

Clergy Guidelines Pertaining To Mental Illness

The mission of the Orthodox Christian Church, at its most basic, is to continue and make available the ministry of mercy and healing entrusted to it by our Lord and Savior Jesus Christ. All the Church's Holy Scripture, teachings, Holy Mysteries, liturgies, counsels, spiritual tradition, pastoral care, visitations and community life, derive from and serve this healing mission. The Church has always been associated with the care of those who are infirm; a hospital which heals those sick with sin. This continues today, as the therapeutic science of Orthodoxy brings newness of life in Christ. As always, the Church prays for the restoration of health to the mentally ill and offers sacramental life to those seeking healing. In effect, actively engaging in the life of the Church and personally experiencing a nurturing pastoral relationship, can be vital lifelines and restorers of emotional and spiritual health to parishioners struggling with mental health issues.

People experiencing mental health concerns often turn first to the Church. Studies have shown that people with mental health issues visit clergy for help often before, or instead of, seeing mental health professionals. In reality, the clergy are frontline community mental health workers; or "first responders", when individuals and families face mental health or substance use problems. In that role, clergy can help dispel misunderstandings, reduce stigma associated with mental illness and treatment, and facilitate access to treatment for those in need.

Ultimately, we do not fix anybody. God is the healer, and we are the chosen instruments of His love and compassion through the grace of ordination.

A Definition of Mental Illness

A mental illness is a health condition involving significant changes in thinking, emotion, or behavior (or a combination of these). It often results in a diminished capacity for coping with the ordinary demands of life. Mental illnesses are associated with distress and/or problems in regard to daily functioning. In other words, mental illness can be understood as an expression of brokenness.

Approaches Toward Pastoral Intervention

Mental illness can be isolating for individuals and families. A welcoming environment and presence is always therapeutic; and when a person is receiving love, there is a good chance their heart will open up and begin the process toward healing.

Unless a person feels understood, it will go nowhere. Therefore, listen attentively, carefully, quietly, and deeply, with an attitude of patience and calm. All one has to do is open the ears, listen and learn; being attentive to verbal and nonverbal cues. To put it another way: it is the ability to hear what is being said - and what is not being said. It is providing the individual with the opportunity to communicate, by talking less on our part; and thus getting a better picture of the situation being presented; gaining a wider perspective of what is going on. To be a true listening ear is a powerful gift we can bring to anyone in need; and in a very real sense, providing a listening presence is therapeutic in itself.

Ask open-ended questions, when timely and appropriate, to gain an understanding of the person's presenting problem. Be careful in acting on assumptions (something you assume to be the case, even without proof), thinking it is the right answer. When we start treating our assumptions as facts, we stop the process of observation and may end up missing what is being presented. It is the case of walking with, rather than running ahead, which constitutes an effective intervention with someone in need.

Also, do not underestimate the power of kindness. Being kind will help create an atmosphere of trust, which will aid the process of discernment, leading to effective action.

In essence, we are called to see every person as God sees every person, as a child of God, worthy of love. This is where healing begins.

A mental health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in daily life. In cases of mental illness in which symptoms are hard to solve or deal with, the next step may be to seek the aid of mental health professionals. An important question to ask is to what extent will they respect the religious and moral integrity of the patients. Ultimately, the goal is to foster respectful, collaborative relationships between clergy and those in the mental health profession, that will lead to effective care.

Responding To A Mental Health Crisis

When a mental health crisis occurs, friends and family are often caught off-guard, unprepared and unsure of what to do. The behaviors of a person experiencing a crisis can be unpredictable and can change dramatically without warning. Make sure to assess the immediacy of the situation to help determine where to start or who to call:

- Is the person in danger of hurting themselves, others or property?
- Is the person actively suicidal?
- Has the person been taking their prescribed medications as directed?
- Are there signs of substance misuse/addiction?
- Do you need emergency assistance? Call 911/ Emergency Medical Services (EMS); ask if a person with Crisis Intervention Team (CIT) training is available.

