Dear Faith Leaders of Oregon,

As we begin to emerge from one of the most trying times in recent history, it is our privilege to share this “Mental Health Toolkit for Oregon Faith Leaders” with you, designed by and for faith leaders. Faith communities have been dedicated to the healing of the soul since their inception, and this is not a time to diminish our role as faith leaders. Our goal in this toolkit is to ignite conversation and education, and demystify the relationship between mental health and spiritual care. You’ll find this toolkit is a first step. This will be a living document, updated to reflect the diverse communities and faith traditions in Oregon, emerging best practices and new resources.

This toolkit is made possible by the incredible work by the New York City Mayor’s Office of Community Mental Health (formerly ThriveNYC), the Interfaith Center of New York, and New York Disaster Interfaith Services did during the height of the COVID-19 pandemic to support faith leaders. Their willingness to share their efforts with Oregon provides a foundation for our toolkit. A diverse group of faith leaders from across Oregon, representing a variety of faith traditions, has adapted New York’s toolkit into an Oregon-centered version. The toolkit provides education and resources for responding to mental health challenges stemming from crises, disasters or challenging times.

Talking about mental health hasn’t always been easy for us as faith leaders. For some, terms such as “mental health,” “behavioral health” and “emotional well-being” may be clear and comfortable. For others, these terms may evoke feelings of uncertainly, helplessness, stigma or even shame. At times, people experiencing mental health struggles have been misconstrued as being “spiritually weak.” However, not acknowledging mental health as a part of our well-being can impede spiritual awakening and growth.

Throughout this toolkit, we chose to use the term “mental health” to describe the various ways experiences may affect our way of thinking, behaviors and actions. However, the term “behavioral health” is currently the preferred term for referring to mental health conditions, substance use disorders and gambling disorders. Other terms include “emotional health,” “well-being” or “wellness.” We have included additional information about “behavioral health” to help define and normalize the term, and explain its importance.

We would also like to acknowledge that partners are missing from this collaboration. It is crucial that this toolkit continue to be updated to include voices not adequately represented in this version such as Tribal Nations, Asian and Pacific Islander communities, Latino/a/x communities, and Black, African American and African immigrant communities. Every culture has beliefs, norms and experiences that must be valued and considered when talking about mental health. Racism, discrimination and a lack of mental health professionals from communities of color present unique challenges and barriers for people of color to access and engage with the mental health system in Oregon.

All Oregonians should be able to easily access mental health treatment and support. Yet not everyone can easily afford or access mental health treatment. We encourage you, as a leader in your community and in collaboration with others, to be a part of removing these barriers.

This is just the beginning. We look forward to learning and growing together.
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Note: Signatories of this letter are also contributing editors to this toolkit.
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Faith leaders can use this toolkit to understand mental health needs, access mental health resources and take concrete actions immediately and year-round to support yourselves and your congregations.

“Mental Health Toolkit for Oregon Faith Leaders” is adapted from “Mental Health Toolkit for Faith and Community Leaders,” created by the New York City Mayor’s Office of Community Mental Health (formerly ThriveNYC), copyrighted and available online at https://mentalhealth.cityofnewyork.us/resource-guides-toolkits/toolkits/mental-health-toolkit-for-faith-and-community-leaders. “Mental Health Toolkit for Faith and Community Leaders” was written in partnership with The Interfaith Center of New York and New York Disaster Interfaith Services. Co-authors were The Mayor’s Office of Community Mental Health, the Rev. Stephen Harding, STM, and the Reverend Dr. Storm Swain, Ph.D. Contributing editors were the Rev. Dr. Chloe Breyer, Dr. Henry Goldschmidt, Peter B. Gudaitis, M.Div, Dr. April Naturale, and NYC Department of Health and Mental Hygiene. This material’s inclusion does not represent an endorsement by the Mayor’s Office of Community Mental Health, the co-authors, or by the people quoted in the original material. Any resources or tools added have not necessarily been endorsed by the Mayor’s Office of Community Mental Health. Use of this material complies with the terms covering the original material, and anyone seeking to reproduce or incorporate the underlying original material must likewise comply with those license terms.

The Oregon Health Authority (OHA), in partnership with local faith leaders, has adapted this toolkit to include Oregon-specific data and resources. The Oregon Health Authority aims to assist Oregonians to achieve physical, mental and social well-being by providing access to health, mental health and addiction services. OHA supports meeting the needs of adults and children to live, be educated, work and participate in their communities. This mission is accomplished by working in partnership with individuals and their families, counties, other state agencies, providers, advocates and communities.

State Faith Community Liaison Maria Waters, AmeriCorps VISTA Carolina Peña-Navarro and Senior Behavioral Health Advisor Margaret Cary, M.D., along with other OHA Behavioral Health staff, came together with a diverse group of faith leaders from across Oregon to adapt and publish this toolkit. It supports the critical role faith communities play in the lives of their congregants and community. We hope this toolkit is the first of many future collaborations between OHA and Oregon faith communities.

We welcome comments and feedback to this toolkit. Please feel free to email Faith.Liaison@dhsoha.state.or.us.
How to use this toolkit

As faith leaders, you have a critical role to play in reducing the stigma of mental health challenges, building awareness of available mental health support, and encouraging members of your community who may need support to connect to mental health resources. We hope this guide will offer you concrete strategies to promote mental health.

Four actions to take now

Here are four actions you can take to promote your own mental health and the mental health of your faith community:

1. **Learn how to use the contents of this toolkit and its resources.**
   
   Members of your faith community may look to you, as a faith leader, for mental health support and guidance. This toolkit provides an overview of mental health topics. This will help you care for your community, know when to encourage community members to seek help from a mental health professional and understand how to access available mental health resources.

2. **Join the conversation on the role of faith communities in promoting mental health.**

   The Oregon Health Authority, in partnership with subject matter experts and faith leaders from across Oregon, will host ongoing trainings, conversations and workshops to support behavioral health education. The goal is to help destigmatize mental health and improve access to behavioral health care. You are encouraged to be a part of these conversations as we learn and grow together. For additional information, please contact the faith community liaison at Faith.Liaison@dhsoha.state.or.us.

3. **Do something every day to care for yourself.**

   You deserve the same care and interventions you give so freely to others. Taking care of yourself with wisdom and compassion means you will be able to continue to serve your community. Talk to your loved ones every day. Limit your consumption of news and social media. Get enough sleep. See page 10 for more self-care suggestions.

4. **Share this toolkit with other faith leaders.**

   However you regularly communicate with your community – whether through social media, newsletters, virtual gatherings or in person – you can send a message of support and inform your community of behavioral health services available for people in Oregon. These services are available online, by phone and in person. Most behavioral health resources in this toolkit are free, available in several languages and provided regardless of insurance coverage or immigration status. You can share the resources in “Mental health resources for people in Oregon” with your community and learn more about available behavioral health services here: Safe + Strong website and You are not Alone.
Common mental health terms

- **“Mental health”** is a state of well-being in which the individual realizes their abilities, can cope with the normal stressors of life, can work productively and is able to contribute to their community.¹
- **“Mental health challenges”** may be experienced by all of us and do not necessarily refer to an underlying condition or illness. A mental health challenge can arise at particularly stressful moments in our lives (for example, stress related to the COVID-19 pandemic, job loss, feeling socially isolated or grieving). This term typically refers to time-bound events.¹
- **“Mental illnesses”** are conditions in which people’s thinking, mood and behaviors negatively affect their day-to-day functioning over a long period of time. Mental illnesses can include depression, anxiety, schizophrenia and many others.²
- Mental health includes our emotional, psychological and social well-being. Mental health is an essential part of overall health. In fact, our mental and physical health are interrelated. Both physical and mental health help us stay healthy and lead meaningful lives. Mental health involves being able to:
  - Participate in daily activities such as work, school, worship and recreational activities
  - Develop and maintain healthy relationships, and
  - Adapt to change and cope with adversity³

We all play a role in supporting each other’s mental health.¹

Not all mental illnesses can be cured, but most can be treated. In most cases, recovery from mental illness and mental health challenges is possible. With the right support, many people live happy and productive lives.⁴

**Behavioral health**

**“Behavioral health”** refers to how our daily cognitive habits affect our overall well-being, emotions, biology and behavior. The term is often used interchangeably with mental health. However, behavioral health is a far more expansive term that incorporates not just our mental wellness but how our thoughts play out in real life.⁵

Behavioral health is a blanket term that encompasses mental health. Behavioral health considers how behaviors affect someone’s physical and mental health, along with that of their families and communities. Some of these behaviors are:

- Gambling
- Eating disorders
- Substance misuse, and
- Social isolation

Mental health challenges are not imaginary; they are very real and common. Mental health challenges are not something to “get over” and cannot be willed away. They are not a character flaw. Mental health challenges are medical conditions that do not define us. They can affect anyone. And, lastly, mental health challenges are treatable. They are medical conditions, just like heart disease or diabetes.⁶
Figure 1: Oregon’s national mental health ranking

Oregon ranked 50th of 51 states for overall ranking of prevalence of mental illness and access to care. This ranking includes both adult and youth measures.

Oregon ranked:

**On prevalence of mental illness**

- **Adults**: 51st of 51
  - 23.59%, 757,000 people in Oregon

- **Youth**: 51st of 51
  - 16.34%, 48,000 youth in Oregon

**Access to care for mental health needs including:**

- Insurance
- Treatment
- Special education

- Workforce availability
- Quality and cost of insurance

The measures include both youth and adult data.

**For substance use disorder**

- **Adults**: 48th of 51
  - 9.76%, 313,000 adults in Oregon

- **Youth**: 44th of 51
  - 5.30%, 16,000 youth in Oregon

**Serious thoughts of suicide**

- **Adults**: 5.18%, 166,000 adults in Oregon

- **Youth**: 18.6% of 11th graders in Oregon

* Ages 12–17
Crisis and disaster response

Photo source: Rabbi Cahana, Congregation Beth Israel
Crisis and disaster response*

Care for yourself

Most of us choose to become clergy in part because we are helpers. We are very good at easing people’s pain and grief. But it can be easy to become overwhelmed or feel guilty when we cannot solve everyone’s personal needs. Remember to be patient and generous with yourself, especially in times of great stress. We are human and need to accept our own limitations – and we need to retain the strength to continue the work with others in need.

Following the principle of taking care of yourself first in order to care for others, we begin with you, the faith leader. Spiritual care is tough work. As stated in the Episcopal Relief and Development Guide to Self-care for Church Leaders:

“This work exposes [faith] leaders to lots of grief and heartbreak, so they are at high-risk of developing secondary traumatic stress, or vicarious trauma, in addition to personal stress and losses. We encourage all caregivers to reflect on their spiritual, emotional, physical and relational well-being to help ensure you are able to continue caring for your community for years to come.”

Taking care of yourself, with wisdom and compassion, means you will have the resilience to continue serving your community.

The following self-care suggestions are drawn from the Episcopal Relief and Development Guide cited above, and from the work of Rev. Dr. Kate Wiebe, director of the Institute for Collective Trauma and Growth. These suggestions will help you think through your own coping, resilience and self-care practices. You deserve the same care and interventions you give so freely to others.

* Incorporated from “Mental Health Toolkit for Faith and Community Leaders,” The Mayor’s Office of ThriveNYC, The Interfaith Center of New York, New York Disaster Interfaith Services, NYC Department of Health and Mental Hygiene.
Self-care suggestions

- **Care for your body.** Eat food that gives you healthy energy and helps you think clearly. Drink water. Get enough sleep. Practice breathing slowly throughout the day.

- **Move and stretch if you can.** If you have to sit or stand for long periods of time, set an alarm to take a five-minute walking break every hour. Gradually increase to at least 30–60 minutes of daily movement. Periodically stretch your body throughout the day.

- **Connect with loved ones.** Give at least one family member or friend 10–15 minutes of your time each day, in which you do not talk about your work. Notice how your body feels after the conversation. Smile at people you love, reminding them and you that circumstances do not determine your love.

- **Delegate as much as you can.** You do not need to and should not do everything. Save energy for yourself, your household and your friends.

