LIFELINE

What to Do After a Mental Health Crisis

Audiobook Companion Guide
Resources, Crisis Information & Research Sources

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This PDF accompanies the LIFELINE audiobook. It contains the full resource directory, crisis support information, and research citations referenced throughout the audio edition.

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Resources and Crisis Information

If You Are in Crisis Right Now

988 — Suicide & Crisis Lifeline (call or text, 24/7)
741741 — Crisis Text Line (text HOME, 24/7)
911 — For immediate emergency response
Or go to your nearest emergency room.

Your life matters. Don't hesitate — reach out now.

Mental Health Resources

National Organizations

National Alliance on Mental Illness (NAMI)

- Website: nami.org
- HelpLine: 1-800-950-NAMI (6264)
- Local support groups and educational programs
- Family support and advocacy resources

Mental Health America

- Website: mhanational.org
- Online screening tools for various mental health conditions
- Resource database by location
- Educational materials and advocacy information

Depression and Bipolar Support Alliance (DBSA)

- Website: dbsalliance.org
- Support groups specifically for mood disorders
- Online and in-person resources

Anxiety and Depression Association of America (ADAA)

- Website: adaa.org
- Directory of support groups
- Educational resources about anxiety and depression

Finding Professional Help

Types of Mental Health Professionals

Psychiatrists (MD or DO)

- Medical doctors specializing in mental health
- Can prescribe medication
- Often focus on medication management
- Usually require referrals and have longer wait times

Psychologists (PhD or PsyD)

- Doctoral-level training in psychology
- Provide therapy and psychological testing
- Cannot prescribe medication (in most states)
- Often specialize in specific treatment approaches

Licensed Clinical Social Workers (LCSW)

- Master's degree in social work with clinical training
- Provide therapy and case management
- Often work with families and connect clients to resources

Licensed Professional Counselors (LPC)

- Master's degree in counseling
- Provide various types of therapy
- May specialize in specific populations or issues

Finding Providers

Psychology Today Directory

- psychologytoday.com
- Search by location, insurance, specialty, and approach
- Many providers include photos and detailed descriptions

Insurance Provider Directories

- Contact your insurance company for in-network providers
- Ask about mental health benefits and coverage

NAMI Provider Directory

- nami.org
- Local NAMI chapters often maintain provider lists
- May include information about sliding scale fees

Community Mental Health Centers

- Often provide services regardless of ability to pay
- May have shorter wait times than private providers

- Search online for “[your city] community mental health”

Financial Resources

If cost is a barrier:

Community Mental Health Centers

- Federally funded centers in every state
- Sliding scale fees based on income
- Search: “community mental health center near me”

Open Path Psychotherapy Collective

- openpathcollective.org
- Therapists offering sessions for $30–$80
- National network of affordable providers

University Training Clinics

- Graduate students provide therapy under supervision
- Significantly reduced costs
- Contact local universities with psychology or social work programs

Employee Assistance Programs (EAPs)

- Many employers offer free short-term counseling
- Usually confidential and easily accessible
- Check with your HR department

Special Populations

LGBTQ+ Resources

- The Trevor Project: thetrevorproject.org, 1-866-488-7386
- Trans Lifeline: translifeline.org, 877-565-8860
- PFLAG: pflag.org (support for families)

Veterans

- Veterans Crisis Line: 988, then press 1
- VA Mental Health: va.gov/health-care/health-needs-conditions/mental-health

Teens and Young Adults

- Teen Line: 1-800-852-8336 (6pm–10pm PST)

- Teen Line Text: Text TEEN to 839863 (6pm–9pm PST)
- JED Campus: jedcampus.org (student mental health resources)

Books and Additional Reading

For Individuals

- *Feeling Good: The New Mood Therapy* by David Burns
- *The Body Keeps the Score* by Bessel van der Kolk
- *Mind Over Mood* by Dennis Greenberger and Christine Padesky
- *The Anxiety and Worry Workbook* by David Clark and Aaron Beck

For Families

- *I Am Not Sick, I Don't Need Help* by Xavier Amador
- *When Someone You Love Has a Mental Illness* by Rebecca Woolis
- *Loving Someone with Bipolar Disorder* by Julie Fast and John Preston

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Apps for Mental Health Support

Crisis and Safety

- MY3 (suicide prevention app)
- notOK (sends alert to trusted contacts)

Daily Mental Health Management

- Headspace (meditation and mindfulness)
- Calm (sleep, meditation, relaxation)
- Daylio (mood tracking)
- PTSD Coach (for trauma symptoms)
- MindShift (for anxiety)

Note: Always discuss mental health apps with your healthcare provider to ensure they're appropriate for your situation.

Remember

- You deserve help and support
- Recovery is possible
- Your life has value
- It's okay to ask for help multiple times
- Different types of help work for different people
- Recovery is a process, not a destination

If you're in immediate danger, don't wait — call 988, text 741741, or go to your nearest emergency room.

A Note on Sources

This book draws on peer-reviewed research, established clinical guidelines, and 23 years of emergency medicine practice. It is written for general readers, not as an academic text. Key sources supporting specific claims are noted below by chapter. Where research is cited, the findings represent the best available evidence at the time of writing; science evolves, and readers with clinical questions are encouraged to consult their treatment team.

