

# Talk away the dark

## #RealConvo Guide

### Connecting Someone to Help (When They're Hesitant)

It's important that we all know how to have healthy, [everyday conversations about mental health](#), and how to [ask directly and respond if someone tells you they are having thoughts of suicide](#). But many people experiencing a mental health crisis may feel hesitant to accept professional help when they need it, whether it means making an appointment with a therapist or reaching out to a crisis resource or mental health hotline. Knowing how to respond to their concerns – in a caring, empathetic, and validating way – can make all the difference.

If you've already read the American Foundation for Suicide Prevention's original [#RealConvo](#) Guides and you're ready for more advanced guidance on how to encourage a person who is hesitant to receive help, read on.



**Ask and listen**



When someone is facing challenges with their mental health, actively listening without judgment to what they say can be more important than talking. Ask them what their concerns are about taking the next step in getting help, and control your own natural instincts to tell them what to do. Once they've shared their thoughts, let them know you hear them.

"It sounds like you're really hurting. We all go through tough times. I want you to know I care about you, and you deserve support."

"Help me understand why you feel that way."

"I hear you. When you say \_\_\_, what worries you specifically?"  
[Then, as follow-up:] "And do you think that's a likely outcome?"

"You know, mental health is just as real as physical health. The brain is an organ in the body, and it's really complex. If another part of your body was bothering you, you'd get help for it, right?"

"So many people experience some sort of mental health challenge every year. It's part of life. You're not alone in that. And I believe you can get back to feeling better."

Keep in mind that responding with pat, simple answers too early in the conversation may turn the person off. You can respond by sharing your own personal experience with treatment if you've had any.

"What happens for me when I go to the doctor is...I get options...I can choose what course of treatment seems to make the most sense for me."

You can also ask what the person's goals are and connect getting treatment and improving their mental health as a way to reach their goals more quickly or effectively. Use your own intuition about the person and your relationship with them, and what they might respond to. If you think you're not the right person to have the conversation with them, see if you can have someone else the person trusts reach out to them. Family and friends can work together to support someone who is struggling.

Below are some common concerns people have about connecting with help, and suggestions on how to respond.

**“Therapy’s not for me.” / “Talking won’t solve anything.” /  
“I’ve tried therapy before and it didn’t help.”**

“I’ve had that experience myself, but I’ve also had therapy that changed my life.”

“There are a lot of different approaches to therapy and many different types of therapists. It’s a matter of finding the right one for you. It can take some perseverance, but it’s worth it.”

“I’ve had treatment and it helped me, and it can help you, too. You don’t need to keep suffering.”

“If you’ve never been to therapy before, or even if you’re just trying a new therapist, doing something new doesn’t always feel comfortable. It’s like learning a sport – it takes practice and some getting used to.”

“Group therapy is also an option. It’s another way of connecting with a mental health professional, but you’ll also hear from peers about their experiences, which can be validating.”

## Keep culture and identity in mind



Every individual is different, and all cultures are different. Some are more comfortable speaking about mental health openly and encouraging help-seeking than others. Different generations often have different levels of openness. The way mental health is talked about can be different in certain groups, as well. It's important to recognize people's concerns and address them directly, honestly, and realistically while connecting the person to help.

**“My culture or religion doesn't believe in therapy.” / “Mental health treatment is for White people.” / “I don't think a therapist from a different culture would understand.”**

“It doesn't matter what color our skin is, what our faith is, or what our culture believes – we all have mental health, we all have hard times, and we all need (and deserve) support.”

“It's reasonable to have these concerns. You can try to find a clinician that shares your background. You can also ask a clinician about their experience in working with people of other cultures, and if they've had any cultural competency training.”

“When you start talking to someone, ask them if they're willing to incorporate your cultural or spiritual customs or beliefs into the therapy. If it's not working for you, you can stop and seek out a different provider.”

If someone's culture or belief system is getting in the way of their willingness to reach out to a mental health professional, you may also consider bringing in trusted family members or friends to work as a confidential, caring team in encouraging them to seek professional support. Just make sure they don't feel ganged up against. Partner with the person in distress to identify a small, trusted circle of people to come together and discuss options.

It's also worth noting that the person doesn't have to choose between Western/medical approaches and those that are more readily accepted in their culture. They can do both in combination.