- **Limit your exposure to news and social media.** Too much time on the phone or computer, or watching or listening to news reports, can increase your anxiety and fear. Seek updates two or three times per day.

- **Find creative outlets for what you are experiencing:** Keeping a journal, writing, drawing, painting and cooking are all healthy and creative ways to articulate what you have seen and are feeling.

- **Simplify and streamline your tasks.** Schedule time for yourself and keep the appointment — write the dates and times in your calendar. Be compassionate with yourself and with those in your household and friends. Take time to read a poem or take a walk if you can, or sit still. Be gentle with yourself, and be patient, even when you feel you are not doing anything well.

- **What are you doing to attend to your own mental health?** Do you have an active support network, including but not limited to a mental health professional, a peer group and/or a trusted mentor who is not a part of your congregation? For help finding a mental health professional, please refer to our guide on page 65.

Care for your congregation

Your congregation is a symbol of hope for your community of faith, your neighborhood and the state as a whole. Beyond a physical building or space, your faith community is a living entity that connects people. During times of crisis, you will be a beacon of hope and light even for those who aren’t members of your faith community.
Tips for managing faith communities during crisis and disasters

► **Create networks** inside and outside your community of faith to accomplish shared tasks.

► **Delegate** as many tasks as possible to your overseeing body, staff or members of your community of faith (as appropriate) so you have more time to care for your members and their families. Break your needs down into manageable parts or sectors, then assign an individual or group to manage each part.

► **Prioritize** tasks by urgency: What’s the most important task right now and who is the best available person to do it?

► **Make contingency plans** in case you, someone on your staff or someone in your household needs to step away to care for themself or others.

► **Plan ahead.** Try to anticipate one or two steps ahead of where things are now, so you’re prepared and ready when you get there. Don’t sacrifice the future in order to accomplish the immediate task at hand.

► **It’s easy to be overwhelmed** when the demands of those who are dying, grieving, scared or lonely are relentless. Breathe, identify the priorities and then either do or delegate them. Understand you may not be able to accomplish everything. Ask for help, do your best and then move on to the next situation.

Balancing the administrative and management needs of your faith community and caring for your members and their families is a familiar challenge for faith leaders. The following suggestions will help you keep your faith community functioning and maintain the balance between administrative tasks and spiritual/religious care.

Many faith communities look to religious leaders as if they were frontline mental health professionals and sources for psychological safety. As faith leaders we need to know enough about mental health to adequately care for our community members, know when we reach the limits of our knowledge, and when to refer members of our faith community (and others) to mental health professionals and services so our members may receive the care they need.

Feeling anxious, lonely or sad are common reactions to conditions of physical distancing, isolation and quarantine. The coping tips below can help. Please note these feelings are different than experiencing depression or another mental health disorder that may require further intervention by a mental health professional. Consider sharing the coping tips below with your community.
Coping and emotional well-being during a crisis

Crises such as the coronavirus outbreak, wildfires and earthquakes can be stressful to you, your loved ones and your friends. It is natural to feel overwhelmed, sad, anxious and afraid. You may also experience other symptoms of distress, such as trouble sleeping.

To reduce your stress and promote good mental health, the NYC Department of Health and Mental Hygiene recommends you:

- Focus on things you are grateful for and things going well in your life. Get courage and inspiration from positive stories of people who are finding ways to cope and remain strong.
- Remind yourself of your strengths.
- Connect with friends and loved ones. Stay connected with family, friends and your social networks using communications such as email, social media, video conference, telephone, FaceTime or in person. Consider calling a neighbor or older adults and people who live alone that you know to see how they are doing and show you care.
- Go outside and get exercise if you can. Remember to practice good hygiene. Walking, running and bicycling are healthy activities that do not require close contact with others or shared equipment.
- Identify what you are feeling and use healthy coping skills. Stay informed, using credible sources of information. Maintain your daily routines or develop new ones. Limit your screen time and exposure to news and social media. Be proactive about your basic needs and financial stressors.

How to help when in a disaster

- To prepare for disaster response, reach out to your local emergency manager and chaplain to establish a relationship and become acquainted with their processes and procedures. This will make communication and response more coordinated during a time of need.
- During a disaster, crisis or mass casualty incident, you may want to be part of a larger disaster response team such as Red Cross, county emergency management or FEMA. This joint project will help coordinate efforts and reduce the likelihood of negative unintended consequences.

Generally, one should be concerned about mental wellness, rather than a healthy response to highly stressful circumstances, if and when:

- Symptoms of stress continue for a significant length of time and are not paralleled by external stressors
- Symptoms of stress are magnified and/or are experienced most of the day, or
- Symptoms of stress begin to affect a person’s ability to care for themselves or be in relationship with others.
When to refer to a mental health professional

- When a person alludes to wanting to die or talks openly of suicide
- When a person seems to be socially isolating and withdrawn, beyond what is required by social distancing
- When a person presents imaginary ideas or details of persecution
- When a person does not seem to know who they are, where they are or when it is (month, year)
- When you become aware of over-reliance on alcohol or drugs
- When you see the person engaging in behavior that puts themself or others in danger
- When you realize the problem is beyond your capability or level of training to address.

What to expect when you call a helpline

If this is your first time calling a helpline or someone else is calling for you, you may have questions. Someone from the helpline will listen and support you.

What happens when you call:

► The person will ask your name and how they can help.
► They may ask for other personal information to help you, but you don’t have to share.
► They will keep what you say to themselves.
► They will listen to you with compassion.
► They will not judge you or tell you what to do.
► They may give you ideas about where to find more help or how you can find a counselor.
How to refer to a mental health professional

- As a rule, inform the person you are concerned about of your intentions. Let them know you care and then explain the reasons for the referral.
- If possible, you should present the person with different referral options. Discuss matters such as fees, location and accessibility.
- Assure the person you will continue your support. You might even suggest accompanying them to the first visit.

If you need help identifying mental health professionals to whom you can refer members of your faith community, use the resources listed in “Mental health resources for people in Oregon.”

If you or someone you know is experiencing a mental health crisis, and there is a chance of harm to you, the person or the people around you, call 911. Make sure to let the operator know the person is experiencing a mental health crisis. This will help them know to send first responders with training for these crises.

- If you would like to be trained in Mental Health First Aid, contact the state faith liaison at Faith.Liaison@dhsoha.state.or.us. This training teaches you how to identify, understand and respond to signs of mental illness and substance use disorders.
- If you would like to be trained in Psychological First Aid to respond to disasters and mass casualty incidents, contact the state faith liaison, Faith.Liaison@dhsoha.state.or.us. This training provides practices for disaster behavioral health response and recovery.
Stress, moral injury and trauma

The following sections provide basic information on the conditions — stress, moral injury and trauma — that crises may magnify.

In most cases, empathetic listening, spiritual care and education will help mitigate stress and anxiety. You should still be alert for signs of mental health challenges and for indicators that a referral to a mental health provider is needed.

In assessing psychological safety, those with pre-existing mental health challenges such as anxiety, depression and bipolar, traumatic- or stress-related disorders may be most at risk for increased symptoms. Those with intellectual and developmental disorders and those who care for them may also be vulnerable. There is also heightened risk for those dealing with problem gambling, substance misuse, addiction and/or who are in recovery, especially when physical support meetings cannot happen in the usual way.

Of particular concern are people who live on their own as well as persons or populations that are socially and historically marginalized and have had less access to safe physical and psychological care than others. Also, those who have experienced the negative impacts of ongoing racism, sexism, trans- and homophobia, and other forms of marginalization in our communities.

If you find yourself needing to call emergency responders, emphasize and clearly state that the individual is experiencing a mental health crisis. Stay calm and work to deescalate the situation. Be aware of cultural differences and customs. Consider taking trainings to educate yourself on personal bias and trauma-informed approaches.
Stress and moral injury

Photo source: Westside church
Feeling stressed under crisis conditions is a common and expected response. Stress affects how people feel, think, behave and act. The table on the following page provides people’s most common cognitive, emotional, physical, behavioral and spiritual reactions to stress.

To help restore emotional well-being and a sense of personal control, recommend and practice the following:

- Allow yourself time to heal.
- Ask for support from people who care about you.
- Communicate your experience in whatever way feels comfortable (talking, keeping a journal, drawing, etc.).
- Join a support group.
- Engage in healthy behaviors such as eating well, resting, taking up a hobby and setting a routine schedule.
- Avoid major life decisions.

Some people are at greater risk than others for developing sustained and long-term reactions to traumatic experiences, including acute stress, posttraumatic stress disorder (PTSD), depression and generalized anxiety.

* Incorporated from “Mental Health Toolkit for Faith and Community Leaders,” The Mayor’s Office of ThriveNYC, The Interfaith Center of New York, New York Disaster Interfaith Services, NYC Department of Health and Mental Hygiene.

— Pastor Matta Ghaly
Mt. Carmel Lutheran Church and the Oregon Synod of the Evangelical Lutheran Church in America
Factors that contribute to the risk of long-term impairment\textsuperscript{11}

- Proximity to sickness, death and other traumatic experiences
- Multiple traumatic experiences, a history of trauma or previous experience with disaster
  
  Current traumatic events may activate unresolved fears or frightening memories.

- A history of chronic medical illness or mental health challenges

  Many people with mental illness function well following a disaster or crisis situation, if most essential services have not been interrupted. However, others may need additional mental health support services and treatment including medications.

- Being in a group facility or nursing home during a crisis

  Older people and those in group facilities or nursing homes during crisis are susceptible to anxiety, panic and frustration because of their potential limited mobility and dependence on caretakers as well isolation from family and other visitors.

- Increased risk for ethnic, immigrant and racial minority groups

  Risks for these groups can be at higher because of institutionalized racism, discrimination and socioeconomic conditions. Language barriers, suspicion of government programs, rejection of outside interference or assistance, and differing cultural values can present challenges for helpers in gaining access and acceptance.
### Common symptoms of stress

#### Physical
- Nausea
- Lightheadedness
- Dizziness
- Gastrointestinal problems
- Rapid heart rate
- Tremors
- Headaches
- Grinding of teeth
- Fatigue
- Poor sleep
- Pain
- Hyperarousal
- Jumpiness
- Muscle tremors
- Chest pain/difficulty breathing
- Profuse sweating

#### Emotional
- Shock
- Numbness
- Feeling overwhelmed
- Depression
- Feeling lost
- Fear of harm to one self and/or loved ones
- Feeling nothing
- Feeling abandoned
- Uncertainty of feelings
- Volatile emotions
- Anxiety
- Guilt
- Grief
- Denial
- Irritability/agitation
- Problem controlling one’s emotions

#### Spiritual
- Anger at God, gods or spiritual sources
- Feeling distant from spiritual sources
- Withdrawal from place of worship
- Uncharacteristic religious involvement
- Sudden turn toward spiritual sources
- Familiar faith practices seem empty (e.g., personal prayer)
- Religious rituals seem empty (e.g., congregational worship)
- Belief that spiritual sources are powerless
- Loss of meaning and purpose
- Sense of isolation from spiritual sources and faith community
- Questioning of one’s beliefs
- Anger at spiritual leaders
- Believing spiritual sources are not in control

#### Cognitive
- Poor concentration
- Confusion
- Disorientation
- Indecisiveness
- Shortened attention span
- Memory loss/flashbacks/intrusive images
- Unwanted memories
- Difficulty making decisions
- Impaired thinking
- Hypervigilance
- Nightmares

#### Behavioral
- Suspicion
- Irritability
- Arguments with friends and loved ones
- Withdrawal
- Excessive silence
- Inappropriate humor
- Increased/decreased eating
- Change in sexual desire or functioning
- Increased smoking
- Increased substance use or abuse
- Increased alcohol consumption
- Pacing
- Erratic movement
- Acting out
- Change in usual communication
- Restlessness or emotional outbursts
Moral injury

Moral injury is the damage done to one’s conscience or moral compass when that person perpetrates, witnesses or fails to prevent acts that transgress one’s own moral beliefs, values or ethical codes of conduct.12

Death of a loved one is one of the biggest causes of stress and moral injury for families and faith leaders during times of crisis and disaster. Grieving can be more complicated when you’re unable to be present for the death of a loved one. It is common to experience feelings of guilt, abandonment, powerlessness, regret for unfinished conversations with loved ones, and — perhaps most of all — not being able to say “Goodbye” or “I love you.”