A person experiencing a mental health crisis cannot always clearly communicate their thoughts, feelings, needs or emotions. They may also find it difficult to understand what others are saying. It's important to empathize and connect with the person's feelings, stay calm, and try to de-escalate the crisis. Once again, if need be, seek outside assistance and resources as indicated by the situation.

Approaches that May Help De-escalate a Crisis:

- In a crisis situation, before interacting with an individual, consider safety for yourself, the individual, and others; and whether there is a family member or friend who can help calm the person.
- Keep your voice calm and avoid overreacting.
- Listen to the person and express support and concern.
- Avoid continuous eye contact.
- Ask how you can help.
- Keep stimulation level low, and move slowly and gently.
- Offer options instead of trying to take control.
- Avoid touching the person unless you ask permission.
- Be patient and gently announce actions before initiating them.
- Give them space, do not make them feel trapped.
- Do not make judgmental comments or argue.
- Try to reason with the person, and if you cannot de-escalate the crisis yourself, you can seek additional help from mental health professionals, who can assess the situation and determine the level of crisis intervention required.
- If you do not believe there is an immediate danger, call the mental health professional or family physician that is familiar with the person's history. This professional can help assess the situation and offer advice, including obtaining an appointment or admitting the person to the hospital.
- If you cannot reach someone and the situation is worsening, consider calling local emergency personnel or other similar contacts.
- If the situation is life-threatening or if serious property damage is occurring, do not hesitate to call 911 and ask for immediate assistance.
- When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship to the person in crisis, and whether there are weapons involved.
- Ask the 911 operator to send someone trained to work with people with mental illnesses, such as a Crisis Intervention Training officer, CIT for short. CIT officers are specially trained to recognize and de-escalate situations involving people with a mental illness.
- When providing information about a person in a mental health crisis, be very specific about the behaviors you are observing. Describe what is been going on lately, and what is happening in the present moment. Be brief and to the point.
- Report any active psychotic behavior, significant changes in behaviors; threats to other people, and increases in manic behaviors or agitation.
- Once you call 911, there are two entities that may become involved—medical/first responders and law enforcement. Working together with them will aid in effective treatment and care.
- Consider making a follow up pastoral visit in the hospital or at home.

Suicide

Risk of suicide is a major concern for people with mental health conditions and those who love them. Encouraging someone to get help is a first step towards safety. People who attempt suicide typically feel overwhelming emotional pain, frustration, loneliness, hopelessness, powerlessness, worthlessness, shame, guilt, rage and/or self-hatred. The social isolation so common in the lives of those with mental illness can reinforce the belief that no one cares if they live or die. Any talk of suicide should always be taken seriously. Most people who attempt suicide have given some warning—but this is not always the case. If someone has attempted suicide before, the risk is even greater.

Warning Signs that a Person is Suicidal

80% of people who contemplate suicide give out signs that they are thinking about it. Suicide can be prevented. Risk of suicide can be minimized by knowing the risk factors and recognizing the warning signs. The following are some indications that a person may commit this act:

- A preoccupation with talking and/or writing about death or suicide, implying a sense of darkness, rather than light.
- Making comments about being hopeless, helpless, or worthless.
- Talking as if they are saying goodbye or going away forever.
- Expressions of having no reason for living; no sense of purpose in life; saying or implying things like “it would be better if I wasn’t here” or “I want out.”
- Dependence on alcohol and/or drug use.
- Increased alcohol and/or drug use.
- Withdrawal from family, friends, normal activities, and community.
- Sudden loss of interest in something that was once quite important.
- Reckless behavior or more risky activities, seemingly without thinking.
- Dramatic changes in personality, mood and/or behavior.
- Giving away prized possessions, putting affairs in order, tying up loose ends, changing a will.
- Stockpiling pills or obtaining a weapon.
- Deep depression.
- A sudden upturn in energy, sudden cheerfulness or calm, following a depression or period of despondency. Most of the time, committing suicide takes energy, which people lack when they are severely depressed.
- When a person threatens suicide or has made an attempt.

