



Tips for Survivors:

COPING WITH GRIEF AFTER A DISASTER OR TRAUMATIC EVENT

Grief is the normal response of sorrow, heartache, and confusion that comes from losing someone or something important to you. Grief can also be a common human response after a disaster or other traumatic event.

This tip sheet contains information about grief, the grieving process, and what happens when the process is interrupted and complicated or traumatic grief occurs. It also offers tips and resources for coping with both types of grief.

Grief is a part of life. It is a strong, sometimes overwhelming reaction to death, divorce, job loss, a move, or loss of health due to illness. It can also occur after disasters or other traumatic events.



What Is Grief?

Grief is a part of life. It is a strong, sometimes overwhelming reaction to death, divorce, job loss, a move, or loss of health due to illness. It can also occur after disasters or other traumatic events. If you are experiencing grief, you may feel empty and numb, or unable to feel joy or sadness. You may also feel angry. You may experience physical reactions, including the following:

- Trembling or shakiness
- Muscle weakness
- Nausea and trouble eating
- Trouble sleeping or difficulty breathing
- Dry mouth

While grieving, you may have nightmares, withdraw socially, and not want to participate in your usual activities.

Eventually, you may also notice positive changes in yourself from your experience of loss, such as the following:

- Becoming more understanding and tolerant
- Having increased appreciation for relationships and loved ones
- Feeling grateful for the presence of those in your community who are loving and caring
- Experiencing enhanced spiritual connection
- Becoming more socially active
- Getting involved in advocacy to help people who have experienced similar losses

How Long Does Grief Usually Last?

Grief is different for every person and every loss. The manner of the death or loss and your personal circumstances can affect how long you experience grief.

If you are experiencing grief now, it may be difficult to imagine an end to the pain you are feeling. Even though your life may not be the same as it was before, the grief will eventually ease, and the grieving process will allow you to accept the loss and move forward with your life.

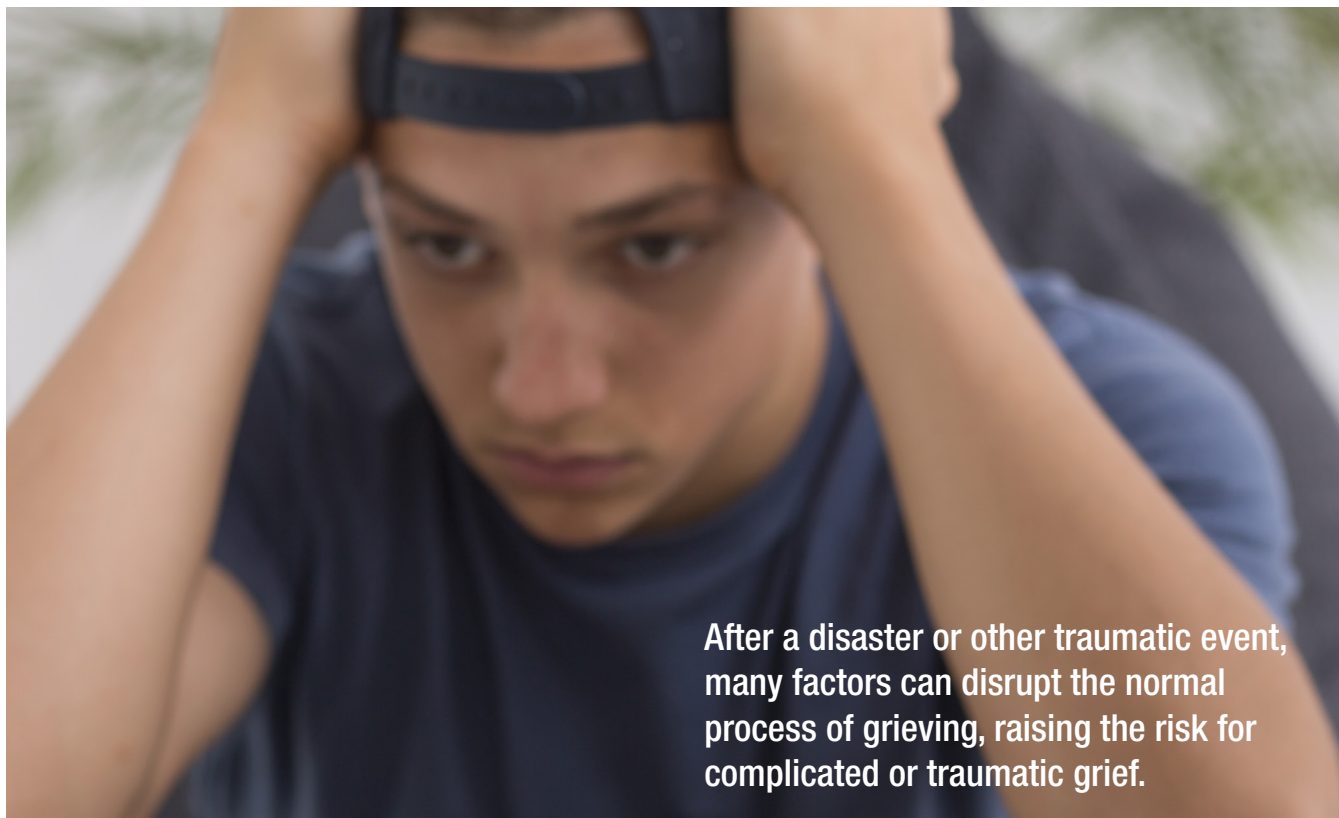


Coping With Grief

You can take steps to help yourself cope with grief. Talking to others who understand and respect how you feel—family members, faith leaders, people you trust—is a helpful way to cope with your grief. Recognize that although you might still have these feelings over a long period, they will likely be less intense over time. Try to take care of yourself physically by exercising, eating healthy meals, and getting enough sleep. Allow yourself to feel joy and sadness, and to cry when you need to.

Going through the grieving process and healing from loss does not mean forgetting about loved ones who have died. You may still feel deeply connected to the person you have lost, but you will also be able to imagine a life without him or her. You will start to be reengaged in daily life and reconnected to others. When moving out of grief, you may start to experience the following:

- Feeling the pain of your loss without resisting or avoiding it
- Adjusting to a new reality in which your loved one is no longer present
- Forming new relationships



After a disaster or other traumatic event, many factors can disrupt the normal process of grieving, raising the risk for complicated or traumatic grief.

If you are not experiencing these changes and adjustments after many months, and you feel “stuck” in your deep and overwhelming feelings of loss, then you may be experiencing what is known as complicated or traumatic grief.

What Is Complicated or Traumatic Grief?

After a disaster or other traumatic event, many factors can disrupt the normal process of grieving, raising the risk for complicated or traumatic grief. Whether a disaster is natural or human-caused, grief at the loss of loved ones may be compounded by sorrow and anger at the loss of home and possessions, as well as fear or anxiety about the loss of a sense of safety and security in the community. In some cases, meeting immediate physical needs after a disaster may take priority over grieving the loss of life, which can delay, prolong, or complicate the normal grieving process.

Complicated or traumatic grief is grief that does not end and does not help you make progress toward getting back to your usual activities and routine. For most people, intense feelings of

grief will lessen gradually over time, beginning to ease within 6 months of the loss. But if you’re experiencing complicated or traumatic grief, you may not feel any reduction of grief over many months or even years. Your feelings of sadness, anger, and loneliness may even become more intense over time.



