Sam's OATH

What's Hidden Doesn't Heal.

What to Do in a Crisis

A clear, step-by-step guide for families facing a substance use or mental health emergency.

If Someone Is in Immediate Danger

If someone is unconscious, not breathing, having a seizure, has harmed themselves, or has expressed an active plan to end their life, **call 911 now.** Do not wait.

When you call, tell the dispatcher specifically what is happening:

- "My [son/daughter/partner] is unconscious and I believe they took [substance]." - "My [family member] is threatening to hurt themselves and I believe they have [means]." - "I need both medical and mental health crisis support."

Why specificity matters: When dispatchers know substance use or mental health is involved, they can send teams trained for those situations. Many areas now have co-responder programs that pair paramedics or crisis counselors with police. Ask for a mental health crisis team if one is available.

When to call 911 vs. 988: - **911** - someone is physically hurt, unconscious, seizing, not breathing, in immediate physical danger, or you need emergency medical services right now - **988** - someone is in emotional crisis, expressing suicidal thoughts, experiencing a mental health episode, or you need guidance on how to help - but there is no immediate physical danger

If you're unsure, call 911. It is always better to have help you don't need than to need help you don't have.

Recognizing a Crisis

Not every difficult moment is a crisis. Understanding the difference helps you respond appropriately.

Signs of a substance use crisis:

- **Overdose:** Unresponsiveness, slow or stopped breathing, gurgling or choking sounds, blue or gray lips and fingertips, pinpoint pupils (opioids), seizures, vomiting while unconscious. An overdose is always a medical emergency. - **Dangerous withdrawal:** Severe shaking or tremors, hallucinations, seizures, rapid heartbeat, extreme agitation, confusion. Alcohol and benzodiazepine withdrawal can be life-threatening - this is not something to "tough out" at home. - **Erratic or dangerous behavior:** Extreme paranoia, aggression, psychosis (seeing or hearing things that aren't there), inability to recognize family members, driving while

impaired.

Signs of a mental health crisis:

- **Suicidal ideation:** Talking about wanting to die, feeling like a burden, having no reason to live, giving away possessions, sudden calmness after a period of depression (this can indicate a decision has been made). - **Psychotic episode:** Hallucinations (seeing or hearing things others don't), delusions (firmly held beliefs disconnected from reality), severe disorganization in speech or behavior, loss of touch with reality. - **Severe panic or dissociation:** Inability to breathe, chest pain, feeling disconnected from their body, frozen and unable to respond.

When both happen at once: Substance use and mental health crises frequently overlap. Someone in a depressive episode may use substances to cope, leading to overdose. Someone withdrawing from substances may experience severe anxiety or psychosis. When both are present, err on the side of the more immediately dangerous situation - which usually means calling 911.

Emergency vs. difficult moment: A crisis involves immediate risk to safety. A difficult moment - a heated argument, finding substances in someone's room, learning about a relapse - is distressing but not dangerous right now. Difficult moments need a conversation (see our guide on talking to your family). Crises need immediate action.

What to Do Right Now

If you're in a crisis right now, here's your step-by-step.

1. Stay as calm as you can. Your calm is contagious. Take one slow breath. The person in crisis needs you to be their anchor. You can fall apart later - right now, be steady.

2. Assess safety. Is the person breathing? Are they conscious? Are there weapons, sharp objects, or additional substances accessible? If you can safely remove dangerous items from the immediate area, do so. If not, move yourself to safety and call 911.

3. Call for help. 911 for physical emergencies. 988 for mental health crises without immediate physical danger. Don't try to handle this alone - that's not bravery, it's risk.

4. Stay with the person. Do not leave them alone unless your own safety is at risk. If they're unconscious,

place them on their side (the recovery position) to prevent choking on vomit. Keep talking to them, even if they can't respond. "I'm here. Help is coming. You're not alone."

5. Administer Naloxone (Narcan) if you suspect an opioid overdose. If the person is unresponsive, breathing slowly or not at all, and you suspect opioids, give Naloxone immediately. It cannot hurt someone who hasn't taken opioids - there is no downside to giving it. (See Naloxone section below.)

6. Do not try to restrain someone in a mental health crisis unless they are about to hurt themselves or someone else and you can do so safely. Physical restraint can escalate fear and aggression. Create space. Speak softly. Remove yourself from the room if they become violent and call 911 from a safe location.

7. When help arrives, tell them everything. What substances you believe were taken (and approximately when and how much). Any medications the person takes. Any mental health diagnoses. Any previous overdoses or suicide attempts. Now is not the time to protect secrets - it's the time to save a life.

Naloxone (Narcan): Every Family Should Have It

Naloxone is a medication that rapidly reverses opioid overdose. It is available without a prescription in all 50 states. It is safe, effective, and easy to use. It will not harm someone who has not taken opioids.