Risk Factors For Suicide

- Certain events and circumstances may increase risk.
- Losses and other events (for example: the breakup of a relationship or a death, academic failures, legal difficulties, financial difficulties, bullying).
- History of previous suicide attempts or other self-harming behaviors.
- History of trauma or abuse.
- Keeping firearms in the home.
- Chronic physical illness, including chronic pain.
- Exposure to the suicidal behavior of others.
- A history of suicide in the family.

Situations When Prompt Or Immediate Referral Is Indicated

- When a person poses immediate danger to self or others.
- When a person demonstrates an emotional or behavioral problem that constitutes a threat to the safety of the person or those around him/her (for example: suicidal behavior, severe aggressive behavior, an eating disorder that is out of control, self-mutilation like cutting, or other self-destructive behavior).

Pastoral Intervention If You Suspect Someone Is Thinking About Suicide

- Assess the person in regard to level of distress. How much distress, discomfort, or anguish is he/she feeling?
- A conversation with the person can help reveal important information such as whether he/she is thinking about suicide; has a plan; how they would do it; as well as the last time he/she thought about suicide.
- A person may not share their thoughts with you, but the family members may be aware of concerning behaviors like isolation or withdrawal.
- Assess the suicidal potential. For example, has the person threatened or made attempts at suicide before? What happened? At the time of the threat, were there unusual circumstances or stress in this person's life? Was the threat used to get attention or arouse sympathy from you or others?
- Listen to the person, express concern, reassure; as he/she may find you as the most approachable person, or the only person to talk with. Show the person you care about him/her by your attentive listening, understanding and caring.

- Listen without making judgements or telling the person how to feel. Do not use statements such as, “You shouldn’t feel that way,” or “You don’t know how lucky you are.”
- Take the person seriously and show this when you speak with him/her. Avoid arguing.
- Talk to the person about suicide. Discuss what suicide means and its finality. By talking the situation through and offering a caring place to discuss the situation, you may sometimes pull the person through the crisis. Use a soft voice, speak slowly, and keep responses short and simple.
- Remove potential means such as weapons or medications, to reduce risk.
- Stay at a distance if the person is agitated, because he/she may fear any sudden movement or being cornered.
- Do not promise secrecy, as you may have to compromise confidentiality in the interests of possibly saving a life. If you think they may be at risk of suicide, you need to seek help immediately.
- A person who is seriously suicidal should be considered a psychiatric emergency.
- If possible, call the therapist or psychiatrist/physician or other health care professional who has been working with the person, if this applies.
- Otherwise, do not hesitate to call 911/Emergency Medical Services (EMS) for assistance. Ask if a person with Crisis Intervention Team (CIT) training is available.
- Knowing emergency telephone numbers, such as emergency services, the police, the person’s physician, therapist, etc., will aid in a more effective response for the person in need.
- Accompany the person, or see if someone else who is close to the person will accompany him/her to the emergency room if it seems warranted in this situation.
- Alert emergency services or hospital emergency room staff if you know of any previous suicide attempts; if there is plan for how the suicide will be carried out; and if you know what the plan is.
- A pastoral follow up with the person is crucial and potentially life-changing.

A helpful resource: [THE NATIONAL SUICIDE PREVENTION LIFELINE](https://www.suicidepreventionlifeline.org) – 1-800-273-TALK (8255) is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. By dialing 1-800-273-8255, the call is routed to the nearest crisis center in the national network of more than 150 crisis centers. The Lifeline’s national network of local crisis centers, provides crisis counseling and mental health referrals day and night. www.suicidepreventionlifeline.org

Addictions/Intervention

An addiction is a physiological/psychological need to continue to use a substance, behavior, or activity after it is no longer useful or healthy to do so. Addiction takes on various forms: alcohol, drugs, Internet pornography, overeating, gambling, credit card debt, shopping, excessive Internet surfing, time spent on electronic devices, codependency (being addicted to an addict), and addiction to stress; to name a few. It is unclear whether addicts are born that way or if they somehow cross some invisible point of no return at some stage of their using. What is certain, however, is that nobody sets out to become addicted.