These are some of the symptoms of complicated or traumatic grief:

- Feeling deeply angry about the death or loss
- Being unable to think about anything but your loved one
- Not wanting any reminders of your loved one at all
- Having nightmares or intrusive thoughts
- Feeling deep loneliness and longing for the person you lost
- Feeling distrustful of others
- Feeling unable to maintain regular activities or fulfill responsibilities
- Feeling bitterness about life and envying others not affected by grief
- Being unable to enjoy life or remember happy times with your loved one

If you are experiencing any of these symptoms, you may need to seek help in order to move forward and begin the healing process. You can find help by using the resources listed on this page, talking to your doctor, or seeing another health care professional.



Helpful Resources

SAMHSA Disaster Technical Assistance Center

Toll-free: 1-800-308-3515

Website: <https://www.samhsa.gov/dtac>

SAMHSA Behavioral Health Disaster Response Mobile App

Website: <https://store.samhsa.gov/product/PEP13-DKAPP-1>

Administration for Children and Families

Website: <https://www.acf.hhs.gov>

Mental Health America*

Website: <http://www.mentalhealthamerica.net>

National Alliance on Mental Illness (NAMI)*

Toll-free helpline: 1-800-950-NAMI (1-800-950-6264)

Website: <https://www.nami.org>

Treatment Locators

Behavioral Health Treatment Facility Locator

Toll-free: 1-800-662-HELP (1-800-662-4357) (24/7 English and español)

TDD: 1-800-487-4889

Website: <https://www.findtreatment.samhsa.gov>

MentalHealth.gov

Website: <https://www.mentalhealth.gov>

MentalHealth.gov provides U.S. government information and resources on mental health.

Helplines

SAMHSA Disaster Distress Helpline

Website: <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Call 1-800-985-5990 or text "TalkWithUs" to 66746 to get help and support 24/7.

National Suicide Prevention Lifeline

Toll-free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <https://www.samhsa.gov>

This resource can be found by accessing the National Suicide Prevention Lifeline box on the SAMHSA website.

*Note: The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).





SAMHSA
Substance Abuse and Mental Health
Services Administration

Talking With Children:

TIPS FOR CAREGIVERS, PARENTS, AND TEACHERS DURING INFECTIOUS DISEASE OUTBREAKS

What You Should Know

When children and youth watch news on TV about an infectious disease outbreak, read about it in the news, or overhear others discussing it, they can feel scared, confused, or anxious—as much as adults. This is true even if they live far from where the outbreak is taking place and are at little to no actual risk of getting sick. Young people react to anxiety and stress differently than adults. Some may react right away; others may show signs that they are having a difficult time much later. As such, adults do not always know when a child needs help.

This tip sheet will help parents, caregivers, and teachers learn some common reactions, respond in a helpful way, and know when to seek support.

Possible Reactions to an Infectious Disease Outbreak

Many of the reactions noted below are normal when children and youth are handling stress. If any of these behaviors lasts for more than 2 to 4 weeks, or if they suddenly appear later on, then children may need more help coping. Information about where to find help is in the Helpful Resources section of this tip sheet.

PRESCHOOL CHILDREN, 0–5 YEARS OLD

Very young children may express anxiety and stress by going back to thumb sucking or wetting the bed at night. They may fear sickness, strangers, darkness, or monsters. It is fairly common for preschool children to become clingy with a parent, caregiver, or teacher or to want to stay in a place where they feel safe. They may express their understanding of the outbreak repeatedly in their play or tell exaggerated stories about it. Some children's eating and sleeping habits may change. They also may have aches and pains that cannot be explained. Other symptoms to watch for are aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience.

- **Infants and Toddlers, 0–2 years old**, cannot understand that something bad in the world is happening, but they know when their caregiver is upset. They may start to show the same emotions as their caregivers, or they may act differently, like crying for no reason or withdrawing from people and not playing with their toys.
- **Children, 3–5 years old**, may be able to understand the effects of an outbreak. If they are very upset by news of the outbreak, they may have trouble adjusting to change and loss. They may depend on the adults around them to help them feel better.

EARLY CHILDHOOD TO ADOLESCENCE, 6–19 YEARS OLD

Children and youth in this age range may have some of the same reactions to anxiety and stress linked to infectious disease outbreaks as younger children. Often younger children within this age range want much more attention from parents or caregivers. They may stop doing their schoolwork or chores at home. Some youth may feel helpless and guilty because they are in a part of the world currently unaffected by the outbreak, or where the public health system protects people against outbreaks in ways it cannot in other parts of the world.

- **Children, 6–10 years old**, may fear going to school and stop spending time with friends. They may have trouble paying attention and do poorly in school overall. Some may become aggressive for no clear reason. Or they may act younger than their age by asking to be fed or dressed by their parent or caregiver.
- **Youth and Adolescents, 11–19 years old**, go through a lot of physical and emotional changes because of their developmental stage. So it may be even harder for them to cope with the anxiety that may be associated with hearing and reading news of an infectious disease outbreak. Older teens may deny their reactions to themselves and their caregivers. They may respond with a routine “I’m okay” or even silence when they are upset. Or they may complain about physical aches or pains because they cannot identify what is really bothering them emotionally. They may also experience some physical symptoms because of anxiety about the outbreak. Some may start arguments at home and/or at school, resisting any structure or authority. They also may engage in risky behaviors such as using alcohol or drugs.

How Parents, Caregivers, and Teachers Can Support Children in Managing Their Responses to Infectious Disease Outbreaks

With the right support from the adults around them, children and youth can manage their stress in response to infectious disease outbreaks and take steps to keep themselves emotionally and physically healthy. The most important ways to help are to make sure children feel connected, cared about, and loved.

- **Pay attention and be a good listener.** Parents, teachers, and other caregivers can help children express their emotions through conversation, writing, drawing, playing, and singing. Most children want to talk about things that make them anxious and cause them stress—so let them. Accept their feelings and tell them it is okay to feel sad, upset, or stressed. Crying is often a way to relieve stress and grief.



- **Allow them to ask questions.** Ask your teens what they know about the outbreak. What are they hearing in school or seeing on TV? Try to watch news coverage on TV or the Internet with them. Also, limit access so they have time away from reminders about the outbreak. Don’t let talking about the outbreak take over the family or classroom discussion for long periods of time.

- **Encourage positive activities.** Adults can help children and youth see the good that can come out of an outbreak. Heroic actions, families and friends who travel to assist with the response to the outbreak, and people who take steps to prevent the spread of all types of illness, such as hand washing, are examples. Children may better cope with an outbreak by helping others. They can write caring letters to those who have been sick or lost family members to illness; they can organize a drive to collect needed medical supplies to send to affected areas.
- **Model self-care, set routines, eat healthy meals, get enough sleep, exercise, and take deep breaths to handle stress.** Adults can show children and youth how to take care of themselves. If you are in good physical and emotional health, you are more likely to be readily available to support the children you care about.



