Sam's OATH

What's Hidden Doesn't Heal.

How to Talk to Your Family About Substance Use and Mental Health

A practical guide for families ready to start honest, compassionate conversations about substance use and mental health.

Why This Conversation Matters

Every year, more than 46 million Americans meet the criteria for a substance use disorder, and nearly one in five lives with a mental health condition (SAMHSA, 2023 National Survey on Drug Use and Health). Behind each of those numbers is a family - parents lying awake at night, siblings watching someone they grew up with disappear, partners wondering where the person they fell in love with went.

Most families wait too long to say something. Not because they don't care, but because they don't know how. The silence feels safer than the conversation. But silence has a cost. It lets problems grow in the dark. It tells the person struggling that no one sees them, or worse, that no one wants to. And it keeps the whole family stuck in a cycle of worry, avoidance, and isolation.

You picked up this guide because you're ready to break that silence. That takes real courage. This conversation won't be easy, but it matters more than almost anything you'll ever do.

Before You Start

Starting this conversation well is about preparation, not perfection. Here's what to think through before you say a word.

Choose the right time. Not during a crisis. Not after an argument. Not when either of you is exhausted, intoxicated, or rushing out the door. Look for a calm, private moment when you both have time and space. Weekend mornings, a quiet evening at home, a walk together - these tend to work better than sitting across a table, which can feel like an interrogation.

Set your intention. Ask yourself: what do I actually want from this conversation? If your honest answer is "I want them to stop," pause. That's a reasonable desire, but it's not a good conversation goal because it's not in your control. A better intention: "I want them to know I see what's happening and I'm here." Connection first. Solutions later.

Accept what you can't control. You cannot make someone get help. You cannot love someone into recovery. You can open a door, but they have to walk through it - and they may not walk through it today. That's not failure. That's how this works.

Check your own emotional state. If you're feeling rage, panic, or desperation, this isn't the right time. Those feelings are valid, but they'll take over the conversation. Talk to a friend, a counselor, or a support group first. Come to this conversation from a place of love and genuine concern, not fear and control.

Educate yourself first. Substance use disorders and mental health conditions are medical issues, not moral failures. The more you understand about what your family member is experiencing, the better equipped you'll be to talk about it with compassion instead of judgment. NAMI (nami.org) and SAMHSA (samhsa.gov) offer excellent, free educational resources for families.

How to Open the Door

The hardest part is the first sentence. Here are conversation starters you can adapt to your situation. Pick the one that feels most natural to you - or use them as inspiration for your own words.

Parent to adult child: "I want to talk to you about something that's been on my mind. Not to lecture you or tell you what to do - I know you're an adult and your life is yours. But I've noticed some things that worry me, and I love you too much to pretend I haven't noticed."

Partner to partner: "I need to be honest with you about something, and I need you to know I'm saying this because I love you and I want us to be okay. I've noticed changes that scare me, and I don't want to keep pretending everything is fine."

Sibling to sibling: "Hey, I've been wanting to talk to you about something real. Not to be in your business, but because you're my [brother/sister] and I care about what happens to you. I've seen some things that worry me, and I'd rather have an awkward conversation than stay quiet."

Adult child to parent: "Mom/Dad, this is hard for me to say, and I know it might be hard to hear. But I've noticed some things that concern me, and I think being honest with each other matters more than keeping the peace right now."

Notice what these all have in common: they lead with love. They acknowledge the difficulty. They don't accuse. They're invitations, not indictments.

What to Say (and How to Say It)

Once you've opened the door, here's how to keep the conversation productive.

Use "I" statements. "I've noticed..." "I feel worried when..." "I've been scared because..." This keeps the focus on your observations and feelings rather than putting the other person on trial. Compare: "You've been drinking too much" (accusation) vs. "I've noticed you've been drinking more than usual, and I'm worried about you" (observation with care).

Be specific about what you've observed. Vague concerns are easy to dismiss. Instead of "You seem different," try: "I noticed you missed your nephew's birthday party last month, and that's not like you." Instead of "You seem depressed," try: "I've noticed you haven't been sleeping, and you told me last week you didn't see the point of things. That scared me."

Name the behavior, not the person. There is a world of difference between "You're an alcoholic" and "I'm concerned about how much you've been drinking." One labels the person. The other describes a pattern. People resist labels. They're more likely to engage with specific, compassionate observations.

Listen more than you talk. After you share your concern, stop. Let them respond. Don't interrupt. Don't correct. Don't jump to solutions. Sometimes people need a few minutes of silence to process what they've heard. Sit with the discomfort. If they get angry or defensive, that's a normal response to feeling vulnerable - it doesn't mean the conversation failed.

Validate their experience. If they do open up, even a little, honor it. "That sounds really hard." "I didn't realize you were carrying that." "Thank you for telling me." These responses build trust and make it safer to keep talking.

Don't try to diagnose or fix. You're not their therapist. You're their family. Your job in this conversation is to show up, be honest, and listen. The fixing comes later, with professional help.

What NOT to Say

Some of the most well-intentioned things families say do the most damage. Here's what to avoid and why.

"You just need to try harder." Why it doesn't work: Substance use disorders and mental health conditions affect the brain. Willpower alone doesn't resolve a medical condition. This phrase implies the person is lazy or weak, which drives shame - and shame fuels the cycle. Say instead: "I know this is harder than it looks from the outside. I want to understand what you're going through."

"Think about what you're doing to this family." Why it doesn't work: People with substance use disorders and mental health conditions are often acutely aware of the impact on their families. Guilt is already eating them alive. Adding more guilt doesn't motivate change - it makes them want to numb the pain even more. Say instead: "This affects all of us, and I want us to figure it out together."