As faith leaders, we understand we have to rely on others — including hospital chaplains, medical personnel and family members — to perform the function of the individual’s faith leader. However, it is hard not to feel guilt, shame, a sense of betrayal of one’s responsibilities as faith leader and failure at not having “been there.” If the faith leader or family member experiences multiple losses, these feelings of betrayal, shame and failure can become more pronounced and can, over time, create a sense of moral injury.

Help members of your faith community deal with overwhelming stress

If symptoms of stress become overwhelming for a member of your faith community, encourage them to reach out to a mental health professional for help. You can refer them to the Safe + Strong website using the information below.

The Safe + Strong website has a lot of resources, including links and information on mental health, substance misuse services, racial equity support line, veterans help line and more. This website is also available in 12 languages. You can also refer to You are not Alone or other resources on page 53.
In times of trauma, we turn to faith for comfort and understanding. We must be ready to actively reach out to those who need us most, and provide compassion and empathy.”

-Jawad Khan
Chief Programming Officer and Oregon Islamic Academy Educator
Muslim Educational Trust
In general, people are more likely to be traumatized when they are directly exposed to death and/or the threat of death; to actual or threatened serious domestic or sexual violence; or by witnessing such violence happen to someone else. People can also be traumatized when they learn a close relative, friend or colleague has experienced death or threatened death, serious injury or sexual violence.

In a crisis, people can be repeatedly exposed to the threat of death with reminders in the news and social media. This does not mean that everybody will experience an ongoing traumatic response. Those with direct exposure to the life-threatening possibilities or who experience the death(s) of family members, close friends or colleagues may experience acute stress lasting at least three to six months.

Those who experience acute stress may find themselves experiencing intensive or prolonged reactions such as:

- Panic or constant hypervigilance (beyond that which is required for safety)
- Re-experiencing traumatic events through distressing memories, flashbacks or dreams
- Losing touch with their surroundings or with memories of the event
- Difficulty sleeping or concentrating
- Feeling more irritable than usual or constantly angry
- Becoming withdrawn and avoiding reminders of the experience
- Finding themselves unable to take pleasure in anything or anyone.¹³

Trauma impedes grief. It can be hard to grieve if someone has not attended to the original trauma. This process is generally done by talking about the trauma experienced and learning how to manage the symptoms with a mental health professional, trusted individual or group.
Help members of your faith community deal with trauma

If a member of your community of faith is suffering with acute stress due to trauma, please refer them to a mental health professional.

Mental health resources for people in Oregon also includes other resources.

Secondary trauma

We as faith leaders may be at risk for secondary or vicarious trauma: of being traumatized through exposure to multiple deaths and family grieving, repeated and extended exposure to crisis and disaster. Faith leaders’ family members who have experienced multiple losses may also be at risk for secondary trauma. Others at risk of secondary trauma include:

- First responders — including survivor support workers, law enforcement, local government employees and emergency responders — experience considerable demands to meet the needs of the survivors and the community.
- Relief workers, including faith leaders, may witness human tragedy, fatalities and serious physical injuries.
- Over time, workers may show the physical and psychological effects of work overload and exposure to human suffering. They may experience physical stress symptoms or become increasingly irritable, depressed, over-involved or unproductive. They may show cognitive effects such as lack of good judgment or ability to make good decisions.¹³

Limit your exposure to traumatic content

You can preserve your emotional energy by being mindful of your exposure to traumatic content by practicing “trauma stewardship.” Trauma stewardship may be practiced in many ways. Here are some examples:

- Limit your consumption of news and social media.
- Put boundaries on your social conversations (for example, discussing a book or playing a game rather than talking about the traumatic event).
- Ask for help in completing emotionally draining activities.
- Work on emotionally draining activities for a set and limited amount of time each day.
- Find a mental health practitioner who can support your mental health needs as a faith leader.¹³

Some people experiencing trauma or moral injury may project their grief onto caregivers, including faith leaders, as disappointment in the caregiver’s performance. This can include questioning their compassion. As helpers, it is important not to allow self-doubt to harm our work.
“We are spirit, soul and body and we need, especially in times of grief and loss, the care of faith leaders and mental health professionals.”

- Steve Mickel
Lead Pastor, Westside Church
Grief and loss

Grief associated with death
As stated in the pathbreaking work of William Worden, Ph.D., the four tasks of grieving are:

- Accepting the reality of the loss
- Processing the pain of grief
- Adjusting to a world without the deceased
- Finding an enduring connection with the deceased while embarking on a new phase of life.

The first task of grieving is coming to terms with the reality of the loss. Where there is no tangible sign of the loss, for example, when a loved one can't be with the person who died, we can anticipate complicated forms of grief: chronic, delayed, unacknowledged (disenfranchised), exaggerated and masked.

Sometimes, due to a crisis, we may not be present or able to see the body. This can make the death not seem real for the family, especially for children. This sense of the death not being real, combined with a potentially months-long wait for ashes or a prolonged wait for the funeral, can make grieving more complicated. The delay makes it hard to achieve the first task of grieving: to acknowledge the reality of the loss.

Grief, complicated grief and integrated grief
Most people experiencing common or typical grief and bereavement have a period of sorrow, numbness, and even guilt and anger. Gradually these feelings ease, and it’s possible to accept loss and move forward. This is known as “integrated grief.”

Integrated grief is a lasting form of grief that has a place in the person’s life without dominating it or being overly influential in thoughts, feelings or behavior. This form of grief is usually bittersweet and can be helpful in learning and growing in life. Integrated grief mostly resides in the background, but it’s often activated on certain calendar days, life events or with unexpected reminders of the loss. This does not mean a bereaved person has not adapted to their loss.

*The “Grief and loss” section includes content from the Oregon Health Authority and from “Mental Health Toolkit for Faith and Community Leaders,” The Mayor’s Office of ThriveNYC, The Interfaith Center of New York, New York Disaster Interfaith Services, NYC Department of Health and Mental Hygiene.
For some people, however, feelings of loss are debilitating and don’t improve even after time passes. This is known as complicated grief, or persistent complex bereavement disorder. In complicated grief, painful emotions are so long-lasting and severe that you have trouble recovering from the loss and resuming your own life.\textsuperscript{16}

During the first few months after a loss, many signs and symptoms of normal grief are the same as those of complicated grief. However, while typical grief symptoms gradually start to fade over time, those of complicated grief linger or get worse. Complicated grief is like being in an ongoing, heightened state of mourning that keeps one from learning to live with one’s loss. Complicated grief occurs more often in females, and with older age. Factors that may increase the risk of developing complicated grief include: \textsuperscript{16}

- An unexpected or violent death, such as from a car crash, or the murder or suicide of a loved one
- Death of a child
- Close or dependent relationship to the deceased person
- Social isolation or loss of a support system or friendships
- Past history of depression, separation anxiety or posttraumatic stress disorder (PTSD)
- Traumatic childhood experiences, such as abuse or neglect
- Other major life stressors, such as major financial hardships.

**Help your faith community cope with grief**

- Share the tips on page 28 with your faith community for coping with grief and loss.
- If you suspect a member of your community of faith is suffering with long-lasting and severe complicated grief, please refer them to a mental health professional.

Feelings of grief are natural reactions to significant losses. There is no right way to grieve. Everyone experiences grief differently and every loss is unique.

It is recommended, if you work in an area where there are people of color or people with vastly different cultural practices from your own, that you learn more about their culture and keep an open mind when helping them. It might help to invite some people for you to talk to so you can find out firsthand how they would most benefit from your help.
Myths and realities about grief

<table>
<thead>
<tr>
<th>Myths</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>► We only grieve deaths.</td>
<td>► We grieve all losses.</td>
</tr>
<tr>
<td>► Only family members grieve.</td>
<td>► All who are attached grieve.</td>
</tr>
<tr>
<td>► Grief is an emotional reaction.</td>
<td>► Grief is an emotional, behavioral and physical response.</td>
</tr>
<tr>
<td>► We slowly and predictably recover from grief.</td>
<td>► Grief is an uneven process, a rollercoaster with no timeline.</td>
</tr>
<tr>
<td>► Grieving means letting go of the person who dies (loss.)</td>
<td>► We may never fully detach from the person or loss.</td>
</tr>
<tr>
<td>► Grief finally ends.</td>
<td>► Over time most people learn to live with loss.</td>
</tr>
<tr>
<td>► Grievers are best left alone.</td>
<td>► Grievers need opportunities to share their memories, feelings and to receive support.</td>
</tr>
</tbody>
</table>

Tips for coping with loss and grief

- Accept your feelings. Recover at your own pace and in your own way. Be patient with yourself.
  - Talk about your loss. You may find this comforting and feel less alone. Connect with friends and family through phone, text and other digital platforms.
  - Take stock of what is going well. Write down or share with others your strengths and bright moments from the day.
- Know what resources are available. Visit the Safe + Strong website under the “Community Resources” tab for a list of employment resources, food assistance, health and medical assistance, as well as emotional support and spiritual care, among other resources.
- Focus on the things within your control.
- Limit your exposure to news and social media coverage. Turn off the TV, shut down the computer, put your phone away, and put down the papers.
- Take a break. Do something relaxing, energizing, or something that will lift your spirits.
• Be part of not just your community, but your faith community as well. Community can offer you a network of support. Stay connected through digital platforms.

• Find a mental health professional who you trust and invite them to talk/host a conversation with them.

• Ask for help if you feel overwhelmed.

If these feelings persist, your mood does not improve or worsens or you feel unable to function and perform basic daily activities, reach out for help.

How to help when in a disaster

• To prepare for disaster response, we recommend you reach out to your local emergency manager and chaplain to establish a relationship and become acquainted with their processes and procedures. This will make communication and response more coordinated during a time of need.

• During a disaster, crisis or mass casualty incident, it is recommended that you work as a part of the larger disaster response team such as Red Cross, Local Emergency Management, FEMA or others to best coordinate efforts and reduce the likelihood of negative unintended consequences.

Funeral service alternatives

If an in-person funeral is not feasible due to a crisis, disaster or mass casualty incident, here are a few possibilities for distanced services:

• ‘Virtual’ funerals through Zoom, streaming them live or taping them for distribution later are all viable options that allow a funeral to take place and include as many people as you would like.

• Monthly/weekly online memorial gatherings, to give the community of faith the opportunity to grieve together and honor the deceased closer to the date of the death (rather than waiting indefinitely to have a funeral or memorial service); to give the family some resolution; and to allow the wider community of faith to begin to accept the reality of the loss.

• Once in-person gatherings for public worship are safe again, we suggest the community of faith hold a memorial service to remember all those lost during the time of separation.
“Every life matters. We must be able to find a way to come along side and connect with those who are hurting and need our help.”

– Rev. Dr. Shon Neyland
Senior Pastor, Highland Christian Center

Caring for someone with thoughts of suicide
At times, people may think about suicide. Some of those triggers may be relationship problems, moral injury, death of a loved one, financial stress, legal problems, failing grades, job loss, and physical and mental health concerns. Suicide or suicide ideation should be taken seriously.

**Suicide prevention resources**

If you or someone you know is experiencing a mental health crisis, please know that help is available:

- **Call the National Suicide Prevention Lifeline 24/7** at 800-273-8255
  - Or text “273TALK” to 839863 (text services available Monday through Friday, 2–6 p.m. Pacific Time); Lines For Life runs the lifeline.
  - Reach the Veterans Crisis Lines by calling the above number and pressing 1. En español: 888-628-9454. TTY: Dial 711 then 800-273-8255.

- **Contact the YouthLine** — a teen-to-teen crisis and help line. Teens are available to help daily from 4 to 10 p.m. Pacific Time (Lines for Life answers off-hours calls).
  - Call 877-968-8491 or text teen2teen to 839863 or chat at [www.oregonyouthline.org](http://www.oregonyouthline.org).