Tips for Talking With Children and Youth of Different Age Groups During an Infectious Disease Outbreak

A NOTE OF CAUTION! *Be careful not to pressure children to talk about an outbreak or join in expressive activities. While most children will easily talk about the outbreak, some may become frightened. Some may even feel more anxiety and stress if they talk about it, listen to others talk about it, or look at artwork related to the outbreak. Allow children to remove themselves from these activities, and monitor them for signs of distress.*

PRESCHOOL CHILDREN, 0–5 YEARS OLD

Give these very young children a lot of emotional and verbal support.

- Get down to their eye level and speak in a calm, gentle voice using words they can understand.
- Tell them that you always care for them and will continue to take care of them so they feel safe.
- Keep normal routines, such as eating dinner together and having a consistent bedtime.

EARLY CHILDHOOD TO ADOLESCENCE, 6–19 YEARS OLD

Nurture children and youth in this age group:

- Ask your child or the children in your care what worries them and what might help them cope.
- Offer comfort with gentle words or just being present with them.
- Spend more time with the children than usual, even for a short while.
- If your child is very distressed, excuse him or her from chores for a day or two.
- Encourage children to have quiet time or to express their feelings through writing or art.

Helpful Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fishers Lane -- Rockville, MD 20857
Toll-Free: 1-877-SAMHSA-7 (1-877-726-4727)
Email: info@samhsa.hhs.gov
SAMHSA Store: <https://store.samhsa.gov>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515 Email: DTAC@samhsa.hhs.gov
Website: <https://www.samhsa.gov/dtac>

Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-877-SAMHSA-7 (1-877-726-4727)
(English and español)
SMS: Text TalkWithUs to 66746
SMS (español): "Hablamos" al 66746
TTY: 1-800-846-8517
Website (English): <https://www.disasterdistress.samhsa.gov>
Website (español): <https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol>

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)
Website: <https://www.samhsa.gov/find-help/national-helpline>

Child Welfare Information Gateway

Toll-Free: 1-800-4-A-CHILD (1-800-422-4453) Website: <https://www.childwelfare.gov/topics/responding/reporting/how>

Treatment Locator

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (1-800-662-4357)(24/7 English and español);
TTY: 1-800-487-4889
Website: <https://findtreatment.gov>

Resources Addressing Children's Needs

Administration for Children and Families

Website: <https://www.acf.hhs.gov>

Additional Resources

National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)
Toll-Free (español): 1-888-628-9454
TTY: 1-800-799-4TTY (4889)
Website (English): <https://www.suicidepreventionlifeline.org>
(español): <https://suicidepreventionlifeline.org/help-yourself/en-espanol>

National Child Traumatic Stress Network

Website: <https://www.nctsn.org>

- Encourage children to participate in recreational activities so they can move around and play with others.
- Address your own anxiety and stress in a healthy way.
- Let children know that you care about them—spend time doing something special; make sure to check on them in a nonintrusive way.
- Maintain consistent routines, such as completing homework and playing games together.

When Children, Youth and Parents, Caregivers, or Teachers Need More Help

In some instances, children may have trouble getting past their responses to an outbreak, particularly if a loved one is living or helping with the response in an area where many people are sick. Consider arranging for the child to talk with a mental health professional to help identify the areas of difficulty. If a child has lost a loved one, consider working with someone who knows how to support children who are grieving.¹ Find a caring professional in the Helpful Resources section of this tip sheet.

1 National Commission on Children and Disasters. (2010). *National Commission on Children and Disasters: 2010 report to the President and Congress* (AHRQ Publication No. 10-M037). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from <http://archive.ahrq.gov/prep/nccdreport/nccdreport.pdf> [PDF - 1.15 MB]

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SAMHSA
Substance Abuse and Mental Health
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Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak

What Is Social Distancing?

Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

What Is Quarantine?

Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

What Is Isolation?

Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

Introduction

In the event of an infectious disease outbreak, local officials may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about **social distancing**, **quarantine**, and **isolation**. The government has the right to enforce federal and state laws related to public health if people within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care for your behavioral health during these experiences and provides resources for more help.

What To Expect: Typical Reactions

Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

Anxiety, worry, or fear related to:

- Your own health status
- The health status of others whom you may have exposed to the disease
- The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
- The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
- Time taken off from work and the potential loss of income and job security
- The challenges of securing things you need, such as groceries and personal care items
- **Concern** about being able to effectively care for children or others in your care
- **Uncertainty or frustration** about how long you will need to remain in this situation, and uncertainty about the future
- **Loneliness** associated with feeling cut off from the world and from loved ones
- **Anger** if you think you were exposed to the disease because of others' negligence
- **Boredom and frustration** because you may not be able to work or engage in regular day-to-day activities
- **Uncertainty or ambivalence** about the situation
- **A desire** to use alcohol or drugs to cope
- **Symptoms of depression**, such as feelings of hopelessness, changes in appetite, or sleeping too little or too much

- **Symptoms of post-traumatic stress disorder (PTSD)**, such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

Ways To Support Yourself During Social Distancing, Quarantine, and Isolation

UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

- Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
- Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

BE YOUR OWN ADVOCATE

Speaking out about your needs is particularly important if you are in quarantine, since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

- Work with local, state, or national health of-

ficials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.

- Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

EDUCATE YOURSELF

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

- Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.
- Ask for written information when available.
- Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS

If you're unable to work during this time, you may experience stress related to your job status or financial situation.

- Provide your employer with a clear explanation of why you are away from work.
- Contact the U.S. Department of Labor toll-free at 1-866-487-2365 about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a serious medical condition.
- Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.

CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk “face to face” with friends and loved ones using Skype or FaceTime.
- If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.
- Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.
- Call SAMHSA’s free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.
- Use the Internet, radio, and television to keep up with local, national, and world events.

Sources for Reliable Outbreak Related Information

Centers for Disease Control and Prevention

1600 Clifton Road
Atlanta, GA 30329-4027
1-800-CDC-INFO (1-800-232-4636)
<http://www.cdc.gov>

World Health Organization

Regional Office for the Americas of the
World Health Organization
525 23rd Street, NW
Washington, DC 20037
202-974-3000
<http://www.who.int/en>

- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you’re worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.
- Talk about your experiences and feelings to loved ones and friends, if you find it helpful.
- Maintain a sense of hope and positive thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

AFTER SOCIAL DISTANCING, QUARANTINE, OR ISOLATION

You may experience mixed emotions, including a sense of relief. If you were isolated because

you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: Text TalkWithUs to 66746

SMS (español): "Hablanos" al 66746

TTY: 1-800-846-8517

Website (English): <http://www.disasterdistress.samhsa.gov>

Website (español): <https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol>

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

Website: <http://www.samhsa.gov/find-help/national-helpline>

National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website (English): <http://www.suicidepreventionlifeline.org>

Website (español): <http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

Treatment Locators

Behavioral Health Treatment Services Locator Website:

<https://findtreatment.samhsa.gov>

FindTreatment.gov

For help finding treatment 1-800-662-HELP (4357)

<https://findtreatment.gov/>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: DTAC@samhsa.hhs.gov

Website: <http://www.samhsa.gov/dtac>

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SAMHSA
Substance Abuse and Mental Health
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Tips for College Students: AFTER A DISASTER OR OTHER TRAUMA

If you have experienced a disaster such as a hurricane or flood, or other traumatic event such as a car crash, you may have distressing reactions like feeling anxious or afraid. It's also pretty common to think about the event often, even if you were not directly affected and especially if you saw it on television. No reactions are wrong or right. Most responses are just normal ways of reacting to the situation.