Why your family should have it: You may not think your family member uses opioids. But fentanyl is now found in counterfeit pills, cocaine, methamphetamine, and other street drugs. People are dying from opioids they didn't know they took. Having Naloxone is not an endorsement of drug use - it's a seatbelt.

Where to get it: - Most pharmacies (CVS, Walgreens, Rite Aid) sell it over the counter - NEXT Distro (nextdistro.org) mails free Naloxone kits anywhere in the US - Many local health departments distribute it for free - SAMHSA's helpline (1-800-662-4357) can direct you to local sources

How to use nasal spray Naloxone (Narcan): 1. Peel back the package to remove the device 2. Tilt the person's head back and support their neck 3. Insert the nozzle into one nostril until your fingers touch the bottom of the nose 4. Press the plunger firmly to release the dose 5. If no response in 2-3 minutes, give a second dose in the other nostril 6. **Always call 911 even if Naloxone works** - the effects wear off in 30-90 minutes and the person can go back into overdose

Calling 988: What to Expect

The 988 Suicide & Crisis Lifeline connects you with trained crisis counselors 24 hours a day, 7 days a week. You can call or text 988.

What happens when you call: - You'll hear a brief automated message and may be asked to press 1 for Veterans, 2 for Spanish - You'll be connected to a counselor at a local crisis center (wait times vary, but average under 5 minutes) - The counselor will ask what's happening, assess risk, and help you develop a plan

What they'll ask: - What's happening right now? - Is the person safe? - Have they expressed thoughts of suicide or self-harm? - Are substances involved? - What has already been tried?

Can you call for someone else? Yes. You don't have to be the person in crisis to call 988. Family members call regularly for guidance on how to help someone they're worried about.

What if the person in crisis won't talk? You can stay on the line and relay information. The counselor can guide you through what to do and say. You can also put the call on speaker if the person is willing to listen.

Text option: If calling feels too difficult or isn't safe (for example, if the person in crisis might escalate if they see you calling), you can text 988 for the same support via text.

988 will not automatically send police. Counselors work to de-escalate by phone. They will only coordinate emergency services if there is an imminent risk to life and the situation cannot be resolved through the call. Many callers worry about this - know that the goal of 988 is to help, not to create a larger crisis.

Going to the Emergency Room

If you end up at the ER - whether by ambulance or driving yourselves - here's what to know.

What to bring: - Insurance cards (if available, but the ER will treat regardless) - A list of all medications the person takes - Any substances you found or suspect were involved (bring the actual containers if possible) - Your phone and charger (you may be there for hours) - Something to eat and drink for yourself (vending machines are your friend) - Something to keep you occupied (book, phone, headphones)

What to tell them - be completely honest: Tell the medical team exactly what substances were used, how much, and when. If you don't know, say so. Tell them about any mental health conditions, medications, and previous crises. If your family member is conscious and asks you not to share this information, explain that medical providers need the truth to keep them safe. ER doctors are not the police - they are there to save lives. Medical privacy laws (HIPAA) protect the information shared.

What to expect: - **Triage and stabilization.** Medical needs are addressed first. If substances are involved, they'll run bloodwork and monitor vitals. - **Psychiatric evaluation.** If there is a mental health component, a psychiatric professional will assess the person. This may take hours - psychiatric evaluators are often stretched thin. - **Waiting.** Emergency rooms involve significant waiting, especially for psychiatric evaluations. This is frustrating and exhausting. It is normal. - **Disposition.** Depending on the evaluation, the person may be discharged with follow-up recommendations, admitted for observation (typically 24-72 hours), referred to inpatient psychiatric care, or connected to outpatient treatment.

Your rights as a family member: If the person is an adult, they can refuse to allow you in the treatment area or to receive information about their care. This is painful, but it's their legal right. What you can always do: stay in the waiting room, let the staff know you're there, and provide any information they ask for. You can also speak to a hospital social worker about next steps and resources for families.

After the Crisis

The 24-48 hours after a crisis are critical. The immediate danger has passed, but the underlying issues haven't.

Don't pretend it didn't happen. Families often slip back into normal routines as a coping mechanism. Resist this. What happened was real, and it needs to be acknowledged - not as an accusation, but as a shared reality. "Yesterday was terrifying. I love you, and we need to talk about what comes next."

Safety planning. Work with the person (and ideally a professional) to create a safety plan: known triggers, warning signs, coping strategies, people to call, and how to make the environment safer. The Stanley-Brown Safety Plan is a widely used, evidence-based tool that you can fill out together (available free online).

Follow up on medical and clinical recommendations. If the ER referred the person to outpatient treatment, therapy, or medication management, help them follow through. Offer to make phone calls, drive them to appointments, or sit with them while they schedule. Don't take over - support their agency while reducing barriers.