- See county crisis lines starting on page 60.

* The “Caring for someone with thoughts of suicide” section includes content from the Oregon Health Authority and from “Mental Health Toolkit for Faith and Community Leaders,” The Mayor’s Office of ThriveNYC, The Interfaith Center of New York, New York Disaster Interfaith Services, NYC Department of Health and Mental Hygiene.
Suicide myths

1. **Myth: Suicide only affects individuals with a mental health condition.**
   
   **Fact:** Many individuals with mental illness do not have suicidal thoughts, and not all people who attempt or die by suicide have mental illness. Relationship problems and other life stressors such as criminal/legal matters, persecution, eviction/loss of home, death of a loved one, a devastating or debilitating illness, trauma, sexual abuse, rejection, and recent or impending crises are also associated with suicidal thoughts and attempts.

2. **Myth: Once an individual is suicidal, they will always remain suicidal.**
   
   **Fact:** Active suicidal ideation is often short-term and situation-specific. Studies have shown that approximately 54% of individuals who have died by suicide did not have a diagnosable mental health disorder. For those with mental illness, the proper treatment can help reduce symptoms.

   The act of suicide is often an attempt to control deep, painful emotions and thoughts an individual is experiencing. Once these thoughts dissipate, so will the suicidal ideation. While suicidal thoughts can return, they are not permanent.

3. **Myth: Most suicides happen suddenly without warning.**
   
   **Fact:** Warning signs — verbally or behaviorally — precede most suicides. Therefore, it’s important to learn and understand the warnings signs associated with suicide. Many individuals who are suicidal may only show warning signs to those closest to them. These loved ones may not recognize what’s going on, which is why the suicide my seem sudden or without warning.

4. **Myth: People who die by suicide are selfish and take the easy way out.**
   
   **Fact:** Typically, people do not die by suicide because they do not want to live — people die by suicide because they want to end their suffering. These individuals are suffering so deeply that they feel helpless and hopeless. Individuals who experience suicidal ideations do not do so by choice. They are not simply “thinking of themselves,” but rather they are going through a very serious mental health symptom due to either mental illness or a difficult life situation.

5. **Myth: Talking about suicide will lead to and encourage suicide.**
   
   **Fact:** There is a widespread stigma associated with suicide. As a result, many people are afraid to speak about it. Talking about suicide not only reduces the stigma, it also allows individuals to seek help, rethink their opinions and share their story with others. We all need to talk more about suicide.
Suicide definitions and language

- **Suicidal behaviors** encompass a broad range of acts, including suicidal attempts, gestures, threats and suicidal thoughts.
- **Suicide** is an intentional act resulting in one’s own death.
- **Suicide attempt** is an intentional act, causing self-harm, where death would have occurred without direct intervention.

Language matters when discussing issues of suicide. Language reflects and influences our attitudes; it also influences the attitudes of others. Words have power; words matter. The language we choose can be an indicator of social injustice and has the power to shape our ideas and feelings in insidious ways.\(^\text{18}\)

For example, the phrase “committed suicide” is frowned on because it harks back to an era when suicide was considered a sin or a crime. Think about the times when we use the word “commit”: “commit adultery” or “commit murder.” Similarly, “successful suicide” or “unsuccessful attempt” are considered poor language choices because they connote an achievement or something positive even though they result in tragic outcomes.\(^\text{18}\)

**In 2018–2019, 5.7% of adults in Oregon had serious thoughts of suicide in the past year, which was higher than the U.S. share (4.6%).**\(^\text{19}\)

**Figure 2: 2019 Oregon youth suicides, death rate and national ranking among youth ages 10–24**\(^\text{20}\)

*In addition to these deaths among Oregonians aged 10–24, there were two suicide deaths among children younger than 10 in 2019.*
Overall, Oregon suicide rates among youth ages 10–24 have increased significantly since 2011.

Oregon youth suicide rates have been higher than the U.S. rates over the past decade.

This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.

Figure 4: 2019 Oregon Healthy Teens Survey and Student Wellness Survey administered by Oregon Health Authority

Youth that identify as LGBTQ+ are twice as likely to seriously contemplate suicide according to the OHA survey.
Learn the warning signs and risk factors

You can help prevent suicide by learning the warning signs and risk factors.

It is important to understand the difference between risk factors and warning signs for suicide. Risk factors indicate that someone is at heightened risk for suicide, but they indicate little or nothing about immediate risk. Warning signs indicate an imminent risk of suicide and may require prompt intervention.\textsuperscript{21}

The more clues and signs observed, the greater the risk.

<table>
<thead>
<tr>
<th>Warning signs</th>
<th>Risk factors \textsuperscript{22}</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Talking, writing or posting about wanting to die or to kill themselves</td>
<td><strong>Health</strong></td>
</tr>
<tr>
<td>• Looking for a way to die by suicide, such as searching online or buying a gun, or investigating other ways to harm themselves</td>
<td>• Mental health conditions (particularly depression, mood disorder, personality disorder, schizophrenia, anxiety disorder or psychosis lasting more than two weeks)</td>
</tr>
<tr>
<td>• Talking about feeling hopeless or having no reason to live, no sense of purpose or meaning</td>
<td>• Serious physical health conditions including pain</td>
</tr>
<tr>
<td>• Talking about feeling trapped or in unbearable pain, fearful they cannot handle what life is giving them; wishing they were dead or not wanting to wake up</td>
<td>• Traumatic brain injury</td>
</tr>
<tr>
<td>• Increasing the use of alcohol or drugs</td>
<td><strong>Environmental</strong></td>
</tr>
<tr>
<td>• Acting anxious or agitated; behaving recklessly</td>
<td>• Access to lethal means including firearms and drugs</td>
</tr>
<tr>
<td>• Sleeping too little or too much</td>
<td>• Prolonged stress, such as harassment, bullying, relationship problems or unemployment</td>
</tr>
<tr>
<td>• Withdrawing or isolating themselves</td>
<td>• Stressful life events, such as rejection, divorce, financial crisis, other life transitions or loss</td>
</tr>
<tr>
<td>• Showing rage or talking about seeking revenge</td>
<td>• Exposure to another person’s suicide, or to graphic or sensationalized accounts of suicide</td>
</tr>
<tr>
<td>• Displaying extreme mood swings</td>
<td><strong>Historical</strong></td>
</tr>
<tr>
<td>• Making final agreements or giving away prized possessions</td>
<td>• Previous suicide attempts</td>
</tr>
<tr>
<td>• Perception of being a burden</td>
<td>• Family history of suicide</td>
</tr>
<tr>
<td>• A “need to belong” is not met, resulting in social isolation.</td>
<td>• Childhood abuse, neglect or trauma.</td>
</tr>
</tbody>
</table>
Distance between family and friends can make warning signs harder to observe. Check in with your loved ones to see how they are coping. This especially applies to those with a history of suicidal thoughts or attempts, depression, anxiety or other mental illness, or those who have experienced a recent loss.

If the person has a well-thought-out plan to die by suicide and won’t agree to staying safe, do not leave them alone. However, take caution to protect yourself if the person states they have a weapon. In case of weapons, please contact local authorities and do not try to handle on your own. Take them to an emergency room or, if needed, call 911.
How to talk to someone about suicide

• Look for signs and symptoms. Some people considering suicide will exhibit multiple signs, while others will exhibit few. It’s important to know the signs and symptoms of suicide and be on alert when talking to those around you.

• Ask the question directly. If you suspect someone might be at risk of suicide, it’s important to directly ask about suicidal thoughts. Do not avoid using the word suicide. You can say things such as, “Are you having thoughts of suicide?” Do not be afraid that mentioning suicide will “put thoughts in their mind.” This is a long-held myth, but countless research has proven speaking with someone about suicide does not increase the likelihood they will act on suicidal feelings.

Note: In some faith traditions, you may consider wording such as, “Do you feel like life is too much?” or, “Is God or Allah giving you too much to bear?”

• Listen nonjudgmentally. Engage them in conversation to see how they are feeling, how long they have been feeling this way and the events that led up to these thoughts. Listen in a kind and respectful way so the person feels comfortable to talk openly without being judged. Never shame a person for these thoughts. If the person has already done something to take their life and is in immediate physical danger, call 911.

• Let the person know you are concerned and willing to help. Offer the person kindness and support and let them know you are willing to help them find the support they need.
  » Most efforts to persuade someone to live rather than attempt suicide will be met with relief or agreement. It’s OK to be bold and take the lead.
  » Refer the person to professional help, such as a therapist or physician. Offer to call with them or stay with them while they seek immediate help. Always provide the National Suicide Prevention Lifeline at 800-273-8255.

If the person has a well-thought-out plan to die by suicide and won’t agree to staying safe, do not leave them alone. Take them to an emergency room or call 911.

Suicide prevention trainings

• Question, Persuade, Refer (QPR) – This 1.5-hour training is designed to teach participants warning signs and risk factors for suicide, how to ask someone if they are thinking about suicide, and how to refer someone to help.

• Applied Suicide Intervention Skills Training (ASIST) – This training is a two-day workshop focused on helping individuals prevent youth suicide. The interactive workshop teaches individuals the skills needed to recognize youths who may be at risk of suicide, including identifying warning signs of suicide, providing a skilled intervention and developing a safety plan.
• **Youth Suicide Assessment in Virtual Environments** (Youth SAVE) – This course is designed for mental health professionals or adults who work with children and youth. Participants should have an advanced level of education, skill and/or experience in mental health with children and youth, and currently work with this population. With a focus on equity and anti-racism, participants will be equipped with tools and skills to assess, intervene and safety plan in a virtual environment.

• Get Trained to Help (Multnomah, Washington, and Clackamas counties) — [https://gettrainedtohelp.com](https://gettrainedtohelp.com).


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Despite our best efforts, sometimes suicides still happen in our community. Encourage friends, family and individuals affected by suicide to seek care for themselves and surround them with love and support. Sometimes you may feel if you would have done something differently, the individual would still be alive. This is not the case.

Before referring others to a hotline, call the hotline yourself. Let them know you are a faith leader and want to understand how the process works when referring someone else.

As a faith leader, be mindful of your own mental health, especially during and after helping others through traumatic situations. This may be a mental health professional, peer support group, or trusted mentor or friend outside of your own congregation.

► Take stock of your personal relationships. Do you have several close, trusted friends outside of your congregation?

► Remember that struggles with mental health are not a sign of spiritual weakness. Taking care of our mental fitness is just as important as caring for our physical fitness.
“Faith is not immunity from being human and living through storms, faith is an anchor in the midst of every storm, it gives our life resilience, density and groundedness.”

- Pastor Matta Ghaly
Mt. Carmel Lutheran Church and the Oregon Synod of the Evangelical Lutheran Church in America

Substance misuse and problem gambling
Substance misuse disorders are chronic and complex illnesses that affect the brain and behavior. Recovery from substance misuse disorders is not only possible, but the expectation when there is proper support and treatment. Recovery is “an active process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction.” (ASAM Public Policy Statement on the Role of Recovery in Addiction Care, Apr 2018)

There is no single or universal cause of substance misuse. Some people are more susceptible to developing a substance misuse because of the way their brain is affected. Typically a combination of biological and environmental factors affect the risk of developing a substance misuse disorder, including life adversity or trauma, genetic predisposition, physiological sensitivity to alcohol or drugs, and social and environmental reinforcements. Three-quarters of individuals with substance misuse experience the onset of their illness in their mid-20s. Men have twice the rate of substance use disorders than women. Veterans and the LGBTQIA2S+ community report substance misuse with greater frequency than the overall population. Almost 40% of adults with substance misuse also have mental health conditions including anxiety, mood, posttraumatic stress and psychotic disorders. Yet more than 50% of individuals with co-occurring mental illness and substance misuse do not receive any substance use treatment or mental health care.

**Addictive behaviors**

The U.S. government has defined heavy drinking as more than three drinks daily or seven per week for women, more than four drinks daily or 14 drinks weekly for men, and more than three drinks daily for people older than 65 years.

