**IMMEDIATE HELP**

If you are experiencing serious emotional distress and cannot wait for an appointment, reach out to these groups for immediate assistance:

* Emergency Medical Services: 911
  + If the situation is potentially life-threatening, get immediate emergency assistance by calling 911 at any time, day or night.
* National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255) or [live online chat](http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx) at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).
  + If you or someone you know is suicidal or in emotional distress, contact the [National Suicide Prevention Lifeline](http://www.suicidepreventionlifeline.org/). Trained crisis workers are available 24 hours a day, 7 days a week. Your confidential and toll-free call goes to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.
* Substance Abuse Mental Health Services Administration (SAMHSA) Treatment Referral Helpline: 1-877-SAMHSA7 (1-877-726-4727)
* Get general information on mental health and find treatment services in your area. Live operators are available Monday through Friday, from 8 a.m. to 8 p.m. ET.
* National Alliance on Mental Illness (NAMI) HelpLine: 1-800-950-NAMI (1-800-950-6264) or [info@nami.org](mailto:info@nami.org)
* Staff and volunteers can answer your questions about symptoms of mental illness and how to access local support groups and services for yourself or family members. Operators are available Monday through Friday, 10 a.m. to 6 p.m. ET.

**LOCAL RESOURCES**

The following local resources can provide services or help you access services:

* **FILL IN NAME OF** **Local crisis center,** fill in phone number, address, website
* **FILL IN NAME OF STATE/COUNTY Mental Health Association,** fill in phone number, address, website
* **FILL IN NAME OF COUNTY Affiliate, National Alliance on Mental Illness**, fill in phone number, address, website
* **FILL IN NAME OF** **Health Department,** fill in phone number, address, website
* **FILL IN NAME OF Community Health Cente**r, fill in phone number, address, website
* **FILL IN NAME OF Other local mental health organization,** fill in phone number, address, website
* **FILL IN NAME OF Other local mental health organization,** fill in phone number, address, website
* **FILL IN NAME OF Mental health provider,** fill in phone number, address, website
* **FILL IN NAME OF Clergy,** fill in phone number, address, website
* **FILL IN NAME OF Psychiatric hospital,** fill in phone number, address, website
* **Hotlines and emergency rooms (call 411 for Directory Assistance)**