

Mental Health Referral Resources

Date: _____

To: Healthcare Provider

From: [Your Name or Organization]

Subject: Mental Health Referral Resources

Dear [Healthcare Provider's Name],

We understand that comprehensive care for your patients often requires access to specialized mental health resources. We have compiled a list of reputable mental health referral resources to aid in your patient care.

Local Mental Health Resources:

- [Organization Name] - [Contact Information] - [Service Description]
- [Organization Name] - [Contact Information] - [Service Description]
- [Organization Name] - [Contact Information] - [Service Description]

National Hotlines:

- [Hotline Name] - [Phone Number] - Available 24/7
- [Hotline Name] - [Phone Number] - Available 24/7

For more comprehensive support, please feel free to reach out to our organization or the resources listed above. Together, we can ensure that your patients receive the mental health care they deserve.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]