



State of Women in Central Indiana:
**Mental Health
& Public Policy**

From Data to Dialogue

Women's Fund of Central Indiana | The Polis Center
August 2025

From the Desk of the President

At Women's Fund of Central Indiana, we are committed to answering the community's call by investing in systems change, advocating for women's rights, and building collective power for women and girls. One of the ways we do this is by providing data-informed resources—like the State of Women in Central Indiana report—and creating space for honest conversations about the issues that impact our lives.

In 2023, we embarked on our most comprehensive community listening effort to date, and women across Central Indiana told us that mental health is a top priority—not only their own, but also the mental health of the girls they care for and support. These concerns speak to a broader reality that women's health and well-being are often under-recognized, underfunded, and under-addressed.

To respond to what we heard, we hosted a public webinar in May of 2025 focused on Women's Mental Health. The goal was to take a deeper look at women's mental health, both through data and through lived experiences. A community that doesn't work for women simply isn't working—and we believe that real solutions begin by listening, learning, and lifting up voices.

I want to extend my heartfelt thanks to all the panelists who volunteered their time and insights to help us better understand the challenges and opportunities surrounding women's mental health in our region. I would also like to thank the Polis Center for organizing this conversation and producing this brief, to WFYI for hosting the event, and to Mirror Indy for facilitating such a thoughtful discussion.

This research brief captures key findings from the discussion and offers a snapshot of where we are—and where we must go. I hope it serves as both a resource and a call to action. Because now that we know, we have a responsibility to act. And in doing so, we must also remember to care for ourselves. You cannot pour from an empty cup. Prioritizing our own mental health is not only a personal act—it is a community imperative.



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**Tamara
Winfrey-Harris**

President

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Overview: the state of women in Central Indiana

Public policies and publicly funded programs have a significant and direct impact on women's mental health. To improve mental health policies and programs, it is essential to learn from the insights of women who are closely connected to the lived experiences of women in their communities. Their perspectives offer a critical understanding of how current systems are falling short—and what changes are needed to better support women's mental health.

Women make up 52 percent of the population in Central Indiana—a notably higher proportion than in Indiana overall (50.4 percent) and the United States (50.5 percent).¹

Although women make up more than half of Central Indiana's population, women remain notably underrepresented in state and federal legislatures and in statewide executive roles. Indiana is particularly male dominated in its state legislature. Furthermore, it is one of only five states never to elect a woman as governor or US Senator. Meanwhile, Indianapolis is now the largest city in America never to elect a woman or person of color as mayor.

Women leaders in Central Indiana interviewed for this report shared that women often feel excluded and disempowered by policies across many spheres, including caregiving, finances, food access and security, healthcare, housing, and transportation. This is especially true in the realms of reproductive healthcare and rights, given that policymakers have recently restricted access to birth control and banned abortion.

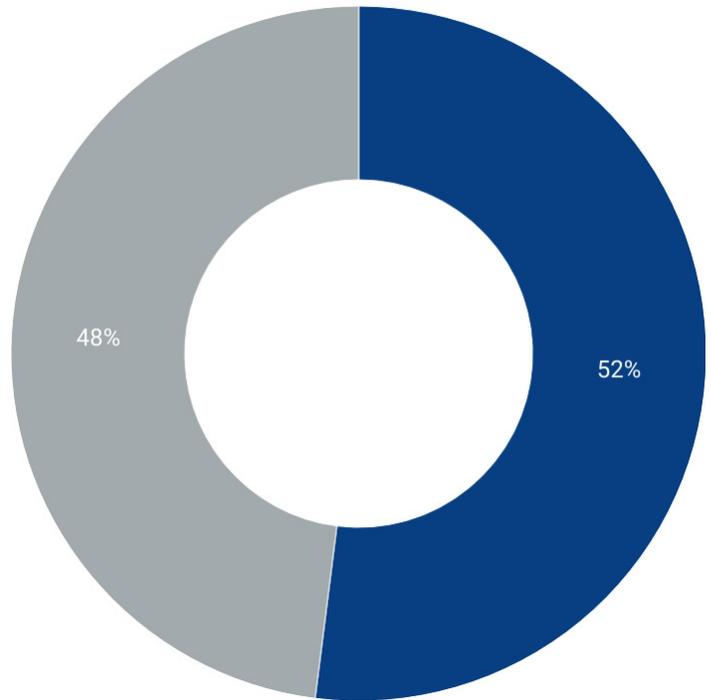
The former executive director of the Girl Coalition of Indiana, Mackenzie Pickerrell, observed that "Indiana has not adequately addressed the needs of women, especially considering the challenging political environment. While some awareness exists, systemic changes are lacking, leaving women, particularly Black, Indigenous, and People of Color (BIPOC) feeling unsupported and vulnerable. The



