehabilitation and potential for recovery
- Problem-solving and empathy workshops
- Communication skills
- Self-care
- Advocacy and fighting stigma

Visit the NAMI website at namiillinois.org/support-and-education/mental-health-education/family-to-family-class/ for additional information.



A peer-led group for loved ones of individuals living with a mental health condition.

A description of our Family Support Group and a registration link can be found at namiillinois.org/support-and-education/support-groups/family-support-group/.



A six-session education program for parents, caregivers and other family members who provide care for youth (ages 22 and younger) who are experiencing mental health symptoms.

Visit the NAMI website at nami.org/Support-Education/Mental-Health-Education/NAMI-Basics for additional information.



A free, six-session educational program for families, caregivers, and friends of military service members and veterans with mental health conditions. It's designed to address the unique needs of family, caregivers, and friends of those who have served or are currently serving our country.

Visit the NAMI website at nami.org/Support-Education/Mental-Health-Education/NAMI-Homefront for additional information.

For in-depth topics relating to family support, visit the NAMI website at nami.org/Your-Journey/Family-Members-and-Caregivers.

Self-Care

During this time, it's important to make sure you're getting the help that you need. You can't fully support your loved one without receiving support yourself. Try to get ample sleep, eat healthy meals, and exercise.

Consider seeing a therapist yourself. It's also okay to take time away from your family member to rest, engage in a hobby, have coffee with a sympathetic friend, or simply take a walk to collect your thoughts and calm your emotions.

This is also an excellent time to participate in a NAMI Family Support Group, if you haven't already done so.

Now is the time to let your friends, neighbors, family, and faith community care for you, just as you would if your family member were physically ill. You might want help with activities including:

- Grocery shopping, meal planning, or meal delivery.
- Housecleaning, laundry, and errands.
- Caring for your children or other family members.
- Socializing with your family member.
- Taking time to attend your own therapy sessions and support group meetings.
- Spending time away from your family member to enjoy your own recreational activities.
- Receiving spiritual support.



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Non-emergency NAMI IL HelpLine:
800-346-4572

In Crisis: Dial 988 Suicide & Crisis
Lifeline 24/7/365

Office/Staff: 217-522-1403

Media: 217-522-1403 Ext. 3

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