## **"I'm scared."**

"I get it. Your brain is sending you thoughts right now that feel scary. And since you're in distress, your brain isn't helping you sort those fears out. But that's why you need some help to get you through it, so you can start to feel better."

"Give it a try. Talk to someone. Remember – you're the one in control. At any point, you can opt out of treatment, slow things down, ask questions, and share your concerns."

"I remember I was scared when \_\_\_\_. But then it turned out okay. I really think that might be the case here for you."

"Would it make you feel better for me to make the call for you, or sit by you while you make the call? I can also go to your appointment with you, drop you off or pick you up. We could also make plans to have coffee before or afterwards. Or maybe there's someone else you'd like to have accompany you. Can you think of anyone?"

## **“I don’t have time.”**

“I understand how hard it can be to schedule important things. But if this were about your physical health, would you be saying you don’t have time? Your mental health is just as real, and just as important. And I want you to get all the help you deserve to feel better.”

“Would it help to look at your calendar together? I’m pretty good at this kind of thing.”

“I can pitch in and pick the kids up / do some grocery shopping on whatever day it is, so you have time to focus on your health in this way.”

## **“I don’t want to have to tell my story all over again.”**

“I understand how rehashing your story for a new person can take a lot of energy. But it’s important for them to hear your perspective and experiences. Would it help to write it out or record it for them in advance? I can help you do it, if you’d like.”

“What about asking your last therapist to provide notes for the new one?”

“Sometimes, telling your story to someone new and getting their reaction can be a totally different experience.”

“Sharing your story is the first step in getting help, which is going to help you feel better. It’s worth your time, and important for your new doctor to hear it from you. It helps ensure you get treatment that is specifically for you.”

## **“I don’t have insurance.” / “I can’t afford therapy.” / “How do I even find a therapist?”**

“There are low-cost ways to get treatment, and getting your health and life back is worth it. [I can help you look.](#)”

“You’re right. It should be easier to find treatment, but you can often find local resources – including for people without insurance – through a local social services agency or your local health department, or by visiting [your state’s Department of Health website.](#)”

“When push comes to shove, help really is always available. The [988 Suicide and Crisis Lifeline](#) and the [Crisis Text Line](#) are both free and available 24/7. There is also free specialized support like the [Veterans Crisis Line](#), and resources specifically for [LGBTQ+ folks](#), and for [underrepresented communities](#). These services can help you connect with a mental health professional.”

It’s also worth noting that you don’t need to wait for a moment of serious crisis to contact services like 988. You can call as a concerned friend to ask for advice on how to support someone; and the person whose mental health has been affected doesn’t have to be in a suicidal state to talk to someone.

**“I’m worried they’ll put me on medication. It might change my personality or have unpleasant side effects.”**

“It doesn’t matter what color our skin is, what our faith is, or what our culture believes – we all have mental health, we all have hard times, and we all need (and deserve) support.”

“It’s reasonable to have these concerns. You can try to find a clinician that shares your background. You can also ask a clinician about their experience in working with people of other cultures, and if they’ve had any cultural competency training.”

“When you start talking to someone, ask them if they’re willing to incorporate your cultural or spiritual customs or beliefs into the therapy. If it’s not working for you, you can stop and seek out a different provider.”

You can read more about medications being used as [part of a treatment plan](#).

**“I don’t believe in psychiatry. It’s all subjective, and not based on science.”**

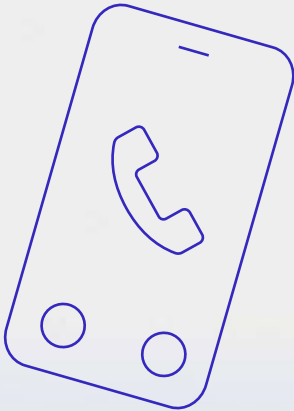
“Psychiatry is a subspecialty of medicine and uses the same kinds of studies to understand mental health conditions and develop treatments that other fields of medicine do.”

“The brain is an organ in the body and can get sick like other parts of the body. When the heart gets sick, it produces symptoms like chest pain or shortness of breath and can be life threatening. When the brain gets sick, it also produces symptoms like mood changes, anxiety, distorted thinking or perceptions, and it can also be life threatening.”

“Mental health is just as real as our physical health. We all have mental health, and it’s important we take care of it.”



