Before the first call. Before you arrive.

Clear questions. Useful next steps. Space to make a plan.

Start with what you know

You do not need a polished explanation before asking for help. A few honest details and one clear question are enough to begin. Preparing notes can make the conversation easier, especially if you are tired, worried, or calling on someone else's behalf. [A1]

An opening you can borrow

"I am looking for help with _____. The hardest part right now is _____. I would like to understand the next safe step and what information you need from me." If you are a family member, say whether your loved one knows you are calling.

Put these details beside the phone

- A safe callback number, preferred name, and whether voicemail or text is okay. Explain any shared-phone or work-hour concerns.
- What has changed: symptoms, recent substance use or gambling, sleep, work, relationships, and the concern that prompted today's call. Describe what you know; label anything you are unsure about.
- Current medications, doses, prescribers, allergies, and recent treatment or hospital visits. Include nonprescription medicines and supplements on the medication list. [A2]
- Insurance details, transportation concerns, and commitments that could affect attendance. Ask how to send sensitive documents securely before sharing them.

Start with safety when it cannot wait

Tell the clinician about possible withdrawal or an immediate safety concern before discussing scheduling. Suddenly stopping alcohol after prolonged heavy use can cause dangerous withdrawal; seek medical help to plan safely. [A3] For a life-threatening emergency, call 911. For suicidal thoughts or emotional crisis, call or text 988. [A4]

Before you hang up

- Write down the next action, who is responsible, and when you should hear back. Read the plan aloud to check your understanding.
- Ask what is confirmed and what still needs clinical review, benefits verification, or a separate appointment.
- Save the contact's name and number. If the proposed next step is not available, ask which alternative you should contact and what to tell them.

Make a private one-minute summary

Use four headings: why I am calling; what has changed; what could make today unsafe; what help I want next. If you cannot remember an exact date or medication name, say so and explain how you can check it. Ask for an interpreter, an accessible format, or a support person when that would make the discussion easier. Keep your written summary factual and share it through the program's agreed channel.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[A1] SAMHSA: Mental Health, Drugs and Alcohol: How to Ask For Help? (2023-04-24).

[A2] NIMH: Tips for Talking With a Health Care Provider About Your Mental Health (n.d.).

[A3] NIAAA: To Cut Down or to Quit ... (n.d.).

[A4] NIMH: Mental Health Medications (2023-12).

Ask why this level of care

An assessment is a conversation about what is happening, how daily life is affected, and what support is needed. Bring your concerns and preferences into it. Useful details include when symptoms began, how often they occur, and recent changes in your life. [A2]

Translate the setting into everyday terms [A5]

Setting	What the term usually describes
Outpatient care	Appointments with a provider, followed by a return home. Ask about the specific services and frequency.
Intensive outpatient or partial hospitalization	More structured outpatient programming. You attend treatment without staying overnight in that program.
Inpatient care	An overnight hospital or treatment setting providing round-the-clock care.
Residential treatment	Living at a treatment program while receiving care. Services and medical support differ by program.

Medical stabilization is a separate question

Ask whether withdrawal, medication concerns, or another medical issue needs attention before an outpatient start. For substance-use disorders, detoxification alone is not a complete treatment plan; continuing treatment addresses the difficulties beyond withdrawal. [A6] Ask who will arrange the next connection if stabilization is needed elsewhere.

Questions that make the recommendation useful

- Which needs make you recommend this setting, and what alternatives did you consider?
- What will a treatment day actually include, and what support is available between visits?
- What would lead you to recommend more or less support? Who reviews that decision with me?
- How will my mental health, substance use, gambling concerns, physical health, and practical responsibilities be considered together?
- Which services are available here now, which require another provider, and what still needs confirmation before I begin?

Write your own summary

"The recommendation is _____, because _____. Before starting, I need _____. The person helping with that step is _____." Keep unanswered questions visible. If a schedule, ride, cost, or housing concern makes the plan difficult, say so now and ask what can be adjusted. A label alone is not an arrival plan.

Make the recommendation usable

Ask for the proposed days, start time, duration, and first review point. If attendance depends on work, childcare, housing, or a ride, name the obstacle now. Record who will confirm a workable arrangement; do not treat a possibility as a promise.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[A2] NIMH: Tips for Talking With a Health Care Provider About Your Mental Health (n.d.).

[A5] SAMHSA: Treatment Types for Mental Health, Drugs and Alcohol (2023-04-24).