Talk to the family. If other family members were affected (especially children), they need age-appropriate honesty. Children know when something is wrong. Silence teaches them that scary things are unspeakable. A simple, truthful explanation helps them feel safe: "[Person] was very sick and needed to go to the hospital. The doctors are helping them. You are safe."

When to seek ongoing treatment: A crisis is rarely a one-time event. If this has happened before, or if the underlying substance use or mental health condition hasn't been addressed, ongoing treatment is essential. Options include outpatient therapy, intensive outpatient programs (IOP), partial hospitalization programs (PHP), residential treatment, and medication-assisted treatment (MAT) for substance use disorders. SAMHSA's treatment locator (findtreatment.gov) can help identify options in your area.

Building a Crisis Plan Before You Need One

The best time to prepare for a crisis is before you're in one. If your family member has a substance use disorder, a mental health condition, or both, having a plan isn't pessimistic - it's responsible.

Have the conversation now. When things are calm, talk with your family about what to do if a crisis happens. Who calls 911? Who stays with the person? Who takes care of the kids? Who contacts the treatment provider? Assigning roles reduces chaos when adrenaline is high.

Know your local resources. Right now, before you need them: - Save your local crisis center number (find it at samhsa.gov/find-help) - Know where the nearest ER is and how to get there - Find out if your area has a mobile crisis team (many do - call 211 to ask) - Identify a therapist or treatment center you can call the day after a crisis

Keep emergency numbers accessible. Put them on the refrigerator. Save them in your phone. Share them in a family group text. When you're panicking, you need these numbers in front of you, not buried in a Google search. Key numbers: - 911 (emergency) - 988 (Suicide & Crisis Lifeline) - 741741 (Crisis Text Line - text HELLO) - Poison Control: 1-800-222-1222 - SAMHSA: 1-800-662-4357

Naloxone in the house. If there is any chance your family member could be exposed to opioids - and given fentanyl contamination, that chance is higher than you think - keep Naloxone accessible and make sure at least two family members know how to use it.

Prepare an ER go-bag. Keep a folder or bag ready with: insurance cards, medication list, emergency

contacts, relevant medical history, and any advance directives or psychiatric advance directives. When you're rushing to the ER at 2 AM, you won't remember where you put the insurance card.

Consider a psychiatric advance directive. This legal document lets your family member specify their treatment preferences while they're well, so those preferences are known during a crisis when they may not be able to communicate. This is particularly valuable for people with conditions that involve psychosis or severe episodes. NAMI has resources on how to create one (nami.org/About-Mental-Illness/Legal-Matters).

Taking Care of Yourself After a Crisis

You just went through something traumatic. That word isn't too strong. Watching someone you love in a crisis - wondering if they're going to survive, sitting in an ER at 3 AM, making life-or-death decisions with no preparation - is traumatic.

Normal responses you might experience: - Replaying the event over and over - Difficulty sleeping or nightmares - Feeling on edge, startled easily, hypervigilant (waiting for it to happen again) - Anger - at the person, at the situation, at yourself - Guilt ("I should have seen this coming," "I should have done more") - Numbness or emotional flatness - Physical symptoms: headaches, stomach problems, chest tightness, exhaustion

All of these are normal trauma responses. They do not mean you are weak. They mean you are human and you just went through something terrible.

Don't carry this alone. You need your own support: - **Al-Anon Family Groups** (al-anon.org) - free peer support from people who understand - **NAMI Family Support Groups** (nami.org) - for families of people with mental health conditions - **Individual therapy** - specifically, look for therapists experienced in family members of people with substance use or mental health disorders - **A trusted friend or family member** - someone who will listen without judging

Give yourself permission to feel what you feel. You might feel compassion and rage in the same hour. You might love the person and resent what their condition has done to your life. Both things can be true. Your feelings don't make you a bad person. They make you a person in an impossibly hard situation.

The OATH journey from Togetherness to Healing isn't linear. After a crisis, you may feel set back to the beginning. That's okay. Healing is not a straight line for your family member or for you. What matters is that

you don't walk this road alone - and that you keep walking.

Resources

- **911** - for immediate, life-threatening emergencies - **988 Suicide & Crisis Lifeline** - call or text 988 (24/7) - **Crisis Text Line** - text HELLO to 741741 - **SAMHSA National Helpline** - 1-800-662-4357 (free, confidential, 24/7) - **Poison Control** - 1-800-222-1222 - **NAMI Crisis Resources** - nami.org/help - **NEXT Distro (free Naloxone by mail)** - nextdistro.org - **SAMHSA Treatment Locator** - findtreatment.gov - **Stanley-Brown Safety Plan** - suicidesafetyplan.com - **Sam's OATH** - samsoath.org

Sources

1. SAMHSA
2. 988 Suicide & Crisis Lifeline
3. NAMI
4. Al-Anon Family Groups
5. NEXT Distro
6. Stanley-Brown Safety Plan
7. CRAFT Method

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.