## Reaching immediate help in a crisis



It is immensely important that someone who may be at risk for taking their own life reach a crisis line such as the 988 Suicide and Crisis Lifeline or the Crisis Text Line if they aren't already in active communication with their own mental health professional. Trust your gut, assume you may be the only one to reach out, and ask them directly if they're thinking about suicide.

Below are common statements of hesitation, paired with possible responses.

### **"I tried calling a crisis line and it felt like they were just reading from a script, like they didn't care."**

"I'm sorry you had that experience. Callers may not feel a connection with every crisis counselor. If you call at another time, you might feel differently about who you reach."

"Sometimes a crisis center staffer may be following certain talking points – but that doesn't mean they don't care. In fact, it may mean that the individual is taking extra precautions to make sure they cover every detail to ensure your safety. They're trained to remain calm when interacting with callers. So, what might seem like a lack of caring may just be a calm demeanor."

"Keep in mind that crisis lines are set up to provide temporary assistance. Their goal is to help reduce the immediate crisis and connect the person to care. That's why one of the first questions they ask is, "Are you seeing a mental health professional?" If you find yourself calling a few times, it's probably a sign that it would be good to find a therapist to work with."

## **“I don’t want to be forced into hospitalization or lose my autonomy.”**

“I read that in most cases, talking to a crisis counselor helps decrease the stress of the moment. Hospitalizations generally only happen when a person is clearly in imminent, immediate danger to themselves or someone else.”

“Each state has its own laws about involuntary hospitalization, and there are very specific rules that must be met to hospitalize someone against their will. Even when hospitalization is brought up as an option, in most cases the person is hospitalized voluntarily.”

“In the rare instance that someone is involuntarily hospitalized, it is generally for 1-3 days for evaluation. Depending on the state, a case would need to be made before a judge that the person is still a danger to themselves or others to extend the hold further.”

## **“What if I contact a crisis center and they call the police?”**

“It is very rare for police to be called. Less than 2% of calls to 988 require police intervention.”

“Police are only called if there is an imminent risk to someone’s life that can’t be addressed during the call. And in the small number of cases in which police are called, most are done with the consent and cooperation of the caller.”

“People staffing crisis centers just want to help and keep the person on the line safe. They won’t bring in anyone else unless it’s really unavoidable, because the person is in immediate danger.”

“I’ve been reading up on this, and 80% of people who speak with a crisis counselor report feeling better — which is pretty amazing, considering the person has contacted a crisis line. Research shows people generally feel better and some go on to connect with a therapist or other professional.”

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## Taking Action to Save a Life

It can be hard to know what to do if you're worried someone may be in immediate danger of taking their own life, especially if the person hasn't already connected with a mental health professional.

9888

It's important to trust your gut. Stay with them (on the phone, virtually, or in person) and do what you can to keep them safely away from lethal means like firearms and drugs. In this situation, you may call or text 988 for the 988 Suicide & Crisis Lifeline, describe what's going on, and listen to their instructions.

Calling 911, on the other hand, should be reserved for situations when an individual is actively engaged in harm to themselves or others; or if the individual is about to carry out suicidal plans immediately, i.e. taking action within minutes to hours.

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## Be persistent and follow up

Encouraging someone to get help isn't an exact science. It requires patience, persistence, and intuition about what the person will respond to. How receptive they are may change over time. If the person isn't in immediate danger, it can be good to let thoughts and feelings settle before trying again. Remind them that what you can agree on most is the goal for them to feel better.

If the person isn't in immediate danger, it can be good to let thoughts and feelings settle before trying again. Remind them that what you can agree on most is the goal for them to feel better.

If the person you care about recently received help while in a state of crisis, remain in contact following the event. Ask them how they're doing, and let them know you're still there for them.

"I care."

"I'm here for you."

"Let me know what I can do for you."

"Please keep letting me know how you're doing."

"I hope you'll stay connected with your therapist to get the support you deserve to stay well."

You can find more [guidance for supporting someone after a suicide attempt](#).

# Thank you for playing an important role in connecting someone to mental health support and helping to #TalkAwayTheDark!

You should also keep in mind that worrying about someone and taking action to connect someone to help can be hard on your own mental health, so be kind to yourself.

Share this, and the other [#RealConvo](#) Guides with your community, so we can all help #TalkAwayTheDark together.