Alcohol and drugs affect the way we think, feel and act in different ways and to different extents. Substance use can result in uncharacteristic behaviors like taking risks or being aggressive, physical injuries, relationship disruptions, changes to our goals and engagement, suicide and self-injury, short-term and long-term illnesses, and death.

Intervening early often prevents the negative impacts on health, relationships, and goals. Recovery from substance use disorders before or in the early stages of dependence may be easier.

In 2019 there were 332 opioid overdose deaths in Oregon, which accounted for 54.0% of all drug overdose deaths in the state.19
How to talk with someone about substance misuse

- **Check in** about suicidal ideation and risk-taking behaviors.
- **Talk when sober.** Also, remember that substance use can impair memory formation, so events may be remembered differently.
- **Be compassionate.** Speak with respect and affirm dignity. Share your truth honestly using “I” statements and observations, not judgments. Listen with flexibility and desire for understanding. Try to learn about the person’s perception and impact of their drug and alcohol use.
- **Provide reassurance and information.** Communicate your concern, share your support, ask if information or resources would be helpful.
- **Be patient.** Recognition of the impact and readiness to change can take time. Set realistic expectations. Orient to your goal of supporting the individual you care for and are concerned about, not to being right or to convincing, educating, or pressuring them.
- **Encourage** professional help and reaching out to family, friends, and community for support.
- **Refer to medical help** if dangerously intoxicated or in severe withdrawal.

Resources to help with substance misuse

- [Oregon Tobacco Quit Line](tel:800.quit-now; 855.dejelo-ya): 800.quit-now; 855.dejelo-ya (Spanish Quit Line)
- [Words matter – terms to use and avoid when talking about addiction](https://www.nida.nih.gov/publications/language): NIDA tips on language choice
- [Alcohol and Drug Helpline](tel:800-923-4357): 800-923-4357
- [David Romprey Warmline](tel:800-698-2392): Peer-to-peer and community counseling support; 800-698-2392
- [National Institute on Drug Abuse](https://www.nida.nih.gov): Information about substance use disorders
- [Mental Health America](https://www.mhan.org): Community-based resources on mental illness and mental health support groups
- **Support groups**
  - [Narcotics Anonymous](https://www.na.org)
  - [Alcoholics Anonymous](https://www.aa-oregon.org)
  - For family members: Oregon Al-Anon/Alateen: [www.oregonal-anon.org](http://www.oregonal-anon.org)
Problem gambling

Gambling involves risking something of value in the hopes of obtaining something of greater value. In many cultures, people gamble on games and events, and most do so without experiencing problems. In Oregon, there are a variety of opportunities to engage in gambling including casinos and video lottery retailers (games found in bars and some restaurants) that offer gambling as a harmless form of entertainment and a convenient way for adults to socialize. Individuals who gamble socially plan how much time and money they will spend gambling, and they stick to their plan. For this gambler, it’s all about having fun.

However, for 2.6 percent of Oregon adults or an estimated 88,000 adults, gambling has become a serious problem that continues, long after the fun is gone. And an additional 5.4% of Oregon’s adult population is at risk of developing a problem. For each person with a problem with gambling, many others are affected (e.g., spouse, children).

Problem gambling:

- Causes disruptions in many areas of life: psychological, physical, social and vocational
- Shares many similarities with other addictive disorders
  
  There are strong links between problem gambling and depression, anxiety, suicidal thoughts, heavy alcohol and drug use, poor physical and emotion health, and violence. Often times one or more of these issues accompanies a gambling problem.

- Is often referred to as the “hidden addiction” because, unlike substance use disorders, there are rarely outward signs or physical symptoms.

  However, there are a few warning signs to help identify a developing problem. Being proactive can make all the difference.
Signs of problem gambling

- Preoccupied with gambling
- Hiding or lying about gambling
- “Chasing” losses with more gambling
- Restlessness or irritable when not gambling
- Repeated unsuccessful attempts to stop
- Borrowing money to gamble
- Gambling to escape problems
- Increasing bets
- Jepardizing relationships and job opportunities

Tips for having conversation with adults about gambling behaviors

- **Show concern** – Let them know you care about them and are concerned.
- **Keep talking** – Let them know exactly how their gambling behavior concerns you.
- **Discuss the impact** – Let them know how their behavior is affecting you and others. Be specific.
- **Set clear expectations** – “I want you to talk to someone about your gambling” and what they can expect from you – “I won’t cover for you anymore.”
- **Listen** – Approach the conversation with a non-judgmental attitude.

Infographic by Oregon Health Authority, Oregon Council on Problem Gambling and Oregon Lottery.
• **Be proactive** – Let them know you are willing to help.
• **Provide information** – Let the professionals provide the advice.
• **Provide encouragement** – Give them the information to contact OPGR.org or call the helpline at 877-MYLIMIT.

**Tips for having conversations with youth about gambling behaviors**

• **Start early** – Don’t wait until adolescents to talk about gambling or other risky behaviors.
• **Listen** – Create an open environment for conversation about their lives. Start by asking them, “So what are kids gambling on these days?”
• **Educate yourself and your kids about gambling** – Share with kids that gambling isn’t risk free. It’s not a “healthy alternative” to alcohol or drug use.
• **Look for opportunities to discuss the risks of gambling** – When there is a news report of a jackpot win, talk about the odds and reality of winning. It’s great math practice!
• **Monitor your child’s activities** – Know where your kids are. Know their friends and what they are doing. Don’t forget about their online and video game activity.
• **Keep talking** – Like alcohol and drugs, one conversation does not do the trick. Bring it up in casual conversation and keep talking.
• **Live by example** – Remember that kids are watching what adults are doing.

For additional information on talking to youth about gambling, check out this great resource: https://talk2kids.org/.

Problem gambling, like most addictions, simply does not discriminate. A small percentage of people who gamble will develop gambling problems regardless of age, race, ethnicity or gender. Although it is not possible to predict exactly who may develop a gambling problem, once identified, it can be treated ... and people do recover.

**Resources for individuals who struggle with problem gambling**

*Oregon Problem Gambling Resource*: No judgement, just hope. Referrals to free treatment for affected person and concerned other.

**Problem Gambling helpline**: 877-MYLIMIT

*Oregon Council on Problem Gambling*
How to support mental health year-round
How to support mental health year-round*

Mental health treatment works
Getting connected to care can help people live full, healthy lives. Here are just some promising findings:

- Older adults who receive home-based treatment and services for depression experience significantly reduced depression symptoms and improved overall health.\(^{25}\)
- Houseless mothers who receive screening for depression while in shelter are more likely to receive care, experience a reduction in their symptoms, and attend more visits with their primary care doctor and case managers.\(^{26}\)
- Among people with schizophrenia who receive treatment, approximately 50% show improvement in symptoms.\(^{27}\)
- Individuals with an untreated mood disorder, diagnosis of schizophrenia or substance use disorder are respectively 2.37 times, 2.39 times, and 2.92 times more likely to experience houselessness. Receiving support from a treatment team has been shown to reduce houselessness among this population by 37%.\(^{28}\)
- Because of stigma and discrimination, LGBTQIA2S+ youth are more likely than non-LGBTQIA2S+ youth to struggle with their mental health, and LGBTQIA2S+ adults are more likely than others to have mental health or substance use problems. However, access to affirming, sexuality-specific support at home and school has been shown to build long-term positive mental health.\(^{3}\)

Actions you can take to promote acceptance, raise awareness and remove barriers to care

- Create a culture of inclusion and acceptance.
- Use this guide to educate yourself and explore your own biases.
- Make a commitment to creating an affirming and accessible space open to all community members regardless of their ethnicity, race, gender, sexual orientation or disability.
- Call for a group of volunteers to work with you to create a mental health education plan for your faith community. You can use the calendar below to engage your community to raise awareness and ensure the voices and thoughts of many are included in your efforts to promote mental health in your community.

* Incorporated from “Mental Health Toolkit for Faith and Community Leaders,” The Mayor’s Office of ThriveNYC, The Interfaith Center of New York, New York Disaster Interfaith Services, NYC Department of Health and Mental Hygiene.
• Consider taking bias and trauma-informed trainings. Trauma Informed Oregon has several resources.
• Know your responsibilities as a mandated reporter.

Promote mental health literacy in your faith community
• Invite mental health practitioners such as social workers, psychologists and psychiatrists from community-based organizations to make presentations to your congregation.
• Use bulletins and newsletters as tools to educate the community about mental health issues.

Speak frequently about mental health topics with your faith community
• Attend or send representatives to local conferences and trainings on mental health.
• Speak courageously about your own mental health challenges.
• Speak about mental health and mental illness often. Use your voice and position as a leader to erase stigma and the silence surrounding mental health and mental illness. There are many opportunities to share mental health messages with your congregation or community. For example, you might choose to speak or write about mental health issues in:
  » A formal ritual setting, such as a sermon, D’var Torah, Khutubah or Dharma talk
  » Smaller group settings, ministry meeting or adult education program
  » Individual conversations with community members, whether for pastoral care or other matters.

Remove barriers to care
• Create a dedicated place to display community mental health resources that members can freely pick up and ensure the resource materials are made available in all the languages spoken by members of the community.
• Remove stigmas associated with mental health illness in your community.
• Create connections with local hospitals, community health clinics and community-based organizations providing mental health services so you can assist members seeking assistance to find care.
• If someone is experiencing stress or depression, encourage them to take advantage of professional support. Help and support might include talk therapy, counseling, medication, lifestyle changes (including physical activity) or a combination of the above.
• Foster the culture of care in your faith community.
• Share ideas of self-care and community care.
• Invite people to share stories of experiences and healing.
• Be an advocate.
• Encourage making time for rest, reflection, taking care, exercising, doing what brings joy.
• Make time for your community to consider and create care plans.
• Help each other with transitions into and out of behavioral health care.

We hope you will use the calendar below to engage your faith community and share mental health resources throughout the year.

### Mental health action calendar

<table>
<thead>
<tr>
<th>Key mental health days and themes</th>
<th>Suggested actions to promote mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>► January</td>
<td>Let your faith community know free support is available for anyone harmed by violence, crime or abuse. People can contact the Sexual Assault Resource Center at 503-640-5311 or 888-640-5311 for a 24-hour helpline</td>
</tr>
<tr>
<td>National Stalking Awareness Month</td>
<td></td>
</tr>
</tbody>
</table>
| ► February                       | • Speak with your faith community about teen dating violence and available resources to help. Check out [https://www.teendvmonth.org/](https://www.teendvmonth.org/) for content and resources.  
• The National Eating Disorder Association website has information and resources to support individuals and families affected by eating disorders: [https://www.nationaleatingdisorders.org/](https://www.nationaleatingdisorders.org/). |
| National Teen Dating Violence Awareness and Prevention Month |                                          |
| » Feb. 21–28 — National Eating Disorders Awareness Week |                                          |
| ► March                          | • Share information about Family Resource Centers (FRCs) with your faith community. FRCs provide individual and group-based family support services to parents/caregivers of children and youth (birth to age 24).  
• The [National Council on Problem Gambling](https://www.nationalcouncil.org/) has an awareness month toolkit as well as other resources to support individuals affected by problem gambling. |
| National Women’s History Month   |                                          |
| » March 1 — Zero Discrimination Day |                                          |
| » March 8 — International Women’s Day |                                          |
| » March 20 — International Day of Happiness |                                          |
| Problem Gambling Awareness Month |                                          |
### Key mental health days and themes

<table>
<thead>
<tr>
<th>Month</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>National Child Abuse Prevention Month</td>
</tr>
<tr>
<td></td>
<td>Alcohol Awareness Month</td>
</tr>
<tr>
<td></td>
<td>Sexual Assault Awareness and Prevention Month</td>
</tr>
<tr>
<td>May</td>
<td>Mental Health Awareness Month</td>
</tr>
<tr>
<td></td>
<td>May 9 — Children’s Mental Health Awareness Day</td>
</tr>
<tr>
<td></td>
<td>May 10–16 — National Women’s Health Week</td>
</tr>
<tr>
<td>June</td>
<td>Lesbian, Gay, Bisexual and Transgender (LGBT) Pride Month</td>
</tr>
<tr>
<td></td>
<td>June 10–16 — National Men’s Health Week</td>
</tr>
<tr>
<td></td>
<td>June 27 — PTSD Awareness Day</td>
</tr>
</tbody>
</table>

### Suggested actions to promote mental health


- American Addiction Centers has tools and resources to support conversations about alcohol awareness: [https://www.alcohol.org/awareness-month/](https://www.alcohol.org/awareness-month/).