Tips for Coping

- **Talk About It.**

One of the most helpful things to do is to connect with others. Don't isolate yourself. Talk with someone about your sadness, anger, and other emotions, even though it may be difficult to get started. Find a peer who will understand and accept your feelings, or a trusted professor, counselor, or faith leader. Call home to talk with your parents or other caregivers (for example, your Resident Assistant if you are living on campus). Share your feelings and concerns with them, or visit the Student Health Center for any physical or emotional concerns.

- **Take Care of Yourself.**

Rest when you need to. Eat healthy meals and snacks when they are available, and drink plenty of water.

- **Calm Yourself.**

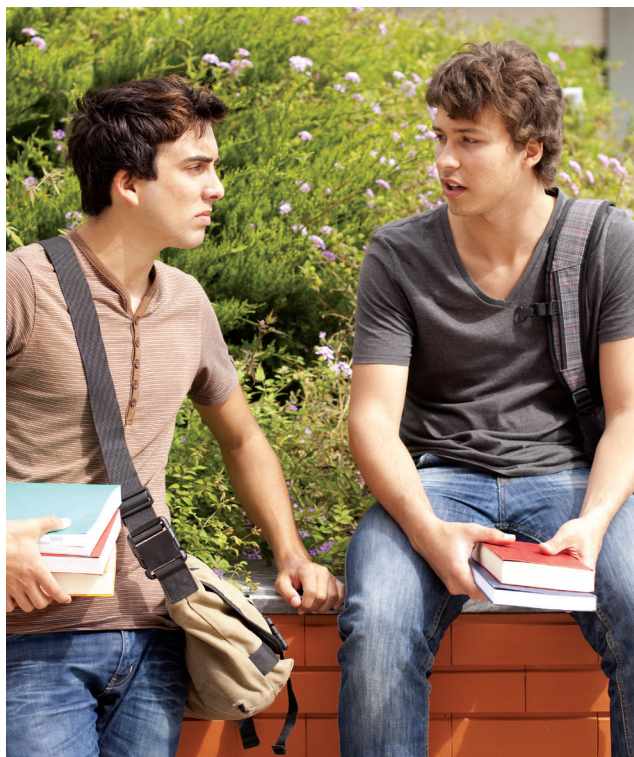
Move the stress hormones out of your body:

- Deep breathing or breathing that emphasizes the exhale is really helpful in reducing stress.
- Simple exercises like walking or gentle stretching such as yoga helps get rid of stress.



- **Give Yourself a Break—
Turn Off the Television/Radio.**
Take breaks from watching news coverage of the event or listening to radio reports.
- **Avoid Using Alcohol, Drugs,
and Tobacco.**
They will not help you deal with stress, especially right after a traumatic event. They usually just make things worse.
- **Get Back to Your Daily Routines.**
Do the things you would normally do, even if you don't feel like it. It's a good way to regain a sense of control and help you feel less anxious.
- **Get Involved in Your Community.**
Engaging in positive activities like group discussions and candlelight vigils can help bring you comfort and promote healing. They also help you realize you are not alone. Volunteering is a great way to help and can create a sense of connectedness and meaning. Try something you think you'd like to do. For example, answer hotlines, distribute clothing, or join a food drive.
- **Help Others.**
If you are trying to help a friend, make sure to listen attentively (for example, avoid looking at your cell phone) to find out where he or she is in the coping process. Others may have different responses from you, so try to accept their feelings. If you are concerned about them, contact one of the resources on this tip sheet for help.

- **Remember.**
If a trauma was caused by a violent act, it is common to be angry at people who have caused great pain. Know that nothing good can come out of more violence or hateful acts.



We tend to remember traumatic events like disasters all our lives, but the pain will decrease over time, and even though it hurts, we usually do get stronger.



Be honest with yourself and accept your feelings—even if you have a sense of uncertainty. Things may seem off balance for a while, but most people start to feel differently after a week or two, especially if they get back to regular routines. Think about what you may have learned that might be helpful to you in the future. Do you feel this tragedy made you more adaptable or more self-reliant?

If you continue to experience emotional distress for 2–4 weeks after a disaster or other traumatic event, or if you just want to talk with a professional, see the **Helpful Resources** on the next page to help you or someone you know recover.

Common Reactions of Survivors of Disasters and Other Traumatic Events

- Having trouble falling asleep or staying asleep
- Feeling like you have no energy or like you are always exhausted
- Feeling sad or depressed
- Having stomachaches or headaches
- Feeling like you have too much energy or like you are hyperactive
- Feeling very irritable or angry—fighting with friends or family for no reason
- Being numb—not feeling at all
- Having trouble focusing on schoolwork
- Having periods of confusion
- Drinking alcohol or using illicit drugs or even legal medications to stop your feelings
- Not having any appetite at all, or just the opposite—finding that you are eating too much
- Thinking that no one else is having any of the same reactions and that you are alone in dealing with your feelings

Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)

Toll-Free: 1-800-308-3515

Website: <http://www.samhsa.gov/dtac>

Treatment Locators

Mental Health Treatment Facility Locator

Toll-Free: 1-800-789-2647 (English and español)

TDD: 1-866-889-2647

Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov

Website: <http://www.mentalhealth.gov>

MentalHealth.gov provides U.S. government information and resources on mental health.

Substance Abuse Treatment Facility Locator

Toll-Free: 1-800-662-HELP (1-800-662-4357)

(24/7 English and español); TDD: 1-800-487-4889

Website: <http://www.findtreatment.samhsa.gov>

Hotlines

National Suicide Prevention Lifeline

Toll-Free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <http://www.samhsa.gov>

This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

National Dating Abuse Helpline*

Toll-Free: 1-866-331-9474 Text "loveis" to 77054

National Domestic Violence Hotline*

Toll-Free: 1-800-799-SAFE (7233); TTY: 1-800-787-3224

Office for Victims of Crime*

Toll-Free: 1-800-851-3420, or 301-519-5500

TTY: 301-947-8374

Website: <http://www.ojp.usdoj.gov/ovc/ovcres/welcome.html>

The Rape Abuse and Incest National Network (RAINN)*

operates the 24/7 confidential National Sexual Assault Hotline.

Toll-Free: 1-800-656-HOPE (1-800-646-4673)

Additional Behavioral Health Resources

National Child Traumatic Stress Network

Website: <http://www.samhsa.gov/traumaJustice>

This behavioral health resource can be accessed by visiting the SAMHSA website and then selecting the related link.