Addiction takes us, briefly or not, out of reality. Addiction provides a temporary respite from life's challenges and the emotional pain of life. All addictions change brain chemistry, increasing the activity in the pleasure centers of the brain. So, addictions increase a flood of pleasure-producing neurotransmitters, some addictive behaviors more than others.

What makes an addict an addict is the combination of two factors: (1) they are profoundly disturbed and unsettled with their own existence when they live apart from God; and (2) for reasons unknown, they can somehow briefly simulate relief from this condition by taking their drug of choice. In other words, addicts are people who are in dire need of a relationship with God, but are able to substitute fulfilling this need with a behavior that is essentially destructive.

In reality, the drug of choice becomes the addict's god. Addiction is in a sense a form of idol worship; turning to something other than God to do for you what only God can do. Addictions are not life sustaining; rather, the person feels dark and gluttoned as a result. To put it another way: an addiction is a manifestation of looking for God in all the wrong places. In essence, addicts are unsettled to the core and cannot handle the business of life without maintaining a continual and acute awareness of the Divine. In a very real way, addicts are sick for God, and relief can only be had when God becomes Everything in one's life; by finding Him in reality, not in escaping reality as it is.

Addictions render a person alone and powerless to stop the behaviors. As a rule, resolutions do not work. You cannot "white knuckle it" by using your willpower alone. What does work is following and practicing a spiritual program of recovery. The various 12 Step programs hold a promising solution to those living with addictions. The person suffering from addiction needs to be regularly open with another person: both within a recovery group and in confession/spiritual direction. Overall, it is a call for transparency, and surrender to Christ and His will; with a spirit of gratitude. For all that the Merciful does, He does for the good.

Conversely, the great enemy of recovery is when one creates a barrier of isolation. Isolation creates inner stress, which creates a need for relief, which lures one to the soothing but temporary relief of the addiction. This results in a perpetual downward spiral. In effect, the isolation gives birth to darkness, which in turn results in more acting out, which produces more isolation, which brings forth greater darkness.

Dealing With Denial

The primary block to owning one's addictive behavior is denial, thus diminishing the consequences of such behavior. Denial is a defense mechanism in which the person sincerely believes that he or she is not addicted. Denial is blindness to our blindness. We simply cannot see our own dysfunctional ways.

One confronts the denial by praying for the courage to see oneself clearly, as God sees them. Also, by admitting that one might be addicted to something that may be adversely affecting various levels of their lives. Lastly, by being open to the comments of others about one's behavior. This may take the form of an intervention by one's family and friends in the spirit of a loving confrontation, leading to treatment. Only by realizing and acknowledging that one is an addict can one begin to recover.

Pastoral Involvement

Clergy, being in the front lines, encounter various forms of addiction in their pastoral ministry. As we may know from experience, the person needs to take strong action to stop the addiction from taking over their lives, and thus begin the lifelong process of recovery.

An Orthodox Christian who is in a 12 Step program should do so in communication with their spiritual father/confessor, who can offer spiritual direction, guidance and support in the light of Orthodox spirituality and Tradition. By participating and being grounded in the life of the Church through the partaking of the Holy Mysteries, having a prayer rule, and ultimately, following Christ in the light of the Holy Gospel; the person continues the steps toward Divine transformation through true repentance and authentic change of behavior, leading to newness of life. This process involves attentive stillness, the confrontation of one's denial, and complete transparency with God and a few trusted persons, both inside and outside confession.

12 Step Programs

The 12 Step program of recovery can be summed up this way:

- Trust God (steps 1-3)
- Clean House/Repentance (steps 4-11)
- Help Others (step 12)

The 12 Step programs of recovery are about overcoming the character defects that contributed toward the addiction in the first place: namely fear, pride, and resentment. 12 Step recovery can also be utilized by family members and friends, who know first-hand the feeling of desperation concerning the destructive behavior of someone near to them, whether caused by drugs, alcohol, or related behavioral problems. All the 12 Step programs are about allowing God to do for us what we cannot do for ourselves. 12 Step programs work for those who work the program.