Women make up over half of Central Indiana

Central Indiana population (aged 18 and older) by gender, 2023

Women Men



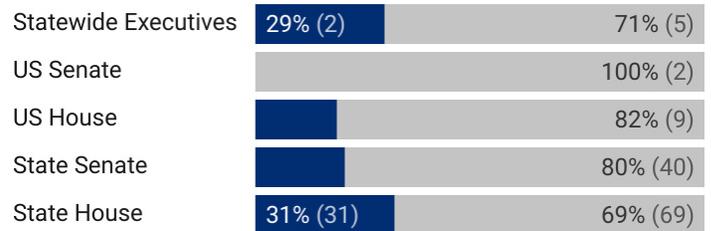
Source: The Polis Center Analysis of Public Use Microdata Sample (PUMS), 2019-2023 five-year estimates; Analysis and graphic by the Polis Center.



Indiana elected offices held by women

National and state offices

Women Men



Note: Parenthesis clarifies the number of seats, only for Indiana federal offices

Source: Center for American Women and Politics; Analysis and graphic by the Polis Center.

wellbeing of women in Indiana has not been the priority.”

About 69 percent of Central Indiana’s population is White, 16 percent is Black, 7 percent is Hispanic, and 4 percent is Asian.¹

The mental health crisis among women

Women’s mental health is at a crisis point. Women in Central Indiana have consistently higher rates of emergency interventions for mental health crises relative to men, and the trends in depression, frequent mental distress, and substance-use disorders are alarming. “Current circumstances hit every level of society. In the United States, it really is the women who bear the brunt of all those extra stresses for family, for work, and even for social organizations,” according to Bernice Pescosolido, distinguished professor of sociology at Indiana University and founding director of the Irsay Institute. These stresses often lead to mental health issues that diminish women’s ability to care for both themselves and others. “We can’t nurture anybody, we can’t care for anybody, we can’t love anybody, if our mental health isn’t where it should be,” said Danyette Smith, MSHS and director of domestic violence for the City of Indianapolis.

Depression and mental distress

About 25 percent of US adults have a serious mental illness such as schizophrenia, bipolar disorder, or major depression. Women are twice as likely as men to experience depression—a treatable condition that can affect any woman, regardless of age, race, or income.²

Nearly 30 percent of women in Central Indiana report experiencing depression—compared to one in eight men in the same age group. The highest rates are among women aged 18-34, with about 40 percent reporting depressive symptoms. Contributing factors include societal pressures, economic instability, career challenges, and the pervasive influence of social media, which can exacerbate feelings of inadequacy and loneliness.³