[A6] SAMHSA, FindTreatment.gov: What To Expect - Types of Treatment (n.d.).

Make arrival easier

Preparation should remove friction, not become another test to pass. Use this page as a set of questions for the program. Do not assume that clothing, medication handling, devices, transportation, housing, or visitor arrangements are the same at every setting.

Clarify the arrangements around treatment

Topic	Ask before assuming
Work or school	Who needs an attendance document? What is the deadline? Ask the appropriate office what information is necessary before authorizing disclosure.
Family communication	Who would you like involved, for which topics, and through which contact method? Ask how the program documents your preferences.
Housing	If a separate organization provides housing, confirm its contact, address, charges, rules, and transportation arrangements directly. Do not treat a referral as a confirmed placement.

Confirm the day before

- Exact address, entrance, arrival time, expected finish time, parking, and the number to call if you are delayed. Save directions somewhere you can access without a strong signal.
- Which identification, insurance documents, medication containers, and prior records to bring. Ask what can be sent ahead and through which secure channel.
- Clothing, food, drinks, bags, phones, laptops, chargers, and valuables: ask what is permitted and what is unnecessary for the specific setting.
- Transportation in both directions, accessibility or interpreter needs, and coverage for children, pets, or other people who depend on you.

Protect medication continuity

Keep an accurate medication list and identify the prescriber, pharmacy, remaining supply, and any refill issue. Do not stop or change prescribed medication on your own to prepare for admission. Ask the prescribing clinician and receiving program how to handle the transition. Report side effects or medication concerns promptly. [A4]

Read the permissions

Being a relative or helping pay does not automatically provide access to every treatment detail. [A7] Ask what a release permits, who can receive information, and how to change your choices. Some substance-use treatment records have additional federal protections; request an explanation of the applicable privacy notice before signing. [A8]

Make a handoff, not a pile of papers

Put the current medication list and important contact numbers together. Label old discharge instructions by date so they are not mistaken for the current plan. Ask which records matter for this admission rather than assuming the program needs every document you have.

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[A4] NIMH: Mental Health Medications (2023-12).
[A7] HHS OCR: Family Members and Friends (2022-12-23).
[A8] HHS OCR: Understanding Confidentiality of Substance Use Disorder (SUD) Patient Records or Part 2 (2026-02-13).

Turn the next step into a plan

You do not have to absorb everything in one conversation. Keep a short running list, bring it to appointments, and ask for explanations in everyday language. Understanding the plan includes knowing its goals, how progress will be reviewed, and what happens if the approach is not helping. [A9]

A usable arrival handoff

Decision	Write the confirmed answer
First appointment	Assessment or treatment start? _____ Date / time: _____
Medical clearance	Needed? _____ Responsible clinician / next step: _____
Travel and return	Pickup / driver: _____ Return plan and backup: _____
Medication continuity	Prescriber / pharmacy: _____ Refill question: _____
One unresolved item	Question: _____ Who confirms it, and by when? _____

Bring these questions to the conversation

- What are we working on first, and how does this part of treatment help?
- Which changes should I notice or record between appointments? What should I report sooner rather than waiting?
- What do I do if I cannot attend, feel overwhelmed in a group, or do not understand an exercise?
- Can we review how the schedule fits my work, family responsibilities, transportation, and energy?
- When will we revisit the plan, and how can I raise a concern about whether this is the right fit?

Make goals recognizable in your own life

Write one sentence about what you want help making possible: getting through a workday, rebuilding a morning routine, having a calmer conversation, or responding differently to an urge. These are discussion starters, not promises or a substitute for clinical goals. Ask which small practice is realistic before the next visit.

Close the visit with a read-back

"Before we meet again, my next step is _____. If _____ happens, I contact _____. Our next appointment is _____." Ask for correction now, rather than carrying an uncertain instruction home. Keep the current plan where you can find it and replace outdated versions.

Keep clinical care and practical promises separate

A housing referral is not a confirmed bed. A transport discussion is not a booked ride. A submitted form is not an accepted admission. Ask which arrangements are confirmed, which depend on assessment, and which belong to an independent organization. Keep a backup contact for the day of arrival. If a clinical concern worsens while plans are being arranged, seek appropriate medical or crisis help instead of waiting for paperwork.

Before leaving the conversation

Read back the appointment and your next task. Ask what would make the plan change and who you should call if it does. Keep the newest instructions where everyone involved can find the parts they are permitted to use.

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[A9] NIMH: Psychotherapies (2024-02).