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"Fear not, for I am with you. Do not go astray, for I am your God who strengthens you; and I will help and secure you with My righteous right hand." Isaiah 40:10.

Resources

Addiction Recovery Resources

Drug and Alcohol Addiction

- Alcoholics Anonymous – <http://www.alcoholics-anonymous.org>
- Narcotics Anonymous – <http://www.na.org/>

Eating Addictions

- Overeaters Anonymous – <https://oa.org/>

For the Family

- Al-Anon/Alateen – <http://www.al-anon.alateen.org/>
- Adult Children of Alcoholics – <http://www.adultchildren.org/>
- Nar-Anon – <http://nar-anon.org/>
- Families Anonymous – <http://www.familiesanonymous.org/>
- Parents Anonymous – <http://www.parentsanonymous.org/>
- Co-Anon/ Cocaine Anonymous – <http://www.co-anon.org/>
- Co-Dependents Anonymous – <http://www.codependents.org/>

Other Anonymous Fellowships

- Cocaine Anonymous – <http://www.ca.org/>
- Gamblers Anonymous – <http://www.gamblersanonymous.org/>
- Dual Recovery Anonymous – <http://www.draonline.org/>
- Debtors Anonymous – <http://debtorsanonymous.org/>
- Nicotine Anonymous – <http://www.nicotine-anonymous.org/>
- All Addictions Anonymous – <http://www.alladdictionsanonymous.com/>
- Chemically Dependent Anonymous – <http://www.cdaweb.org/>
- Crystal Meth Anonymous – <http://www.crystalmeth.org/>
- Dual Diagnosis Anonymous – <http://www.ddaworldwide.org/>
- Heroin Anonymous – <http://www.heroin-anonymous.org/>
- Marijuana Anonymous – <http://www.marijuana-anonymous.org/>
- Methadone Anonymous – <http://www.methadonesupport.org/>
- Prescription Anonymous – <http://www.prescriptionanonymous.org/>
- Recoveries Anonymous – <http://www.r-a.org/>
- Bettors Anonymous – <http://www.bettorsanonymous.org/>
- Bloggers Anonymous – https://darmano.typepad.com/bloggers_anonymous/
- Clutterers Anonymous – <http://www.clutterersanonymous.net/>
- Emotions Anonymous – <http://www.emotionsanonymous.org/>
- Gamblers Anonymous – <http://www.gamblersanonymous.org/>
- Hepatitis C Anonymous – <http://www.hcvanonymous.com/>

- HIV AIDS Anonymous – <http://www.hivanonymous.com/>
- Kleptomaniacs and Shoplifters Anonymous – <http://www.shopliftersanonymous.com/>
- Recovering Couples Anonymous – <http://www.recovering-couples.org/>
- Schizophrenics Anonymous – <http://sanonymous.com/>
- Self-Mutilators Anonymous – <http://www.selfmutilatorsanonymous.org/>
- Spenders Anonymous – <http://www.spenders.org/>
- Survivors of Incest Anonymous – <http://www.siaawso.org/>
- Workaholics Anonymous – <http://www.workaholics-anonymous.org/>

Sex Addictions

- Sexaholics Anonymous – <https://www.sa.org/>

Mental Health Resources

Orthodox

- The Orthodox Christian Association Of Medicine, Psychology, and Religion – <https://ocampr.org>

Description:

OCAMPR exists to foster interdisciplinary dialogue and promote Christian fellowship among healing professionals in medicine, psychology and religion. Members pursue an understanding of the whole person which integrates the basic assumptions of medicine, psychology and religion within the Orthodox Church faith in educating and serving Church and community.

General Information

- PsychCentral – <http://psychcentral.com/resources/> [External link](#)

Description:

PsychCentral is an extensive annotated directory of mental health resources, including general information, as well as blogs, online communities, support groups, articles, quizzes and books.