Administration for Children and Families

Website: <http://www.acf.hhs.gov>

*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>

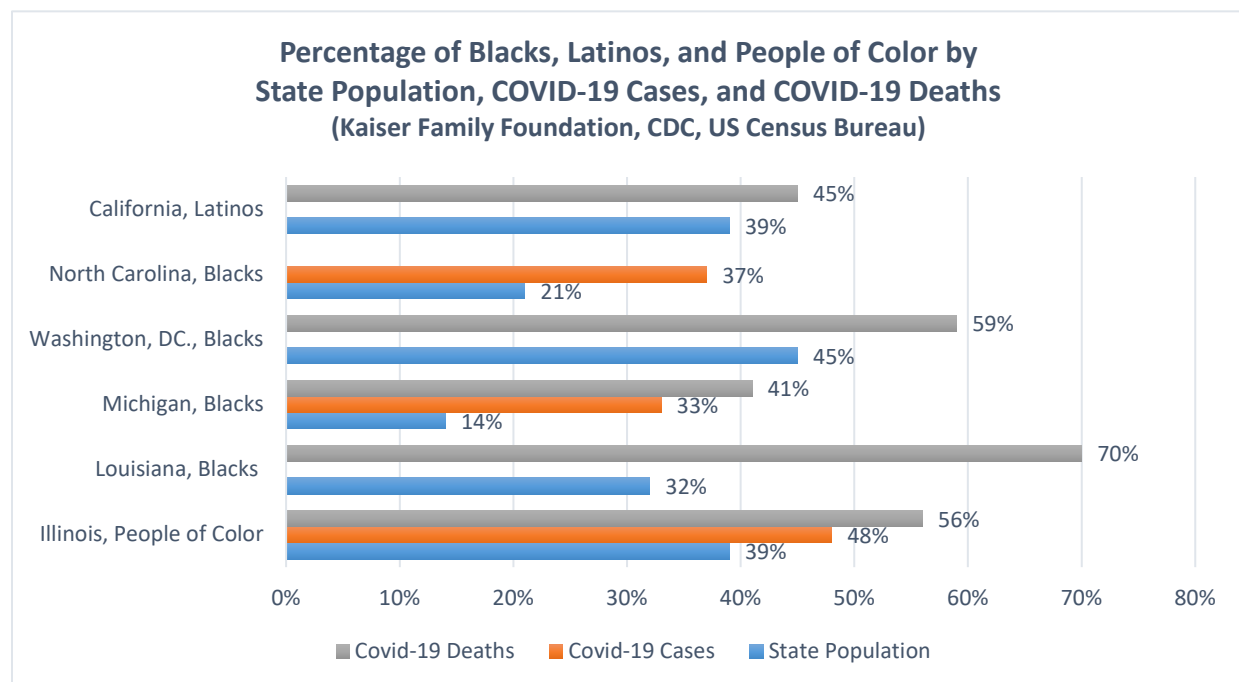


HHS Publication No. SMA-13-4777
(Revised 2013)

Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. (Submitted by OBHE)

The Impact of COVID-19 on Black and Latino Communities

The coronavirus (COVID-19) pandemic has revealed deep-seated inequities in health care for communities of color and amplifies social and economic factors that contribute to poor health outcomes. Recent news reports indicate that the pandemic disproportionately impacts communities of color, compounding longstanding racial disparities. As of April 15, 2020, case [data from CDC](#) show that in COVID-19 cases where race was specified, Blacks, who comprise [13 percent](#) of the total U.S. population (U.S. Census Bureau, 2018), make up 30 percent of COVID-19 cases; Latinos, who make up 18 percent of the population (U.S. Census Bureau, 2018), account for 17 percent of COVID-19 cases. Similarly, hospitalization rates due to COVID-19 disproportionately affect Blacks (see [CDC infographic](#)). Disparities in identified cases and deaths also vary across states, with a disproportionately high percentage of Blacks and Latinos affected as shown below (Kaiser Family Foundation, 2020; CDC, 2020; U.S. Census Bureau).

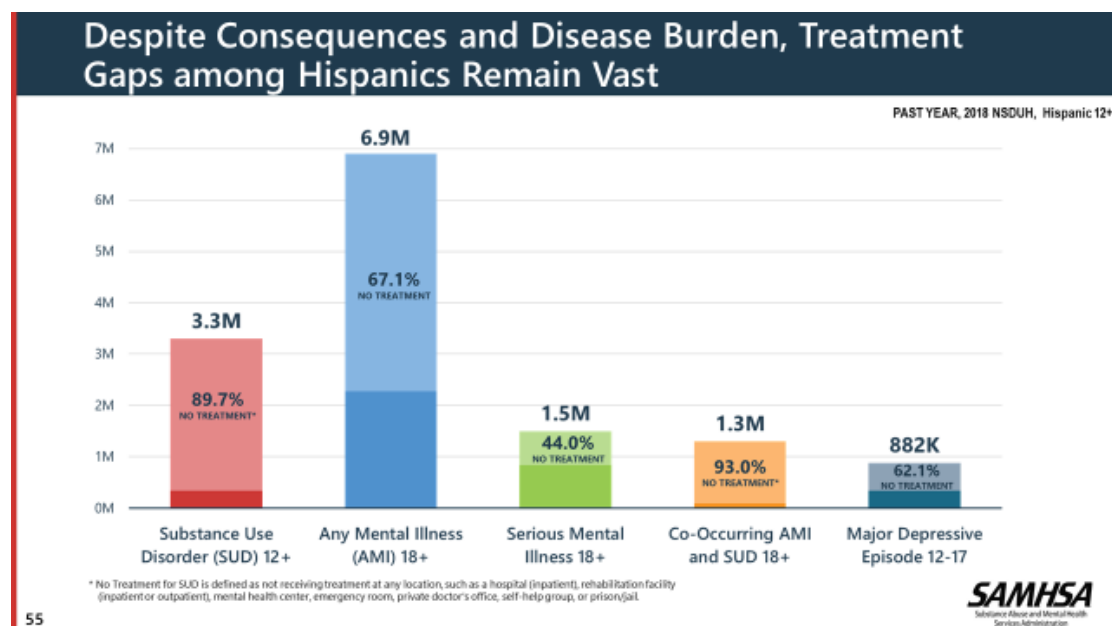
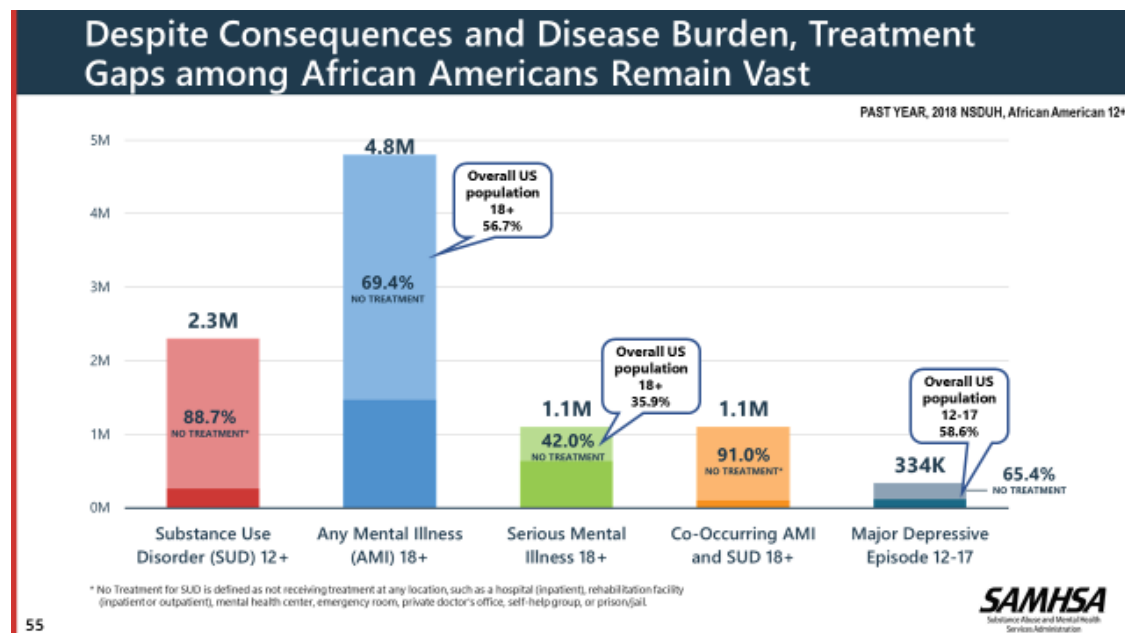