- Oregon’s [Safe+Strong website](https://www.safe-strong.org) provides a lot of resources to help with Alcohol Awareness Month as well as Sexual Assault Awareness and Prevention month. If a person has experienced, or is experiencing sexual assault, they can reach out to Sexual Assault Resource Center for 24-hour confidential support at 503-640-5311 or 1-888-640-5311.

- Take opportunities throughout the month to communicate with members of your faith community about how common mental health needs are, free resources available to support anyone in need, and how mental health care can help people to feel better and live healthy lives. Share these messages from SAMHSA on social media, in sermons, and in one-on-one conversations with your faith community: [https://www.samhsa.gov/childrens-awareness-day](https://www.samhsa.gov/childrens-awareness-day).

- Make a public commitment to your faith community to creating an affirming and accessible space open to all community members regardless of their race, sexual orientation or disability.
## Key mental health days and themes

<table>
<thead>
<tr>
<th>Month</th>
<th>Key Dates</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July</strong></td>
<td>National Minority Mental Health Awareness Month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>July 30 — World Day Against Trafficking in Persons</td>
<td></td>
</tr>
<tr>
<td><strong>August</strong></td>
<td>Aug. 26 — National Women’s Equality Day</td>
<td></td>
</tr>
<tr>
<td><strong>September</strong></td>
<td>National Recovery Month</td>
<td></td>
</tr>
<tr>
<td>National Suicide Prevention Awareness Month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept. 6–12 — National Suicide Prevention Week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept. 10 — World Suicide Prevention Day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Suggested actions to promote mental health

- Invite a mental health provider from a local community organization to present on a mental health topic to your faith community.
- Check out the culturally specific resources listed in “Mental health resources for people in Oregon” starting on page 53.
- Encourage your faith community to take advantage of ways to support their emotional well-being.
- The National Women’s History Alliance has put together the history of Women’s Equality Day as well as some resources: [https://nationalwomenshistoryalliance.org/resources/commemorations/womens-equality-day/](https://nationalwomenshistoryalliance.org/resources/commemorations/womens-equality-day/)
- Share the suicide prevention information and resources starting on page 31 of this guide with your faith community.
<table>
<thead>
<tr>
<th>Key mental health days and themes</th>
<th>Suggested actions to promote mental health</th>
</tr>
</thead>
</table>
| **October**                       | • Share information about mental health services available to students and their families in Oregon. [https://www.oregon.gov/ode/educator-resources/standards/Pages/Mental_Health_Students_Families.aspx](https://www.oregon.gov/ode/educator-resources/standards/Pages/Mental_Health_Students_Families.aspx)  
  National Bullying Prevention Month  
  National Domestic Violence Awareness Month  
  » Oct. 4–10 — Mental Illness Awareness Week  
  » Oct. 10 — World Mental Health Day  
  • Oregon Coalition Against Domestic and Sexual Violence: [https://www.ocadsv.org/take-action/domestic-violence-awareness-month#:~:text=By%20proclamation%20of%20Governor%20Kate,as%20Domestic%20Violence%20Awareness%20Month.](https://www.ocadsv.org/take-action/domestic-violence-awareness-month#:~:text=By%20proclamation%20of%20Governor%20Kate,as%20Domestic%20Violence%20Awareness%20Month.)  
  • The World Health Organization World Mental Health Day news and information: [https://www.who.int/campaigns/world-mental-health-day](https://www.who.int/campaigns/world-mental-health-day) |
| **November**                      | • Share information about mental health services available for veterans with your faith community. Veterans can get trauma counseling and crisis intervention support by calling the Veterans Crisis Line: 800-273-8255.  
  National Family Caregivers Month  
  » Nov. 11 — Veterans’ Day  
  » Nov. 21 — International Survivors of Suicide Loss Day |
| **December**                      | • Encourage any members of your faith community 60 or older who may be feeling isolated or lonely — or anyone worried about an aging Oregonian — to call the Senior Loneliness Line at 503-200-1633. The Senior Loneliness Line can connect older services to help ease social isolation and support for caregivers.  
  » Dec. 10 — Human Rights Day |
Mental health resources for people in Oregon

Photo source: Muslim Educational Trust
Mental health resources for people in Oregon

Oregonians can access a range of mental health services by phone or online. If you or someone you care about needs support, we encourage you to reach out to any of the programs listed below. Help is available.

For services offered by OHA Behavioral Health, please visit https://www.oregon.gov/oha/hsd/amh/Pages/index.aspx.

For services offered by Oregon Department of Human Services, including but not limited to food, child care and the Oregon Health Plan, please visit https://www.oregon.gov/dhs/Pages/index.aspx.

Find more resources at You are not Alone, https://govstatus.egov.com/or-dhs-not-alone.

The following resources were collected in July 2021.

<table>
<thead>
<tr>
<th>Blacks, Africans and African Americans</th>
<th>Individuals with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Black Mental Health Oregon</strong></td>
<td><strong>Aging and Disability Resource Connection of Oregon</strong></td>
</tr>
<tr>
<td>Mental health resources for African American communities</td>
<td><strong>Association of Oregon Centers for Independent Living</strong></td>
</tr>
<tr>
<td>971-300-4955</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.blackmentalhealtho.wixsite.com">www.blackmentalhealtho.wixsite.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>Imani Center, Central City Concern</strong></td>
<td></td>
</tr>
<tr>
<td>Afrocentric mental health and addictions treatment services</td>
<td></td>
</tr>
<tr>
<td>503-226-4060</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.centralcityconcern.org">www.centralcityconcern.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>The Miracles Club</strong></td>
<td><strong>Latinos/Latinas/Latinx</strong></td>
</tr>
<tr>
<td>Community recovery center offering support services for African American communities</td>
<td><strong>ADAA Grupo de Apoyo en Linea</strong></td>
</tr>
<tr>
<td>503-249-8559</td>
<td>Online private peer-to-peer support line for anxiety and depression. Subscribe <a href="http://www.adaa.org">here</a></td>
</tr>
<tr>
<td><a href="http://www.themiraclesclub.org">www.themiraclesclub.org</a></td>
<td><strong>Spanish National Suicide Prevention Lifeline (Nacional de Prevención delSuicidio)</strong></td>
</tr>
<tr>
<td><strong>OHSU Avel Gordly Center for Healing</strong></td>
<td>24/7 Support 888-628-9454</td>
</tr>
<tr>
<td>503-494-4745</td>
<td><strong>Oregon Recovery Network</strong></td>
</tr>
<tr>
<td><a href="http://www.ohsu.edu">www.ohsu.edu</a></td>
<td>Substance use disorder and recovery resources for Spanish-speaking individuals and families, including support groups, counselors, rehab and peer support</td>
</tr>
<tr>
<td></td>
<td><a href="http://oregonrecoverynetwork.org">oregonrecoverynetwork.org</a></td>
</tr>
</tbody>
</table>
Asian Americans and Pacific Islanders

**Asians Do Therapy**
Mental health resources and support for Asian Americans online resources [here](http://www.asiansdotherapy.com)

**Project Lotus**
A culturally specific mental health organization offering education and peer support for Asian-Americans [www.theprojectlotus.org](http://www.theprojectlotus.org)

**Asian Health and Service Center**
Physical and behavioral health services for Asian American communities
Language Lines:
- English 503-772-5888
- Cantonese 503-772-5889
- Mandarin 503-772-5890
- Korean 503-772-5891
- Vietnamese 503-772-5892
[www.ahscpdx.org](http://www.ahscpdx.org)

Tribes

**American Indian/Alaska Natives**

*Your community can be a place of support and comfort*

Find support created by your community, for your community. Find a counselor who understands your experience or join a support group with others going through the same thing.

This list was created with help from the community so you can find mental-health and substance-use resources whether or not you have insurance. There is caring and affordable support in your community, where you can feel safe and understood.

**9 Federally Recognized Tribes of Oregon**

**Confederated Tribes of Grand Ronde Indians**
The Confederated Tribes of Grand Ronde Behavioral Health Program (CTGR-BHP) is a fully integrated outpatient mental health and alcohol and drug assessment and treatment program licensed by the state.
[https://www.grandronde.org/services/health-wellness/behavioral-health/](https://www.grandronde.org/services/health-wellness/behavioral-health/)

**Confederated Tribes of the Siletz Indians**
[http://www.ctsi.nsn.us/](http://www.ctsi.nsn.us/)

For Behavioral Health Services:
[http://www.ctsi.nsn.us/Siletz-Tribal-Services-Umpqua-Clackamas-County-Tillamook/healthcare/behavioral-health/behavioral-health-2#content](http://www.ctsi.nsn.us/Siletz-Tribal-Services-Umpqua-Clackamas-County-Tillamook/healthcare/behavioral-health/behavioral-health-2#content)
Confederated Tribes of the Warm Springs Indians
https://warmsprings-nsn.gov/program/community-counseling/

Confederated Tribes of the Umatilla Indian Reservation
https://ctuir.org/
For Behavioral Health Services: https://yellowhawk.org/behavioral-health/

Cow Creek Band of Umpqua Tribe of Indians
For more information, please call either the North Clinic at 541-672-8533 or the South Clinic at 541-839-1345, 24-hour contact: 1-800-935-2649

Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
https://ctclusi.org/
For Behavioral Health Services: https://ctclusi.org/family-support-services/

Burns Paiute Tribe
https://www.burnspaiute-nsn.gov/
For Behavioral Health Services: https://burnspaiute-nsn.gov/departments/social-services/#mh

The Klamath Tribes
http://klamathtribes.org/
For Behavioral Health Services: https://klamathtribes.org/administration/social-services

The Coquille Indian Tribe
http://www.coquilletribe.org/
For Behavioral Health Services: https://www.coquilletribe.org/?page_id=126

All Tribes Mental Health
A culturally informed mental health clinic offering education, peer support, and substance use disorder recovery for people of all colors, cultures and tribes www.alltribesmentalhealth.com

Native American Rehabilitation Association of the Northwest (NARA Northwest)
Culturally specific mental health and addiction treatment services in the Portland metro area 503-224-1044 www.naranorthwest.org

Racial Equity Support Line
A peer support line for individuals and families mental and emotionally affected by racism 503-575-3764 linesforlife.org/racial-equity-support-line
### Sexual assault and domestic abuse help

**Clackamas Women's Services**  
For domestic and sexual violence support  
24/7 support line  
503-654-2288  
888-654-2288  
Text and chat available  
Monday–Friday 9:30 a.m.–4 p.m.  
Confidential text 503-461-2888  
[Chat](www.cwsor.org)

**National Domestic Violence Hotline**  
800-799-7233 and TTY 800-787-3224  
[https://www.thehotline.org/](https://www.thehotline.org/)

**Oregon Child Abuse Hotline**  
855-503-SAFE

**Call to Safety**  
For domestic and sexual violence support  
888-235-5333 or 503-235-5333  
Text: 503-235-5333  
[www.calltosafety.org](www.calltosafety.org)

**Anti Domestic and Sexual Violence Hotline, Self Enhancement Inc.**  
Hotline and support services for African American youth and their families  
503-972-3698  
[www.selfenhancement.org](www.selfenhancement.org)

**StrongHearts Native Helpline**  
A safe domestic, dating and sexual violence helpline for American Indians and Alaska Natives, offering culturally appropriate support and advocacy daily from 7 a.m. to 10 p.m. CT.  
844-7NATIVE (762-8483)

**Trauma-Informed Oregon**  
Holds virtual office hours and has a multitude of resources on their website about responding to tragedies  
[https://traumainformedoregon.org/](https://traumainformedoregon.org/)

**National Human Trafficking Hotline**  
888-373-7888

**UNICA**  
Oregon Spanish language domestic violence and sexual assault hotline  
503-232-4448

**StrongHearts Native Helpline**  
Offers confidential and culturally appropriate support for domestic and sexual violence affecting Native communities  
844-762-8483