"If you loved us, you'd stop." Why it doesn't work: This weaponizes love. It implies the person is choosing substances over their family, which misunderstands how addiction works. The person almost certainly does love you. The disorder is not a choice. Say instead: "I know you love this family. I also know something is getting in the way, and I want to help."

"You're going to end up [dead/in jail/alone]." Why it doesn't work: Fear-based predictions trigger the fight-or-flight response. The person shuts down or lashes out. Even if these outcomes are realistic concerns, using them as threats closes the conversation. Say instead: "I'm scared about where this could go, and I don't want to lose you."

"I know exactly how you feel." Why it doesn't work: Unless you've experienced what they're experiencing, you don't. And even if you have, their experience is their own. This phrase minimizes their reality and centers your perspective. Say instead: "I can't fully understand what this is like for you, but I want to try."

When They're Not Ready to Talk

Sometimes you do everything right and the person still isn't ready. They deny there's a problem. They get angry. They shut down. They walk away.

This is not failure. This is normal.

Don't force it. Pushing harder when someone has put up walls doesn't break through - it builds the walls higher. Respect their boundary in this moment, even if you disagree with it.

Plant the seed. End the conversation with something they can hold onto: "I'm not going to push this right

now, but I want you to know the door is always open. Whenever you're ready to talk, I'm here. No judgment."

Follow up with your actions, not just words. In the days and weeks after, show through your behavior that you meant what you said. Be present. Be consistent. Don't bring it up every day, but don't act like the conversation never happened either.

Keep living your own life. Don't put your world on hold waiting for them to be ready. Go to your own support group. See your friends. Take care of your health. You modeling healthy behavior is one of the most powerful things you can do.

Know that seeds grow on their own timeline. Research on the CRAFT method (Community Reinforcement and Family Training) shows that family members who learn these skills help their loved ones enter treatment at significantly higher rates - often 64-74% compared to 20-30% with traditional interventions (Smith & Meyers, 2004). But it takes time. The conversation you had today may not show results for weeks or months. That doesn't mean it didn't matter.

When to Involve a Professional

Some situations need more than a family conversation. Here's when to seek outside help.

Signs you need professional support: - The person's substance use or mental health symptoms are escalating - You've had multiple conversations with no change - There's been violence, threats of self-harm, or suicidal ideation - You're experiencing significant anxiety, depression, or physical symptoms from the stress - The family dynamic has become centered around managing the person's behavior - Children in the household are being affected

Family therapy can provide a safe, structured space for these conversations with a trained mediator. Look for therapists experienced in substance use disorders and co-occurring mental health conditions. Psychology Today's therapist finder (psychologytoday.com/us/therapists) lets you filter by specialty.

The CRAFT method (Community Reinforcement and Family Training) is an evidence-based approach specifically designed for families of people with substance use disorders. Unlike traditional interventions (which can feel confrontational), CRAFT teaches family members communication skills, self-care strategies, and ways to positively reinforce treatment-seeking behavior. Research consistently shows CRAFT is more effective at helping loved ones enter treatment than Al-Anon/Nar-Anon alone or the Johnson Intervention

model (Roozen et al., 2010). Ask your therapist about CRAFT or visit the CRAFT website for trained providers.

Al-Anon Family Groups offer peer support from people who understand exactly what you're going through. Meetings are free, widely available (including online), and you don't need to be in crisis to attend. Many family members say Al-Anon changed their lives. Visit al-anon.org to find a meeting near you.

NAMI Family Support Groups are specifically designed for family members of people living with mental health conditions. Led by trained family members, these groups provide education, coping strategies, and community. Find one at nami.org/support-education.

Taking Care of Yourself

Having this conversation takes courage, emotional energy, and vulnerability. Whether it went well or not, you need to take care of yourself afterward.

You may feel exhausted, relieved, frustrated, hopeful, heartbroken, or all of the above. All of those responses are normal. Give yourself grace.

Remember: you cannot pour from an empty cup. Your well-being is not selfish - it's essential. If your family member is struggling, the healthiest thing you can do for them is to stay strong yourself. That means sleeping, eating, moving your body, staying connected to friends, and getting your own support.

The OATH journey starts with Openness - the willingness to see what's happening and talk about it honestly. You've taken that step. Whatever comes next, you are no longer carrying this in silence, and that changes everything.

Resources

- **SAMHSA National Helpline:** 1-800-662-4357 (free, confidential, 24/7, English and Spanish) - **NAMI Helpline:** 1-800-950-6264 (Monday-Friday, 10am-10pm ET) or text "HELPLINE" to 62640 - **Al-Anon Family Groups:** al-anon.org (find meetings, including online) - **CRAFT Resources:** robertjmeyersphd.com/craft.html - **Crisis Text Line:** Text HELLO to 741741 - **988 Suicide & Crisis Lifeline:** Call or text 988 (24/7) - **Sam's OATH:** samsoath.org - community, resources, and connection

for families navigating substance use and mental health

Sources

1. SAMHSA National Survey on Drug Use and Health 2023

2. NAMI

3. Al-Anon Family Groups

4. CRAFT Method (Smith & Meyers, 2004)

5. Roozen et al., 2010

If You or Someone You Know Needs Help Now

988 Suicide & Crisis Lifeline
Call or Text 988

Free, confidential support 24/7 for anyone in suicidal crisis or emotional distress.

Crisis Text Line
Text HOME to 741741

Free, 24/7 crisis support via text message with a trained crisis counselor.

SAMHSA National Helpline
Call 1-800-662-4357

Free, confidential, 24/7 treatment referral and information service.

Emergency Services
Call 911

If someone is in immediate danger, call 911 or go to the nearest emergency room.

You are not alone. Help is always available.

samsoath.org | What's Hidden Doesn't Heal.