People of color are:

- at an increased risk for serious illness if they contract COVID-19 due to higher rates of underlying health conditions, such as diabetes, asthma, hypertension, and obesity compared to Whites;
- more likely to be uninsured and to lack a usual source of care which is an impediment to accessing COVID-19 testing and treatment services;
- more likely to work in the service industries such as restaurants, retail, and hospitality that are particularly at risk for loss of income during the pandemic;
- more likely to live in housing situations, such as multigenerational families or low-income and public housing that make it difficult to social distance or self-isolate; and
- often working in jobs that are not amenable to teleworking and use public transportation that puts them at risk for exposure to COVID-19. ([Kaiser Family Foundation, 2020](#); [Health Affairs, 2020](#))

Compounding Behavioral Health Issues

The COVID-19 pandemic has spotlighted racial and ethnic disparities in access to behavioral health care. While their rates of behavioral health disorders may not significantly differ from the general population, Blacks and Latinos have substantially lower access to mental health and substance-use treatment services as shown below. ([NSDUH, 2020](#)).



Given the existing impediments to care for Blacks and Latinos due to social determinants of health, COVID-19 pandemic will place those with behavioral health problems at even higher vulnerability. Blacks and Latinos have lower access to needed treatment, often terminate treatment prematurely, and

experience less culturally responsive care. A recent [report](#) indicates that Hispanics were significantly more likely than the general U.S. population to see COVID-19 as a major threat to their health and finances. In terms of substance use, Black and Latino communities are continuing to deal with the opioid epidemic while now in the midst of the COVID-19 pandemic. Specifically:

- Blacks and Latinos have limited access to prevention, treatment, and recovery services for substance use disorders. While they have similar rates of opioid misuse as the general population, in recent years Blacks have experienced the greatest increase in rate for overdose deaths from non-methadone synthetic opioids ([SAMHSA, 2020](#)).

Strategies are needed to prevent disruption of substance use treatment and recovery services, increase capacity for telehealth, and support individuals with substance use disorders and serious mental illnesses who have COVID-19. Disruption of recovery support groups, closing of clinics, and cutting harm reduction efforts such as syringe service programs may trigger relapses and increase rates of hepatitis and HIV.

Blacks and Latinos with mental health and substance use disorders are more likely to be incarcerated and [homeless](#), than the general population, placing them at increased risk for COVID-19. Homeless and incarcerated individuals have extreme challenges following CDC guidelines for social distancing, washing hands, and self-quarantining. Incarcerated individuals re-entering the community without adequate treatment, services, and supports may be at higher risk for COVID-19.

What Can We Do?

Policy Efforts

1. *Data Disaggregation.* Data related to COVID-19, including testing, hospitalizations, ICU admissions, and fatalities, disaggregated by race and ethnicity at the local and national level will help target resources. State [case rates](#) are reported to CDC by jurisdictions and through the National Notifiable Diseases Surveillance System (NNDSS), and [deaths](#) are posted weekly by race/ethnicity on the [CDC National Vital Statistics System](#), enabling behavioral health providers to understand COVID-19 prevalence in their state by race and ethnicity.
2. *Flexibility in Treatment Policies and Payments.* SAMHSA recently [released a guide](#) for opioid treatment programs, enabling them to dispense take-home methadone during the COVID-19 pandemic. SAMHSA is temporarily allowing remote initiation of buprenorphine. This flexibility provides protection for Black and Latinos needing treatment for opioid-use disorders.
3. *Navigators for Federal Stimulus Opportunities.* [The CARES Act](#) provides economic stimulus for small businesses and individuals. The National Network to Eliminate Disparities in Behavioral Health (the NNED) disseminated [guidance](#) to its network of 1,200 community-based provider organizations serving racial/ethnic minority populations to apply for the Small Business Administration's Paycheck Protection Program and the IRS's Employment Impact Payments.
4. *Expanded and Flexible Coverage for Telehealth.* [CMS issued guidance](#) for payments for telehealth visits; insurance companies are at least temporarily enhancing coverage for telephone and video health visits. While the digital divide may reveal less stable internet services in Black and Latino households, smartphones allow for video visits with health and behavioral health providers that meet temporarily-relaxed HIPAA compliance.

Communication, Health Literacy, and Public Awareness

1. *Language Translation.* With the rapidly changing knowledge about COVID-19, information is changing on a weekly, sometimes daily basis. [CDC posts notices and fact sheets in multiple languages](#). However, the English language materials change on a rapid basis, creating lags in developing translated versions. Timely translation of public health guidance is critical.

2. *Culturally Tailoring Messages.* Public health concepts are not readily understandable across cultures. Concepts such as social distancing, flattening the curve, self-quarantining, face-masking, washing hands, and wiping down groceries need to be presented in a culturally-appropriate manner.
3. *Establish Communication Channels.* Messaging about COVID-19 testing, behavioral health services, and federal stimulus opportunities must be accurate, culturally understood, and disseminated through information channels that reach Black and Latino communities. Black or Latino radio, websites such as BlackDoctor.org, and trusted media figures are important messengers.

Partnerships with Communities: Leaders and Institutions

1. *Faith-based Leaders and Technology.* Faith leaders and places of worship play a key role in providing support, information, and spiritual leadership among Black and Latino communities. They are trusted messengers and influencers who often have a history of addressing health and mental health promotion. Places of worship are increasingly leveraging technology through radio broadcasts, Zoom sermons, Facebook Live, and podcasts.
2. *Community-Based Organizations (CBOs).* Ethnic and racial-specific community-based organizations have established track-records in the community and are often multi-service providers that integrate health, behavioral health, and social services. They are well-positioned to convey COVID-19 information. They often have diverse partnerships and collaborations with schools, higher education, local businesses, law enforcement, jails, and hospitals. Some CBOs host local town hall sessions. The NNED has a [locator](#) to find CBOs serving Black and Latino communities.
3. *Identify Community-Accepted First Responders.* Due to fears of having children taken out of the home, arrests, or deportations, in some Black and Latino communities, first responders are not necessarily police or emergency medical personnel. Rather, they are extended family members, pastors, neighbors, and other community leaders. It's important to identify these community-determined first responders for disseminating critical information about COVID-19.