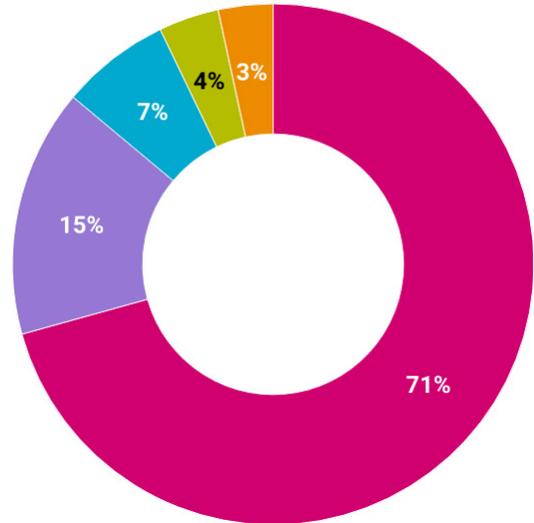
Women who identify as multiracial often experience a heightened sense of marginalization and identity conflict, which can contribute to mental health issues, and they may face discrimination and social



The racial composition of women is majority White.

Women population (aged 18 and over) by race and ethnicity, 2023

White Black Hispanic Asian Others



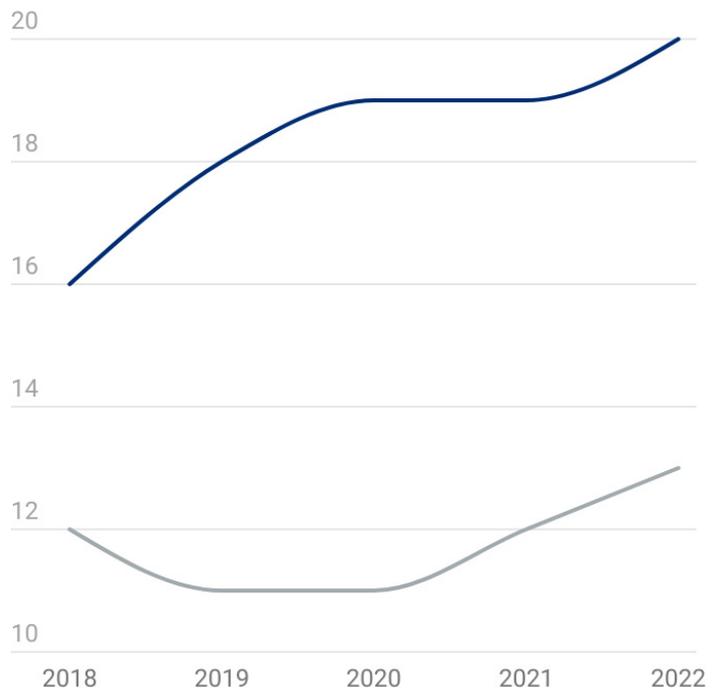
Source: The Polis Center Analysis of Public Use Microdata Sample (PUMS), 2019-2023 five-year estimates; Analysis and graphic by the Polis Center.



In 2022, 1 in 5 women in the state reported suffering from frequent mental distress, compared to 1 in 8 men

Frequent mental distress gender disparities

Women Men



Source: BRFSS, 2019-2022; Analysis and graphic by the Polis Center. (18 and older)

isolation from both within and outside their racial groups. This, in part, is why multiracial women exhibit the highest prevalence of depression, with 42 percent affected.⁴

Suicide and substance abuse

In Central Indiana, women are 1.5 times more likely than men to attempt suicide.⁵

However, women's suicide methods are often less lethal than men's. In 2023, the suicide mortality rate for women in Central Indiana was 7.1 percent, while the rate for men was 31.4 percent, which means that although women are more likely than men to attempt suicide, they were 4.4 times less likely than men to die of suicide.

Nearly half (46 percent) of those who die by suicide had a known mental health condition. The co-occurrence of substance use increases the risk of suicidal behavior.⁶

Substance use disorder is a growing public health crisis in Central Indiana among women. In 2022, the drug-overdose mortality rate among Black women in Central Indiana was 47.2 per 100,000; the rate among White women was 42.4 per 100,000.⁷

The severe lack of mental health resources in Central Indiana

Women turn to a variety of other resources when there are insufficient mental health professionals to meet their needs. These alternatives include friends and family; social media; general practitioners; and OB/GYN doctors and other specialists.