Organizations

- National Association of Mental Illness – <https://www.nami.org/> [External link](#)

Description:

The National Association of Mental Illness is the largest nationwide mental health advocacy grassroots organization with hundreds of state organizations, affiliates and volunteers. It is a hub for support groups, free education, raising awareness and building community.

Government

- National Institutes of Health – <http://www.nlm.nih.gov/medlineplus/mentalhealth.html>

Description:

This is the National Institutes of Health’s collection of resources from the National Library of Medicine. It includes information about conditions, treatments, patients, families and friends, latest research, drugs and supplements, terminology and definitions, videos, illustrations and clinical trials.

- National Institute of Mental Health – www.nimh.nih.gov

Description:

The National Institute of Mental Health (NIMH) is the lead federal agency for research; with a focus on the understanding, treatment and prevention of mental disorders.

Diagnostic Resources

- Diagnostic and Statistical Manual of Mental Disorders – <http://www.dsm5.org/Pages/Default.aspx>

Description:

The website of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provides complementary information to its print edition about the classification, assessment, symptoms and treatment of mental disorders.

- Mayo Clinic – <http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/definition/con-20033813>

Description:

The Mayo Clinic, the largest medical practice and research group in the world, provides reliable physician-backed information about mental illness definitions, causes, symptoms, prevention, treatment and support.

Military/Veterans

- Veterans Affairs – <http://www.mentalhealth.va.gov/>

Description:

The U.S. Department of Veterans Affairs website hosts screening tools, a veterans crisis line and a guide to mental health conditions that often plague veterans.

- National Association on Mental Illness – <https://www.nami.org/Find-Support/Veterans-and-Active-Duty>

Description:

The National Association on Mental Illness has a Veterans & Military Resource Center, which is home to online discussion groups, information about veteran mental illnesses and

treatments. It includes information about advocacy for active-duty members, returning veterans, veteran families, veterans in recovery, veterans looking for work, mental health providers, college faculty members and women veterans.

Seniors

- National Institutes of Health – <https://www.nia.nih.gov/health>

Description:

The National Institutes of Health provides this online index of information, videos and training tools about senior health, including mental health and wellness.

- National Council on Aging – <https://www.ncoa.org/center-for-healthy-aging>

Description:

The National Council on Aging promotes programs that help seniors cope with mental health issues like depression, anxiety, addiction and more.

Support

- Mental Health America – <http://www.mentalhealthamerica.net/>

Description:

Mental Health America is a community-based network with 240 nationwide affiliates that provide services such as counseling referrals, support and finding housing for the homeless.

- National Council for Behavioral Health – <http://www.thenationalcouncil.org/>

Description:

The National Council for Behavioral Health is a collective of more than 2,000 member mental health and substance abuse treatment organizations. The National Council is known for creating Mental Health First Aid, a public education initiative consisting of an eight-hour course that provides participants with a crash course in understanding mental illness risk factors, impacts and treatments. It is aimed at increasing early detection and intervention.

Eating Disorders

- National Eating Disorders Association – <https://www.nationaleatingdisorders.org>

Description:

The National Eating Disorders Association is a nonprofit supporting people with eating disorders and their families. It provides an information and referral helpline, extensive information about eating disorder prevention, treatment and recovery, as well as handouts and toolkits for parents, coaches and educators, and forums for discussion and stories of recovery. The website is also available in Spanish.

Substance Abuse

- Substance Abuse and Mental Health Services Administration – <http://www.samhsa.gov/>

Description:

The Substance Abuse and Mental Health Services Administration, the U.S. Department of Health and Human Services agency on behavioral health, runs several mental health campaigns and has information on health reform for providers, families and individuals. SAMHSA also has a helpful online behavioral treatment services locator.

Anxiety, OCD, PTSD and Depression

- Anxiety and Depression Association of America – <http://www.adaa.org/living-with-anxiety/ask-and-learn/resources>

Description:

The Anxiety and Depression Association of America raises public and professional awareness, promotes research advancement and provides referrals for children and adults with anxiety, depression, obsessive-compulsive disorder, post-traumatic stress disorders and related disorders. The website provides information about these conditions, their treatment and resources for professionals.