Health care Workforce and Practice Efforts

1. *Virtual and Telehealth Opportunities.* Outpatient clinics, CBOs, and urgent care centers have ramped up the use of telephone and video visits, and insurance companies are expanding coverage for these visits. These changes have eliminated transportation barriers to accessing care. However, many Black and Latino communities may not have regular access to internet, making it harder to participate in telehealth.
2. *Augment the Workforce.* It is important for healthcare professionals to understand cultural differences in how patients interact with providers and the healthcare system. Given workforce demands, there is opportunity to tap previously unused health care talent. Fast-tracking immigrant, refugee, and bilingual health care professionals who have until now been closed out of the health professions would create a pool of over 200,000 potential health care workers in the U.S.
3. *[Peer Navigators, Coaches, and Recovery Supports Services](#).* Peer navigators and coaches, similar to Community Health Workers or *promotoras de salud*, are critical for outreach, engagement, and linking Blacks and Latinos with mental and substance-use disorders to treatment. These peers know the community, are familiar with resources, and are able to communicate effectively with their clients. While peer contacts are usually in person, they can be virtual during the pandemic.

SAMHSA Resources:

Stress Management during Quarantine for healthcare providers serving Hispanic and Latinos”
 FREE, online training regarding how providers for Latino populations can manage stress during COVID-10 April 21 at 1pm ET. <https://mhccnetwork.org/centers/national-hispanic-and-latino-mhcc/event/manejo-del-estres-durante-la-cuarentena-para> (recording will be available)

American-Indian/Alaska Native communities: Trauma-Responsive Approaches to Support the Communities FREE, national online discussion and resource sharing opportunity for the substance use (SU) prevention, treatment, and recovery workforces focused on emerging issues around social determinants of health (SDH), workforce issues and COVID-19. May 5, 2-3pm. ET Zoom links available here

<https://pttcnetwork.org/centers/network-coordinating-office/sdh-and-covid-discussion-series>

Asian-American Communities and Addressing Stigma - FREE, national online discussion and resource sharing opportunity for the substance use (SU) prevention, treatment, and recovery workforces focused on emerging issues around social determinants of health (SDH) and COVID-19. May 7, 2-3pm ET Zoom links available here <https://pttcnetwork.org/centers/network-coordinating-office/sdh-and-covid-discussion-series>

Equity and Health Disparities in the Age of COVID-19: What new strategies are needed – FREE, national online discussion and resource sharing opportunity for the substance use (SU) prevention, treatment, and recovery workforces May 12, 2-3pm ET – Zoom links available here <https://pttcnetwork.org/centers/network-coordinating-office/sdh-and-covid-discussion-series>

Stress Management During Quarantine for Mental Health Providers Serving Latino Clients- FREE, training on who to help Latino with mental health concerns during the COVID-19. Specific consideration for youth also discussed. Training available here <https://mhccnetwork.org/centers/national-hispanic-and-latino-mhcc/news/free-webinar-43-stress-management-during-quarantine> (Past webinar recorded and online in English).

Topic addresses how isolation and loneliness can affect your recovery and provide practical tools to strengthen your recovery during a crisis that calls for social distancing and isolation. FREE, national online webinar that will focus on how social isolation affects people in recovery and practical solutions to gain resiliency during isolation. Training available here. <https://attcnetwork.org/centers/national-hispanic-and-latino-attc/product/como-el-aislamiento-social-la-soledad-y-la> (Past webinar recorded and online in English, Spanish and Portuguese).

Tools for Behavioral Health Professionals During a Public Health Crisis - Two-page infographic that provides information on staff wellness and self-care, knowing the signs of burnout, tips for administrators supporting their staff, and technologies and support for remote communication and telehealth. - <https://mhccnetwork.org/centers/northeast-caribbean-mhcc/product/tools-behavioral-health-professionals-during-public>



Intimate Partner Violence and Child Abuse Considerations During COVID-19

As the COVID-19 pandemic continues, Americans are required to stay home to protect themselves and their communities. However, the home may not be safe for many families who experience domestic violence, which may include both intimate partners and children. COVID-19 has caused major economic devastation, disconnected many from community resources and support systems, and created widespread uncertainty and panic. Such conditions may stimulate violence in families where it didn't exist before and worsen situations in homes where mistreatment and violence has been a problem. Violence in the home has an overall cost to society, leading to potentially adverse physical and mental health outcomes, including a higher risk of chronic disease, substance use, depression, post-traumatic stress disorder, and risky sexual behaviors.¹ Further, victims of domestic violence including intimate partner abuse and child abuse are at great risk for injuries including death.

Intimate Partner Violence

According to [CDC](https://www.cdc.gov), approximately 1 in 4 women and nearly 1 in 10 men have experienced intimate partner violence (IPV) sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime. Moreover, more than 43 million women and 38 million men experienced psychological aggression by an intimate partner in their lifetime.² Approximately 41% of female IPV survivors and 14% of male IPV survivors experience some form of physical injury related to IPV. It is important to acknowledge that IPV can extend beyond physical injury and result in death. Data from U.S. crime reports suggest that 16% (about 1 in 6) of homicide

¹ Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. (2016). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

² Smith, S. G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief—Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

victims are killed by an intimate partner.³ IPV has been associated with many negative physical and mental health outcomes and health risk behaviors among women of all backgrounds.⁴

There is a concern that the numbers experiencing intimate partner violence will dramatically rise in as a result of social distancing and quarantine during COVID-19. Before the pandemic, a survivor or victim could flee a violent situation or file a protective order with the police. For many, such options aren't easily available right now. A stay-at-home order can force victims to stay in a dangerous situation.⁵

Child Abuse and Neglect

CDC reports that at least 1 in 7 children have experienced child abuse and/or neglect in the past year and in 2018, nearly 1,770 children died of abuse and neglect in the United States. Rates of child abuse and neglect are five times higher for children in families with low socio-economic status compared to children in families with higher socio-economic status.⁶ In the US, the total lifetime economic burden associated with child abuse and neglect was approximately \$428 billion in 2015.⁷ Child abuse and neglect can have a tremendous impact on lifelong health and wellbeing if left untreated. For example, exposure to violence in childhood increases the risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment, and limited employment opportunities.⁸

³ Breiding, M. J., Chen J., & Black, M. C. (2014). Intimate partner violence in the United States — 2010. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁴ J Womens Health (Larchmt). 2015 Jan 1; 24(1): 62–79. doi: [10.1089/jwh.2014.4879](https://doi.org/10.1089/jwh.2014.4879)

⁵ APA (2020) "How COVID-19 may increase domestic violence and child abuse" Retrieved at: <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>

⁶ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). Child Maltreatment 2018. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/childmaltreatment>.

⁷ Peterson C, Florence C, Kleven J. The economic burden of child maltreatment in the United States, 2015. Child abuse & neglect. 2018 Dec 1;86:178-83.

⁸ Fortson B, Kleven J, Merrick M, Gilbert L, Alexander S. (2016). Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Children are specifically vulnerable to abuse during COVID-19. Research shows that increased stress levels among parents is often a major predictor of physical abuse and neglect of children. Stressed parents may be more likely to respond to their children's anxious behaviors or demands in aggressive or abusive ways. The support systems that many at-risk parents rely on, such as extended family, child care and schools, religious groups and other community organizations, are no longer available in many areas due to the stay-at-home orders. Child protection agencies are experiencing strained resources with fewer workers available, making them unable to conduct home visits in areas with stay-at-home orders. Since children are not going to school, teachers and school counselors are unable to witness the signs of abuse and report to the proper authorities. Also, many at-risk families may not have access to the technology children needed to stay connected with friends and extended family.⁹

We must take action to alert victims of abuse that there is help available. We must work with law enforcement and other state and local personnel to understand that stay-at-home orders need to be relaxed when the home is unsafe. Schools should continue to offer virtual counseling or telephone check-ins whenever possible. The hotel and hospitality industry have played a large role in many jurisdictions helping to house the homeless or healthcare practitioners; businesses and localities must also remember the vulnerable population affected by domestic violence who can also benefit from these services. During this time, we must also ensure that healthcare practitioners are screening patients for intimate partner violence and child abuse.