**National Deaf Domestic Violence Hotline**  
Offers 24/7 intervention, information and referrals through video phone (855-812-1001), email and chat for Deaf, DeafBlind, DeafDisabled survivors
Youth, teen and family resources and support

Youth Era
Youth-based organization and resource center focused on supporting young people in crisis
Youth Peer Support available via Chat or Twitch, or 971-334-9295.
www.youthera.org

YouthLine
For teen-to-teen support
877-968-8491
Text teen2teen to 839-863
Chat
www.oregonyouthline.org

Reach Out Oregon
Peer-to-peer support for parents and families
Available Monday–Friday, noon–7 p.m. (except holidays)
833-732-2467
www.reachoutoregon.org

Child Mind Institute
Resources for children and families struggling with mental health, including support for families during the coronavirus pandemic.
www.childmind.org

Morrison Child and Family Services
Support for children, youth and their families experiencing mental health and substance use challenges.
503-258-4200
www.morrisonkids.org

Building Healthy Families
Family support and educational resources for parents, caregivers, parents-to-be, students and children
In Wallowa County, 541-426-9411
In Baker County, 541-524-2331
In Union County, 541-398-0674
In Malheur County, 541-216-3101
www.oregonbhf.org

Friends of the Children
Youth mentorship program connecting youth with adult mentors
503-281-6633
www.friendsofthechildren.org

NAMI Children and Families
A peer-run organization dedicated to self-directed recovery through in-person and virtual support groups
Find Portland based contact here

NW Family Services
Substance use disorder support and services for youth and young adults
Services are available in English and Spanish.
Go here https://www.nwfs.org

Reconnections Counseling
An outpatient substance abuse treatment center that provides services to individuals, young adults and families in Newport, Toledo, Lincoln City and Florence, Oregon.
541-574-9570
https://www.reconnectionscounseling.com
Youth, teen and family resources and support, cont.

**Oregon Family Support Network (OFSN)**
Peer-led services for parents and caregivers of children in need of emotional, behavioral and mental health support. Education and advocacy services to help families and children navigate health systems and find resources.
admins@ofsn.net
503-363-8068
http://www.ofsn.net

**Trevor Project: Support of LGBTQ youth**
TrevorSpace: an affirming international community for LGBTQ young people ages 13–24.
If youth feel hopeless, alone or have thoughts of suicide, call the Trevor Lifeline 24/7 at 866-488-7386, by texting 678-678 or via chat at TheTrevorProject.org/Help.

**Veterans**

**Veteran Affairs Suicide Prevention**
Veterans, service members and their loved ones can call 1-800-273-8255 and press 1, send a text message to 838255, or chat online to receive free, confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.

**America’s Heroes At Work**
Supports the employment success of returning service members with TBI and PTS

**Computer/Electronic Accommodations Program**
(CAP) for wounded veterans

**Give an Hour**

**National Call Center for Homeless Veterans**
US Department of Veterans

**National Military Family Association**

**Military OneSource**
Help with education, relocation, parenting, stress provided by the Department of Defense for active-duty, Guard, and Reserve service members and their families.

**Mental Health America Military Mental Health**
Mental Health America distributes educational materials on such topics as reuniting with your spouse and children, adjusting after war, depression, and posttraumatic stress disorder (PTSD).

**Oregon Department of Veterans Affairs**
Vetrans, cont.

**Oregon Military Support Network Resource Guide**

**Resilience in a Time of War**
Article from the APA concerning returning military and their families

**Restore Warriors**
Goal: Help wounded service members and their families who are struggling with the impact of combat stress in their daily lives.

---

Substance misuse, problem gambling and addictive behaviors’ help

**Oregon Tobacco Quit Line**
855.dejelo-ya; 800.quit-now

**Never use alone**
Call line if you otherwise would use alone

**Words matter – terms to use and avoid when talking about addiction**
NIDA tips on language choice

**Alcohol and Drug Helpline**
800-923-4357

**David Romprey Warmline**
Peer-to-peer and community counseling support.
800-698-2392

**Oregon Problem Gambling Resource**
No judgement, just hope. Referrals to free treatment for affected person and concerned other.

**National Institute on Drug Abuse**
Find information about substance use disorders

**Mental Health America**
Community-based resources on mental illness and mental health

**Problem Gambling Helpline**
1-877-MY LIMIT

**Oregon Council on Problem Gambling**

**Support groups**

**Narcotics Anonymous:** [www.na.org](http://www.na.org)

**Alcoholics Anonymous:** [www.aa-oregon.org](http://www.aa-oregon.org)

For family members: Oregon Al-Anon/Alateen: [www.oregonal-anon.org](http://www.oregonal-anon.org)
Mental health programs and crisis lines, by county

(Updated in 2021 by Mikayla Seabaugh)

<table>
<thead>
<tr>
<th>County</th>
<th>Organization</th>
<th>Main number</th>
<th>Crisis line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>New Directions NW, Inc.</td>
<td>541-523-7400</td>
<td>541-519-7126</td>
</tr>
<tr>
<td>Benton</td>
<td>Benton County Mental Health Program</td>
<td>541-766-6835</td>
<td>888-232-7192</td>
</tr>
<tr>
<td>Clackamas</td>
<td>Clackamas County Mental Health</td>
<td>503-742-5335</td>
<td>503-655-8585</td>
</tr>
<tr>
<td>Clatsop</td>
<td>Clatsop Behavioral Healthcare</td>
<td>503-325-5722</td>
<td>503-325-5724</td>
</tr>
<tr>
<td>Columbia</td>
<td>Columbia Community Mental Health, Inc.</td>
<td>503-397-5211</td>
<td>503-782-4499</td>
</tr>
<tr>
<td>Coos</td>
<td>Coos County Mental Health</td>
<td>541-266-6700</td>
<td>541-266-6800</td>
</tr>
<tr>
<td>Crook</td>
<td>Crook County Mental Health</td>
<td>541-323-5330</td>
<td>800-273-8255 or the youth line at 877-968-8491</td>
</tr>
<tr>
<td>Deschutes</td>
<td>Deschutes County Mental Health and Adult Treatment Services</td>
<td>541-322-7500</td>
<td>541-322-7500 x9</td>
</tr>
<tr>
<td>Douglas</td>
<td>Adapt Integrated Health Care</td>
<td>541-440-3532</td>
<td>800-866-9780</td>
</tr>
<tr>
<td>Gilliam</td>
<td>Community Counseling Solutions</td>
<td>Condon: 541-384-2666 Arlington: 541-454-2223</td>
<td>911</td>
</tr>
<tr>
<td>Grant</td>
<td>Community Counseling Solutions</td>
<td>541-575-1466</td>
<td>911</td>
</tr>
<tr>
<td>County</td>
<td>Organization</td>
<td>Main number</td>
<td>Crisis line</td>
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<td>-------------------</td>
</tr>
<tr>
<td>Harney</td>
<td><strong>Symmetry Care</strong></td>
<td>541-573-8376</td>
<td>541-573-8376</td>
</tr>
<tr>
<td>Hood River</td>
<td><strong>Mid-Columbia Center for Living</strong></td>
<td>541-386-2620</td>
<td>541-386-2620 or 888-877-9147</td>
</tr>
<tr>
<td>Jackson</td>
<td><strong>Jackson County Health &amp; Human Services</strong></td>
<td>541-774-8201</td>
<td>541-774-8201</td>
</tr>
<tr>
<td>Jefferson</td>
<td><strong>Best Care Treatment Services</strong></td>
<td>541-475-6575</td>
<td>541-475-6575</td>
</tr>
<tr>
<td>Josephine</td>
<td><strong>Options</strong></td>
<td>541-476-2373</td>
<td>541-474-5360</td>
</tr>
<tr>
<td>Klamath</td>
<td><strong>Klamath Basin Behavioral Health Care</strong></td>
<td>541-883-1030</td>
<td>541-883-1030</td>
</tr>
<tr>
<td>Lake</td>
<td><strong>Lake District Wellness Center</strong></td>
<td>541-947-6021 x1</td>
<td>541-947-6021</td>
</tr>
<tr>
<td>Lane</td>
<td><strong>Lane County Behavioral Health Services</strong></td>
<td>541-682-3608</td>
<td>541-687-4000</td>
</tr>
<tr>
<td>Lincoln</td>
<td><strong>Lincoln County Mental Health Program</strong></td>
<td></td>
<td>866-266-0288</td>
</tr>
<tr>
<td>Linn</td>
<td><strong>Linn County Health Services</strong></td>
<td>541-967-3866</td>
<td>541-967-3866 or 800-304-7468</td>
</tr>
<tr>
<td>Malheur</td>
<td><strong>Lifeways</strong></td>
<td>541-889-9167</td>
<td>541-889-9167</td>
</tr>
<tr>
<td>Marion</td>
<td><strong>Marion County Behavioral Health</strong></td>
<td></td>
<td>503-585-4949</td>
</tr>
<tr>
<td>Morrow</td>
<td><strong>Community Counseling Solutions</strong></td>
<td></td>
<td>503-576-4673</td>
</tr>
</tbody>
</table>

Mental health resources for people in Oregon
<table>
<thead>
<tr>
<th>County</th>
<th>Organization</th>
<th>Main number</th>
<th>Crisis line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multnomah</td>
<td>Multnomah County Mental Health and Addiction Services</td>
<td>503-988-4888</td>
<td>503-988-4888 toll free: 800-716-9769</td>
</tr>
<tr>
<td>Polk</td>
<td>Polk County Behavioral Health</td>
<td>Dallas: 503-623-9289</td>
<td>Business hours: 503-623-9289</td>
</tr>
<tr>
<td></td>
<td></td>
<td>West Salem: 503-585-3012</td>
<td>After hours: 503-581-5535 or 800-560-5833</td>
</tr>
<tr>
<td>Sherman</td>
<td>Mid-Columbia Center for Living</td>
<td>541-565-3149</td>
<td>888-877-9147 or 541-565-3149</td>
</tr>
<tr>
<td>Tillamook</td>
<td>Tillamook Family Counseling Inc.</td>
<td>503-842-8201</td>
<td>503-842-8201 or 800-962-2851</td>
</tr>
<tr>
<td>Umatilla</td>
<td>Lifeways</td>
<td>Hermiston: 541-567-2536</td>
<td>541-240-8030</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Milton-Freewater: 541-276-6207</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pendleton: 541-276-6207</td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td>Center for Human Development</td>
<td>541-962-8800</td>
<td>541-962-8800</td>
</tr>
<tr>
<td>Wallowa</td>
<td>Wallowa Valley Center for Wellness</td>
<td>541-426-4524</td>
<td>541-398-1175</td>
</tr>
<tr>
<td>Wasco</td>
<td>Mid-Columbia Center for Living</td>
<td>541-296-5452</td>
<td>541-296-5452 After hours: 888-877-9147</td>
</tr>
<tr>
<td>Washington</td>
<td>Washington County Health &amp; Human Services</td>
<td>503-846-4528</td>
<td>503-291-9111</td>
</tr>
<tr>
<td>Wheeler</td>
<td>Community Counseling Solutions</td>
<td>541-763-2746</td>
<td>911</td>
</tr>
<tr>
<td>Yamhill</td>
<td>Yamhill County Mental Health Program</td>
<td>Adults: 503-434-7523</td>
<td>844-842-8200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth: 503-434-7462</td>
<td></td>
</tr>
</tbody>
</table>
Appendices

Photo source: Muslim Educational Trust
Appendix A.
Guide to local mental health resources

This “fill-in” guide is for you to print and fill out. This will help you become more familiar with your local resources, as well as a quick guide for when someone asks for local resources. We recommend you call the different hotlines so you are familiar with the process in case someone asks what to expect. When calling, let them know you’re a local faith leader and you are familiarizing yourself with the different resources. They can answer any questions you may have.