In many cases, however, women suffer in isolation, receiving no support or care at all.

Barriers & Biases

Indiana ranks near the bottom—44th —among US states and the District of Columbia for mental health workforce availability, according to the 2024 State of Mental Health in America report.⁸ Mental health workforce availability is measured by how many providers there are for the population and the variety of mental health professionals available.

“The reality is that many people are just holding it together with twine and duct tape. Maybe they’ll go to an urgent care to take care of something immediately, but they’re not going to address these long-term, pre-existing conditions until it becomes a crisis—until you have to go to the emergency room.”

- *Angela Carr Klitzsch, CEO, Women4Change Indiana*



“The workforce is so underdeveloped relative to what we need. There just aren’t enough people. There aren’t enough psychiatrists, there aren’t enough psychologists, there aren’t enough masters-level therapists, there aren’t enough psychiatric nurses, there aren’t enough psychiatric techs that work in acute care settings. Any of the above—nowhere near enough. We haven’t produced enough in our educational pipelines.”

- *Dr. Leslie Hulvershorn, Indiana University School of Medicine*

In addition to the lack of mental health professionals, multiple other barriers prevent women from receiving effective and timely mental healthcare.

■ Even when support is available in theory, it can be inaccessible in practice because of the costs, transportation challenges, and long wait times.

"It's impossible to find mental healthcare. People can't believe it when they try, how hard it is. People are outraged and say things like, 'I can't just call someplace and get in?' No, you can't. So, at IU Health we field about 700-900 calls a week for people trying to get into our offices for new patient evaluations. And we can take a tiny, tiny fraction of those."

- *Dr. Leslie Hulvershorn, Indiana University School of Medicine*



"LGBTQ+ youth in Indiana are experiencing a growing mental health crisis. At IYG, we see the impacts of family rejection, bullying, healthcare discrimination, and housing instability every day. These challenges are especially complex for LGBTQ+ youth—many of whom will become LGBTQ+ women—who often face layered forms of stigma. Without early, affirming support, these mental health struggles don't disappear; they follow young people into adulthood, shaping their future stability, health, and overall well-being in profound and lasting ways."

- *Chris Paulsen, Inspiring Younger Generations Indianapolis Chapter*



"When you're calling, you need it now. But if you can't get in for months down the line, who's to say what's going to take place within those months? Who's to say that you're even going to still accept them when it comes months down the line? Because these waiting lists are so long, especially if you have Medicaid or Medicare, compared to a private insurance. And right now it's hard to pay out of pocket for therapy services. So, the services are out there as of right now. But are they available? No."

- *Danyette Smith, MSHS, City of Indianapolis*

■ The stigmas and educational barriers experienced by people of color create a lack of racial diversity among care providers.



"When I think about a therapist of color, a psychiatrist of color, a psychologist of color—they must be able to navigate through the educational system, to get to college, to be able to become qualified, right? They also need to understand the value in it, and because it has been such a taboo for decades and for generations back, it has created gaps. And that's what we're trying to change."

- *Beatrice Beverly, Genesys Solutions*

- The inaccessibility and overall lack of mental health services prevents patients and providers from building a strong, long-term relationship—which is the foundation for effective care.



“If you feel like you’re treated like just a number and your healthcare [provider] doesn’t care about you, you’re not going to come back. You’re not going to listen. You’re not going to be more willing to ask them for their advice. So, I do feel like the relationship piece—rather than just the ‘I have a hospital nearby’—I think it’s huge.”

- Michelle Miller, PhD, Indiana University School of Medicine

“At IYG, mental health is central to our mission. We provide free, short-term, affirming therapy to LGBTQ+ youth, knowing that support from caring adults can reduce suicide risk by 40%. But services alone aren’t enough. We also work to change systems—partnering with schools, healthcare providers, and policymakers to create communities where LGBTQ+ youth, including those growing into women, are affirmed, protected, and given the chance to live full, healthy lives without fear or discrimination.”