To help families and communities address intimate partner violence and child abuse health concerns, please see the resources below:

SAMHSA Resources:

⁹ APA (2020) "How COVID-19 may increase domestic violence and child abuse" Retrieved at: <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>

- Addiction Technology Transfer Center (ATTC) offers a session on *Addiction Recovery and Intimate Violence* <https://healthknowledge.org/course/view.php?id=18>: This is a one hour self-paced course and is based on industry awareness about Intimate Partner Violence (IPV).
- The National Hispanic and Latino ATTC recorded a webinar this February on the “*Intersection of Domestic Violence or Intimate Partner Violence and Addiction*” <https://attcnetwork.org/centers/national-hispanic-and-latino-attc/product/intersection-domestic-violence-or-intimate>
- Substance Abuse Treatment and Domestic Violence - Quick Guide for Clinicians Based on TIP 25 - <https://store.samhsa.gov/product/Substance-Abuse-Treatment-and-Domestic-Violence/sma15-3583>
- The National Center on Domestic Violence, Trauma & Mental Health, a SAMHSA partner, recently released: Supporting Survivors’ Access to Substance Use Disorder and Mental Health Services During the COVID-19 Emergency <http://www.nationalcenterdvtraumamh.org/2020/03/covid-19-resources-for-advocates/>

Other non-SAMHSA Resources:

- National Domestic Violence Hotline
[Staying Safe During COVID-19](#)
Phone number: 1-800-799-SAFE (7233)
- The National Network to Eliminate Domestic Violence
[Resources on the Response to the Coronavirus \(COVID-19\)](#)
- Department of Justice, Office of Women’s Health
[Local Resources on Domestic Violence](#)
- Prevent Child Abuse America
[Coronavirus Resources & Tips for Parents, Children & Others](#)
- [Stronghearts Native Helpline](#)
1-844-762-8483

Introduction

In an infectious disease outbreak, when social distancing and self-quarantine are needed to limit and control the spread of the disease, continued social connectedness to maintain recovery are critically important. Virtual resources can and should be used during this time.

This tip sheet describes resources that can be used to virtually support recovery from mental/substance use disorders. It also provides resources to help local recovery programs create virtual meetings.

Virtual Recovery Programs

- **Alcoholics Anonymous:** Offers online support <http://aa-intergroup.org/>
- **Cocaine Anonymous:** Offers online support and services <https://www.ca-online.org/>
- **LifeRing:** LifeRing Secular Recovery offers online support <https://www.lifering.org/online-meetings>
- **In The Rooms - Online Recovery Meetings:** Provides online support through live meetings and discussion groups <https://www.intherooms.com/home/>
- **Marijuana Anonymous:** Offers virtual support <https://ma-online.org/>
- **Narcotics Anonymous:** Offers a variety of online and skype meeting options <https://www.na.org/meetingsearch/>
- **Reddit Recovery:** Offers a virtual hang out and support during recovery <https://www.reddit.com/r/REDDITORSI/NRECOVERY/>
- **Refuge Recovery:** Provides online and virtual support <http://bit.ly/refuge-recovery1>
- **Self-Management and Recovery Training (SMART) Recovery:** Offers global community of mutual-support groups, forums including a chat room and message board <https://www.smartrecovery.org/community/>
- **SoberCity:** Offers an online support and recovery community <https://www.soberocity.com/>
- **Sobergrid:** Offers an online platform to help anyone get sober and stay sober <https://www.sobergrid.com/>
- **Soberistas:** Provides a women-only international online recovery community <https://soberistas.com/>
- **Sober Recovery:** Provides an online forum for those in recovery and their friends and family <https://www.soberrecovery.com/forums/>

- **We Connect Recovery:** Provides daily online recovery groups for those with substance use and mental illness
<https://www.weconnectrecovery.com/free-online-support-meetings>
- **Unity Recovery + WEconnect + Alano Club:** Providing daily virtual meeting for those in recovery and for their family members
<https://unityrecovery.org/digital-recovery-meetings>

RECOVERY RESOURCES AND SUPPORTS

- **The National Alliance for Mental Illness (NAMI) HelpLine** Coronavirus Information and Resources Guide
<http://bit.ly/NAMIREsource>
- **Hazelden Betty Ford Foundation** contains online support meetings, blogs, mobile apps, social media groups, and movie suggestions, including the online support community, *The Daily Pledge*:
<https://www.hazeldenbettyford.org/recovery/tools/daily-pledge> and “*Tips for Staying Connected and Safeguarding Your Addiction Recovery*”: <http://bit.ly/HBF-Tips>
- **Shatterproof:** “*How I’m Coping with COVID-19 and Social Isolation as a Person in Long-Term Recovery*” provides helpful suggestions
<http://bit.ly/shatterproof-coping>
- **The Chopra Center:** “*Anxious About the Coronavirus? Here Are Eight Practical Tips on How to Stay Calm and Support Your Immune System.*” <http://bit.ly/Chopra-calm>

TIPS TO SET UP A VIRTUAL RECOVERY MEETING

Simple steps for 12 step groups using various virtual platforms for meetings:

<https://www.nyintergroup.org/remote-meeting-listing/help-setting-up-online-meetings/#zoom>

To host a meeting on zoom:

1. Set up a free account here:
<https://zoom.us> When you set up a free account, you can only host a meeting for 45 minutes. To host longer meetings, you need a paid account.
2. Schedule a meeting
<https://support.zoom.us/hc/en-us/articles/201362413-Scheduling-meetings>
3. Invite people to join a meeting :
<https://support.zoom.us/hc/en-us/articles/201362183-How-do-I-invite-others-to-join-a-meeting>
4. Create a flyer to publicize meetings. This flyer is sent to group members via email and text, posted on self-help group’s District Website and posted on door of the physical site that is closed in an attempt to reach anyone who shows up for a meeting.

Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: Text TalkWithUs to 66746

SMS (español): "Hablamos" al 66746

TTY: 1-800-846-8517

Website (English): <http://www.disasterdistress.samhsa.gov>

WEBSITE (ESPAÑOL):

[HTTP://WWW.DISASTERDISTRESS.SAMHSA.GOV/espanol.aspx](http://WWW.DISASTERDISTRESS.SAMHSA.GOV/espanol.aspx)

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

Website: <http://www.samhsa.gov/find-help/national-helpline>

National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website(English):

<http://www.suicidepreventionlifeline.org>

Website (español):

<http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

Treatment Locator Behavioral Health Treatment Services

Locator Website:

<http://findtreatment.samhsa.gov/locator/home>

For help finding treatment 1-800-662-HELP (4357)

<https://findtreatment.gov/>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: DTAC@samhsa.hhs.gov

Website: <http://www.samhsa.gov/dtac>

Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.