<table>
<thead>
<tr>
<th>What is your local mental health crisis hotline?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If your crisis line is 911, it is critical that you tell them the situation involves someone in a mental health crisis.</td>
<td></td>
</tr>
<tr>
<td>If the situation is potentially life threatening, get immediate emergency assistance by calling 911.</td>
<td></td>
</tr>
</tbody>
</table>

| The Oregon Child Abuse Reporting hotline is | 855-503-SAFE(7233) |

<table>
<thead>
<tr>
<th>What is your local sexual assault resource hotline?</th>
<th></th>
</tr>
</thead>
</table>

| What are some local youth and family resources? | Are there senior specific resources in your area? |

Refer to page 66 on things to consider when looking for a mental health professional.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a support group for veterans in your area?</td>
<td>Are there any local resources for those that identify as LGBTQIA2S+?</td>
</tr>
<tr>
<td>Is there a support group for those recovering from substance misuse?</td>
<td>Are there any resources for people of color in your congregation?</td>
</tr>
<tr>
<td>Is there a support group for those struggling with their mental health?</td>
<td>List of local mental health professionals you can refer to:</td>
</tr>
<tr>
<td>Is there a local alcoholics anonymous group?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B.
Questions to ask a potential mental health professional

It’s important to find a mental health professional who is a good fit for you. You can do this by asking some questions. Some of these questions may be answered on the mental health professionals’ website.

Therapists are also people, each with their own style, experiences and training. It might be beneficial to know what kind of person you want to talk to. Make sure to know if you want someone who is more nurturing, or maybe you want someone more straight to the point. Some professionals will allow a free consultation. Remember that a mental health professional may not feel comfortable answering all of the following questions, and that’s OK. You should also know that therapists are trained to leave their personal biases and beliefs at the door.

Things to think about during your conversation

- When talking to a potential therapist/counselor, ask yourself if you feel safe.
- Do you think you can trust this person?
- Do you feel heard and understood?

Sample questions when speaking to a mental health professional for the first time

- What type of treatment styles do you use?
- Can you explain those treatment styles to me?
- Where did you go to school?
- What did you study?
- What makes you qualified to treat my problem?
- Do you specialize in my problem?
- What makes you a specialist?
- Have you helped many people like me?
- What is the typical outcome of those cases?
- Am I good fit? Why?
- How do you view an individual’s faith as a part of their mental health treatment?
- Will I know therapy is working?
- Will I feel worse before I feel better?
- Who talks more? You or me?
- Do you give me homework?
- Have you experienced my issue in your personal life?
- Have you always been a therapist?
- How long have you been in practice?
- How often do I have to see you?
- How much will it cost?
- Do you accept my insurance?
- Do I deal with my insurance or do you?
- What’s your policy on canceling sessions?


66 Appendices
Ask yourself what’s important for you to know in order to create trust. It could be anything. It could be about the therapist’s beliefs and values. Or it could be about their hobbies and interests.

For example:

- Do you see a therapist?
- Are you politically progressive or conservative?
- Are you a person of faith? If so, how does your faith affect your work?
- How do you feel about working with individuals of different faiths?
- What are your views on social justice?
- What are you doing when you’re not a therapist?
- Are you a sports fan? What’s your favorite team?
- What kind of music are you into?
- Are you a vegan, vegetarian or meat eater?
- Are you married?
- Do you have kids?
- Are you from this city?

The majority of mental health professionals are white people. If you’re someone who identifies as a person of color and are seeing a white therapist, then you may want to ask some additional questions.

- Have you worked with a person of color before?
- What makes you qualified to work with a person of color?
- What have you done to learn about my specific culture?
- How are you continuing to learn about my culture?
- As a person of color, why should I trust you?
- Do you believe that we live in a white supremacy culture?
- Do you operate from a racial justice framework? How did you learn about that framework?
- What are your thoughts on white privilege?
- How do you experience and handle your own white fragility?
- Do you believe that racism exists?
- Would you feel uncomfortable if I talked about how white people have been racist to me?
- How would you feel if I talked about how much I can’t stand white people sometimes? Would you be offended?
- Do you have supervisors or consult with therapists of color?
- Do you speak any other languages?
Same goes for a queer person seeking therapy from a heterosexual cisgendered therapist.

- What is your gender identity?
- What is your sexual identity?
- Does your gender identity match your biological gender?
- Have you ever treated a queer or trans person before?
- What is your understanding of diverse sexualities and gender identities?
- If gay, what was your coming out process like?
- Do you think being gay is a choice?
- Do you think homosexuality can be “cured?”
- How do you feel talking about gay sex?
- Are you trained in counseling people who want to go through gender reassignment surgery?
- Do you support gay people getting married?
- What makes you a LGBTQIA2s+ specialist?
- Do you understand the issues facing the LGBTQIA2s+ community in this political environment?
- Were you raised in an environment that was open to the queer community?
- Where exactly were you raised?
- Are you LGBTQIA2s+ affirming and competent? (There is a difference and therapists understand the difference.)
- Do you have LGBTQIA2s+ friends and family members?
- Do you have supervisors or consult with therapists in the LGBTQIA2s+ community?
Appendix C. What to expect at a therapist appointment*

You've had your consultation or intake meeting with your therapist. Now it's time for your first session. It's okay to be a little nervous. It is important to remember your therapist will not judge you for what you'll be talking to them about. They will do their best to understand what you're going through.

After you're settled in, your therapist may ask you some common questions, such as:

- What brings you in here to talk?
- How long have you been experiencing what you're going through?
- What have you tried to cope with whatever is bothering you?
- What is your goal?

The first session may start with some broad questions, and you may or may not get to some more personal questions in that same session, or it may take another session or two. Each person and therapist is different, so there is no one timeline to follow. It is important to remember that if you don't feel like answering a specific question, you don't need to. Like when your therapist had the chance to not answer a question, you have that same option.

Within the first few sessions, your therapist will start to gather some information on your history. This means they will likely ask about your family, relationships, education and some other things as well. They might also ask about your past and current behaviors, thoughts and feelings. They ask for this information to gain important context regarding the issue you would like to address. It might also help them find clues as to where the issue might be rooted and how it formed.

Therapy can help you process things that come up during the week. There may be times where you walk into therapy, but don't have one specific thing to talk about. That's okay too. Therapy provides a space where you can talk about what you want. You get to guide it.

Appendix D. Supporting someone in a crisis

How do I support someone who is in a crisis and may be thinking about suicide?

During a mental health crisis, a person is under extreme emotional distress and may be at risk of hurting themselves or others. You may be concerned about a person’s mental state or safety. If you find yourself in this situation, take it seriously. A number of circumstances including stress, illness, social problems, life changes, trauma or violence can trigger a crisis in someone with a mental illness.

While a person may or may not show warning signs leading up to a crisis, one of the most common signs is a sudden change in behavior. This may include:

- Poor personal hygiene
- Dramatic change in sleep habits
- Dramatic change in mood
- Not leaving the house for a long period of time
- No longer participating in usual activities.

If you notice any of these warning signs, try to step in as soon as possible. You may reach out to a doctor or mental health professional for help. If the situation escalates to a crisis, do your best to remain calm. Here are some techniques that may help you to de-escalate the crisis:

- Keep your voice calm and talk slowly.
- Listen to the person.
- Express support and concern. Let the person know their life matters to you.
- Ask how you can help.
- Ask if they are thinking about suicide.
- Encourage the person to seek treatment or contact their health professional.
- Give the person space.

If you or someone you know has ongoing thoughts of death or suicide, if you think someone is at immediate risk of harming themselves or others, or if a suicide attempt has been made:

Call your local mental health crisis hotline.

If you or someone you know is in immediate danger, dial 9-1-1.

- Think safety first. Do not put yourself in a dangerous situation.
- Remove anything in the area that may be harmful (e.g., guns, pills).
- If possible, take the person to the emergency room for urgent attention.
- Contact a doctor or a crisis/suicide prevention hotline:
  » Call the toll-free National Suicide Prevention Lifeline at 800-273-TALK (8255). They have skilled staff and counselors available to speak with you confidentially 24/7/365.
  » Text HOME to 741-741 to connect with a crisis counselor at the Crisis Text Line from anywhere in the US. It’s free, 24/7/365, and confidential.
  » Visit CrisisChat.org.
  » Stay with the person until help arrives.

Appendix E.
Responding to a crisis — a quick guide to ministering

<table>
<thead>
<tr>
<th>General principles</th>
<th>Suggested ideas for application</th>
</tr>
</thead>
</table>
| **Demonstrate compassion.** | • We love you.  
  • Our hearts are filled with compassion for you.  
  • We’re sorry for your loss.  
  • We are praying for your welfare.  
  • We’re here to listen (allow silence — just being there is supportive). |
| **Empathize and normalize responses.** | If appropriate, you may consider addressing their responses:  
  • We don’t fully understand the pain you are feeling.  
  • It’s reasonable to feel:  
    » Sad, angry, confused, lost, numb, guilt, helpless.  
  • It’s natural to struggle with:  
    » Sleep, headaches, stomachaches, appetite, daily routines and spiritual practices.  
  • It’s normal to feel like our thoughts and emotions are beyond our control.  
  • Our feelings and responses during times like this are understandable.  
  • Everyone has unique and personal responses — it’s okay to feel strong and like you’re doing well, and it is okay to struggle. |
| **Provide practical coping strategies.** | Suggest practical ideas if they ask for advice.  
  • We do our best to take care of our body through proper nutrition, hydration, hygiene, exercise, sleep and prescribed medications.  
  • We can limit engaging in news and social media.  
  • We can practice healthy coping strategies.  
    » What are your coping strategies?  
    » What has worked for you in the past?  
  • We can attend to the needs of children, people who are disabled and older adults.  
  • We can find ways to help one another.  
  • We can hold to our faith and spiritual beliefs.  
  • We can face life one day, hour or minute at a time.  
  • Let’s work together to find something to do today. |
<table>
<thead>
<tr>
<th>General principles</th>
<th>Suggested ideas for application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teach how to help one another.</strong></td>
<td>Victims of crisis are typically worried about the welfare of others. They can help by:</td>
</tr>
<tr>
<td></td>
<td>• Being free of expectations or judgments</td>
</tr>
<tr>
<td></td>
<td>• Gently encouraging and supporting proper nutrition, hydration and sleep</td>
</tr>
<tr>
<td></td>
<td>• Helping to brainstorm positive ways to deal with reactions</td>
</tr>
<tr>
<td></td>
<td>• Offering to talk or spend time together as much as is needed</td>
</tr>
<tr>
<td></td>
<td>• Allowing for the expression of feelings</td>
</tr>
<tr>
<td></td>
<td>• Not forcing conversations or feelings that are not freely shared</td>
</tr>
<tr>
<td></td>
<td>• Being compassionate and not claiming they know how others feel</td>
</tr>
<tr>
<td></td>
<td>• Praying with them</td>
</tr>
<tr>
<td></td>
<td>• Being cautious about sharing stories from their own past</td>
</tr>
<tr>
<td></td>
<td>• Providing appropriate physical comfort</td>
</tr>
<tr>
<td></td>
<td>• Continuing to be present with them, even when they are not sure what to say or do.</td>
</tr>
<tr>
<td><strong>Offer hope.</strong></td>
<td>In acute crisis situations, deeper expressions of faith and hope are not typically helpful. Consider hopeful statements such as:</td>
</tr>
<tr>
<td></td>
<td>• We’re here with you and for you.</td>
</tr>
<tr>
<td></td>
<td>• We know people who can help.</td>
</tr>
<tr>
<td></td>
<td>• We’ll keep checking in with you.</td>
</tr>
<tr>
<td></td>
<td>• We will help with ___________________________.</td>
</tr>
<tr>
<td></td>
<td>• We’ll give you the space that you need, and we’ll be available to help and be with you as well.</td>
</tr>
</tbody>
</table>

* From Responding to a Crisis — A Quick Guide to Ministering © By Intellectual Reserve, Inc. Courtesy of The Church of Jesus Christ of Latter-day Saints.
Endnotes


Document accessibility: You can get this document in other languages, large print, braille or a format you prefer. Contact the state faith liaison at 971-209-9713 or Faith.Liaison@dhsoha.state.or.us.