Chapter 2: Building Your Team

Therapeutic alliance as the strongest predictor of therapy outcomes:

This is a well-established finding across decades of psychotherapy research. See Wampold, B.E. (2001). *The Great Psychotherapy Debate.* Lawrence Erlbaum Associates. Also: Norcross, J.C. (Ed.). (2011). *Psychotherapy Relationships That Work.* Oxford University Press.

Cognitive Behavioral Therapy as the most researched therapy for depression and anxiety:

This reflects broad clinical consensus. See National Institute for Health and Care Excellence (NICE) guidelines, and: Butler, A.C., et al. (2006). The empirical status of cognitive-behavioral therapy. *Clinical Psychology Review, 26*(1), 17–31.

DBT originally developed for borderline personality disorder:

Linehan, M.M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder.* Guilford Press.

EMDR effectiveness for trauma and PTSD:

Shapiro, F. (1989). Eye movement desensitization: A new treatment for post-traumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry, 20*(3), 211–217. Also supported by WHO guidelines for PTSD treatment.

Social support as a strong predictor of mental health recovery:

See Thoits, P.A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior, 52*(2), 145–161.

Chapter 3: The Healing Toolkit

Mindfulness and brain structure changes — hippocampus, amygdala, prefrontal cortex:

Lazar, S.W., et al. (2005). Meditation experience is associated with increased cortical thickness. *NeuroReport, 16*(17), 1893–1897. Hölzel, B.K., et al. (2011). Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging, 191*(1), 36–43.

Vagus nerve and parasympathetic activation through mindfulness:

This reflects established autonomic neuroscience consensus. See Porges, S.W. (2011). *The Polyvagal Theory.* W.W. Norton & Company.

Gut neurons — approximately 500 million, more than the spinal cord:

Gershon, M.D. (1998). *The Second Brain.* HarperCollins. Dr. Gershon's work established the field of neurogastroenterology and remains the foundational source for this figure.

90% of serotonin produced in the gut:

Yano, J.M., et al. (2015). Indigenous bacteria from the gut microbiota regulate host serotonin biosynthesis. *Cell, 161*(2), 264–276. Also: Gershon, M.D. (1998), above.

Microbiome and mental health:

Cryan, J.F., et al. (2019). The microbiota-gut-brain axis. *Physiological Reviews, 99*(4), 1877–2013. This is the most comprehensive review available and an appropriate single citation for this claim.

Exercise as effective as antidepressant medication for mild to moderate depression:

Blumenthal, J.A., et al. (1999). Effects of exercise training on older patients with major depression. *Archives of Internal Medicine, 159*(19), 2349–2356. (The SMILE study — the landmark trial on this question.) Craft, L.L., & Perna, F.M. (2004). The benefits of exercise for the clinically depressed. *Primary Care Companion to the Journal of Clinical Psychiatry, 6*(3), 104–111.

BDNF and exercise:

Cotman, C.W., & Berchtold, N.C. (2002). Exercise: a behavioral intervention to enhance brain health and plasticity. *Trends in Neurosciences, 25*(6), 295–301.

150 minutes moderate aerobic activity per week:

This reflects current guidelines from the American College of Sports Medicine (ACSM) and the American Heart Association (AHA). No single paper needed — reference as "current ACSM/AHA physical activity guidelines."

Mediterranean diet and mental health:

Jacka, F.N., et al. (2017). A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial). *BMC Medicine, 15*(1), 23.

Twofold depression risk:

Baglioni, C., et al. (2011). Insomnia as a predictor of depression: a meta-analytic evaluation of longitudinal epidemiological studies. *Journal of Affective Disorders, 135*(1–3), 10–19.

Fivefold risk for anxiety disorders with chronic insomnia:

Neckelmann, D., Mykletun, A., & Dahl, A.A. (2007). Chronic insomnia as a risk factor for developing anxiety and depression. *Sleep, 30*(7), 873–880.

Glymphatic system — brain "washing" during sleep:

Iliff, J.J., et al. (2012). A paravascular pathway facilitates CSF flow through the brain parenchyma. *Science Translational Medicine, 4*(147), 147ra111. (This is Nedergaard's lab — the foundational paper on the glymphatic system.)

Caffeine half-life of 6–8 hours:

Reflects standard pharmacokinetic data. No single paper required — this is established clinical consensus and appears in FDA guidance documents.

RAIN technique:

Associated with mindfulness teacher Tara Brach, adapted from insight meditation traditions. Not a peer-reviewed citation — can note as: Brach, T. (2013). *True Refuge.* Bantam Books.

TIPP skills — Distress Tolerance:

Linehan, M.M. (2014). *DBT Skills Training Manual* (2nd ed.). Guilford Press.

Chapter 4: Real Stories From the ER

Prison and jail mental health statistics:

James, D.J., & Glaze, L.E. (2006). Mental health problems of prison and jail inmates. *Bureau of Justice Statistics Special Report*, NCJ-213600. U.S. Department of Justice. (Source for the 50%+ figure across jail and prison populations.) For youth: Shufelt, J.L., & Cocozza, J.J. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study. *National Center for Mental Health and Juvenile Justice.* (Source for the 65–70% figure.) For the tenfold incarceration statistic: Torrey, E.F., et al. (2014). The treatment of persons with mental illness in prisons and jails: A state survey. *Treatment Advocacy Center.* For suicide as leading cause of jail death: Hayes, L.M. (2010). National study of jail suicide: 20 years later. U.S. Department of Justice.

For the complete list of chapter endnotes and the full context of any claim above, readers are welcome to consult the printed or e-book edition of LIFELINE.

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