- Anxiety Disorder Resource Center – <http://www.adaa.org/living-with-anxiety>

Description:

The American Academy of Child & Adolescent Psychiatry's Anxiety Disorder Resource Center contains a glossary of symptoms and mental illnesses, a child and adolescent psychiatrist finder, facts and resources for families and youth suffering from anxiety and anxiety-related disorders.

- Depression Like Me – <http://www.depressedlikeme.com/>

Description:

The website Depression Like Me is home to a “depression library” of articles about types of depression, depression symptoms, causes, treatment, support groups and links to more resources.

- Freedom from Fear – <http://www.freedomfromfear.org/>

Description:

This is the website of the nonprofit advocacy organization Freedom from Fear. It contains a wealth of research-based information and treatment referrals for anxiety and depression.

Bipolar

- Depression and Bipolar Support Alliance – <http://www.dbsalliance.org/>

Description:

The Depression and Bipolar Support Alliance is a national peer-led organization run by individuals with depression and bipolar disorder. It provides support groups, peer specialist training, wellness tools, research, podcasts, brochures, publications and information for clinicians.

- The Balanced Mind – <http://www.thebalancedmind.org/>

Description:

The Balanced Mind, a parent network run by the Depression and Bipolar Support Alliance, provides support and guidance to parents raising children with mood disorders.

Autism/Asperger's

- Autism Speaks – <http://www.autismspeaks.org/>

Description:

Autism Speaks is a prominent autism research and advocacy organization. The website contains links to apps, tool kits and a resource guide for families and individuals with autism spectrum disorders.

- Autism NOW Center – <http://autismnow.org/>

Description:

The Autism NOW Center is a resource for individuals with autism spectrum disorders and their families. The Center's resources include fact sheets, webinars, a newsletter and a call center. It focuses on the topics of early detection, intervention, education, transition, aging, community inclusion, long-term care and health care reform.

Schizophrenia

- Brain & Behavior Research Foundation – <http://bbrfoundation.org/>

Description:

The Brain & Behavior Research Foundation awards grants to scientists conducting research on causes and treatments of mental disorders in children and adults. This includes schizophrenia, obsessive-compulsive disorder, depression, anxiety, bipolar disorder, post-traumatic stress, attention-deficit hyperactivity and autism.

Hotlines

- Safe Horizon – <http://www.safehorizon.org/index/get-help-8/call-our-hotlines-51.html>

Description:

Sexual assault prevention and awareness organization Safe Horizon provides a hotline for domestic violence victims, sexual assault victims and crime victims to receive 24/7 free crisis counseling and safety planning. Call 1-800-621-HOPE (4673).

- National Suicide Prevention Lifeline – <http://www.suicidepreventionlifeline.org/>

Description:

This is a confidential, toll-free, 24-hour suicide prevention hotline. Call 1-800-273-TALK to receive counseling and local referrals.

- Teen Health & Wellness – <http://www.teenhealthandwellness.com/static/hotlines>

Description:

A list of hotlines for teens facing issues ranging from bullying and abuse to drugs and eating disorders.

- National Domestic Violence Hotline – <http://www.thehotline.org/>

Description:

The National Domestic Violence Hotline provides 24/7 counseling and support to victims of domestic violence and abuse at 1-800-799-SAFE (7233).

- Veterans Crisis Line – <http://www.veteranscrisisline.net/>

Description:

The Veterans Crisis Line provides confidential help for veterans and their families at 1-800-273-8255

- Nat'l Drug Information Treatment & Referral Hotline: 1-800-662-HELP (4357)
- Parent Hotline (info for families in crisis): 1-800-840-6537
- Crisis Intervention/Suicide: 1-800-448-3000
- National Child Abuse Hotline: 1-800-25-ABUSE (358-5117)
- Elder Abuse Hotline: 1-800-252-8966
- Rape Crisis Hotline: 1-800-656-467
- National Youth Crisis Hotline: 1-800-448-4663