- Chris Paulsen, Inspiring Younger Generations Indianapolis Chapter

Recommendations:

1. Increase the supply and accessibility of mental health services.

This is a critical first step. On the supply front, a range of stakeholders can play a key role in recruiting, developing, and retaining the mental health workforce. For example, policy-makers can establish financial incentives, such as grant-funding and loan-forgiveness programs as well as higher Medicaid reimbursement rates for behavioral health services. Massachusetts, for example, offers student-loan repayment in exchange for four years of community-based health care service, and Washington launched a campaign to promote interest in behavioral health careers.⁹

On the accessibility front, mental health providers can expand their service areas and take advantage of growing opportunities in the realm of tele-health. As in the supply realm, policymakers can play a key role by funding pilot programs that extend access to under-served areas. Certified Community Behavioral Health Clinics are one promising possibility. They offer mental health and substance abuse services to everyone—no matter their place of residence, age, or financial resources.



“I was just having a conversation with a couple of 13-, 14-, 15-year-olds, and the questions that were asked of me and a couple other elected officials were: How do you combat mental-health issues? How do you combat homelessness? How do you help those that just came home from jail or prison? And for that age group to ask me those questions—that lets me know that [my work as a policymaker has] a direct impact on you and your family.”

- Councilor Rena Allen, 15th District, City of Indianapolis

2. Reduce the stigma around seeking mental health support.

This barrier remains strong in some communities and suppresses the supply of mental healthcare professionals while also increasing the need for their services. Addressing the challenge requires a multi-pronged approach. Family, friends, and employers can help create spaces for people to talk about stressors in their life, pointing to available resources, as appropriate. Policymakers and educators can de-stigmatize mental healthcare by helping make it a real option—and viable career path—for people from a wide range of backgrounds and life experience.



"We need to support individuals in their educational journey. We need to prioritize individuals of backgrounds who look like clients that need services. And we need to make sure that that education does not come at the cost of them being able to live a quality life. So what can we do to invest in the future workforce?"

- Angela Carr Klitzsch, CEO, Women4Change Indiana

3. Value caregiving and caregivers.

The private and nonprofit sectors alike can help de-stigmatize mental healthcare by showing that they value the work of the mental health workforce through pay rates for mental health providers—and through workplace policies that support mental health provision. For example, many institutions have recently added paid mental health days to employee benefits packages.

"The mental health workforce, similar to a lot of professions, is not valued. These are serving occupations that often are [perceived as] being feminine—and so, not considered to be near the same wage or worth in our society. So, whether that's a social worker, a mental health worker, a teacher—we see a denigration of these essential workers that we lifted up during times of COVID. But now we've gone back to status quo."

- Angela Carr Klitzsch, CEO, Women4Change Indiana

4. Address root causes.

Mental health issues are often driven by—and inextricably linked to—a range of factors and stressors, including the financial costs of childcare, healthcare, housing, and transportation; the scope and strength of a person's social network; and the physical/emotional toll of providing care for children, parents, spouses, and friends and family. Programs and policies that effectively address these social determinants can help relieve the pressures and stresses that women face, improving their mental health.¹⁰

[The social determinants of health drastically impact women's mental health] "because if you don't have those things, your mental health is not where it needs to be. You're in survival mode. So you're literally just trying to access that food. You're really trying to survive from having a low-income job, compared to someone who has the food? Who has the transportation? Who has the family support and all the things surrounded that's needed? There's a huge difference. One is in survival mode. One is in thriving mode, so they can actually focus on their mental health."

