

Where We Stand:

NAMI believes that a mental health crisis deserves a mental health response. NAMI supports the development and expansion of a comprehensive mental health crisis system so that anyone experiencing a mental health or suicidal crisis has access to appropriate, effective, and timely care through 24/7 crisis lines, mobile crisis and outreach services, and emergency and crisis stabilization services.

Why We Care:

Nearly [1 in 10 adults](#) in the United States report experiencing a mental health crisis in the last year, and more than [1 in 20 adults](#) had serious thoughts of suicide. Mental health crises and suicides can be devastating for individuals, families, and communities. When someone faces a mental health crisis and doesn't receive the care they need, they can end up in overcrowded emergency rooms, experience homelessness, become involved in the criminal justice system — or worse, lose their life. To change this costly and tragic dynamic, we need readily accessible, effective, and timely crisis care as an essential component of our mental health service system to ensure that everyone can access help when they need it.

While each community's crisis system may look different, the Substance Abuse and Mental Health Services Administration's (SAMHSA) [2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#) outline the three core elements to an integrated crisis care system. Everyone should have access to:

"Someone to talk to": 988 Suicide & Crisis Lifeline and other mental health lines as an entry point to a coordinated system of crisis care. Contacts to 988 should ideally be answered locally by staff who are well-trained and experienced in responding to a wide range of mental health, substance use, and suicidal crises. Crisis call centers provide initial support, de-escalation, and connection to community services, including dispatching mobile crisis teams.

"Someone to respond": Mobile Crisis and Outreach Services are teams of first responders, which may include mental health or peer support professionals. Mobile crisis teams should be available for people in crisis who need more support than can be offered over the phone. These teams provide an in-person response and can de-escalate crisis situations and connect a person to crisis stabilization services or other resources. Mobile crisis teams should collaborate closely with law enforcement but only include police as co-responders in high-risk situations.

"A safe place for help": Emergency and Crisis Stabilization Services can be facility-, home-, and community-based, or peer-run, providing continued de-escalation. Some individuals in crisis will need more assistance from crisis stabilization options that provide continued de-escalation, and short-term observation and stabilization. These trauma-informed services may also identify additional treatment needs and provide a "warm hand-off" to follow-

up care, from peer support and outpatient services to more intensive services, such as hospitalization.

Recognizing that not every crisis will look the same, NAMI advocates for policies that support a "no wrong door" approach so that there is coordination between the three core elements and people can be connected to the type of care they need regardless of where they seek help. At all opportunities, individuals and crisis should be referred to the mental health system for crisis support. For example, if someone calls 911, there should be effective processes in place to screen for and connect that individual to the services offered through the mental health crisis system. Likewise, if law enforcement encounters someone in a mental health crisis, they should have the training to be able to confidently and quickly hand off the person in crisis to crisis stabilization services. In communities where this continuum is in place, [most people](#) are deescalated, can return to the community, and stay stable in the community.

NAMI supports the development and expansion of a comprehensive mental health crisis system so that anyone experiencing a mental health or suicidal crisis has access to appropriate, effective, and timely care.

Crisis response systems should also recognize and prepare for the cultural and linguistic needs of their communities. Services and spaces need to also be accessible for people with disabilities. Moreover, to make sure that these services are available to everyone, health insurance reimbursement is a critical component of ensuring adequate, stable funding for a full continuum of crisis services.

NAMI has long engaged in efforts to improve crisis response in communities — from being an early advocate for [Crisis Intervention Team \(CIT\) programs](#) to the implementation of [988](#) — improving crisis care has been a part of NAMI's vision for community mental health. Access to 24/7 call centers, mobile crisis and outreach services, and emergency and crisis stabilization services is crucial to meeting the needs of people experiencing crisis.

To learn more about NAMI's work on this issue, visit
www.nami.org/Advocacy/Policy-Priorities