- Danyette Smith, MSHS, City of Indianapolis

5. Focus on expanding and improving care—versus managing crises.

Mental health challenges that remain unaddressed don't simply disappear. They snowball. Over time, they can develop into a full-blown crisis, with consequences not only for the individual, but also their friends, family, and entire social network. Addressing issues as early and proactively as possible can have immense, wide-ranging benefits for individuals and society as a whole.



“My philosophy of this is start young. I think we need to find a way to introduce issues of emotions very early on in middle school, start to introduce aspects of mental health in high schools, give people a place to belong, and in colleges, grow the next generation of leadership.”

- Bernice Pescosolido, distinguished professor of sociology, Indiana University, and founding director of the Irsay Institute

6. Engage the levers of political change.

Policies implemented within a political system tend to reflect the values and interests of the people and coalitions that regularly show up to vote and make their voices heard. Voting and engaging directly with policymakers have a powerful effect on who and what the system values and prioritizes. The same is true of not voting and not engaging.

“Right now is not the time to be silent. If you look at the report, and if you are not happy with the data in the report, then find out who your representative is, and make sure you are talking to them. They don’t know unless you talk to them. The people who are in our state and federal legislature serve us, and they serve at our request, and so should be creating a world that is better for us.”

- Tamara Winfrey Harris, President, Women's Fund of Central Indiana

7. Be sensitive to local contexts and cultivate local resources.

The history and culture of the communities that people live and work in have a profound influence on their experiences. Policies and programming should reflect that reality. That is, they should be informed by a community's particular context—and created in collaboration with its residents.

“I believe that the individuals setting the policies need to come out into the community, to the neighborhoods, and into people’s lives. This is the only way to understand and to hear what is truly needed. I’m saying what needs to happen is that they need to truly understand the lives of the individuals that they’re making policies for, and what the impact is and will be—not just for today, but for tomorrow and the impact to their children as they navigate life. Take dollars out of the equation. Put thriving, productive and sustainable mankind in the equation.”

- Beatrice Beverly, Genesys Solutions

8. Broaden the circle of empathy and build political will through stories.

Well-told stories are a powerful way to build empathy, humanize the people who need and receive mental health support, and shine a spotlight on successes. As the means and opportunities for telling stories multiply—via both traditional print formats and social and digital media—they can help the broader public understand why increasing access to mental health services has broad benefits. In doing so, stories can also build a strong, broad base of political support for investments in mental healthcare.



“There needs to be an understanding that we are always going to have those in our communities that are not going to financially contribute to society. Our humanity encompasses a wide spectrum of people. And there’s going to be some that are going to be moneymakers, and some that are not. There will always be people that are disabled, have an illness, are in school, elderly, and that are caretakers. It is important to recognize this and understand that they’re still human beings. Policies should be enacted that always keep this in mind.”

- *Julie Hayden, Executive Director, Mental Health America of Indianapolis*



This document was compiled from a variety of sources. Much of the data appeared in The State of Women in Central Indiana (2024) report produced by the Polis Center on behalf of the Women's Fund of Central Indiana and which incorporated material from interviews with nearly three dozen informants and focus group participants. Several of the policy recommendations and quotes are drawn from that report and a related webinar with panel discussion, held in May 2025 and organized by the Polis Center and WFYI on behalf of the Women's Fund.



The webinar panelists were Beatrice Beverly, president of Genesys Solutions; Julie Hayden, director of Mental Health, America, Indianapolis; Rena Allen, Indianapolis city-county counselor representing District 15; and Dr. Michelle Miller, assistant professor of psychiatry at Indiana University School of Medicine. The panel discussion was hosted by Gail Strong, WFYI, and moderated by Ebony Marie Chappel, Mirror Indy.

Unless otherwise noted, the data points in this brief are drawn from The State of Women in Central Indiana Report (2024).¹ Citations to the original sources can be found in that report. See especially Chapter 10, "Mental Health."



In addition, the [SAVI Community Information System](#) platform provided valuable insights into the mental health needs and assets of women in Central Indiana.



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Thank You!



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