Hope for Brighter Tomorrows
the mental health ministry of Kay Warren

What to Do If Your Child Has a Mental Health Crisis: A Parent's Guide

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It can happen late at night when your child shares that they no longer want to be here. It can happen when your adult child is experiencing frightening symptoms and is unwilling to seek care. It can happen when there has been damage to your home, and you find yourself in the hallway trying to figure out what to do next.

A mental health crisis, or what some people call a mental breakdown, doesn't announce itself gently. It arrives suddenly and without warning, and when it does, you need to know what to actually *do*.

This guide is one of those mental health resources for parents you'll want to read and save in case, heaven forbid, you need it someday.

It covers what a crisis actually looks like, what the law says, what your options are, and how to keep your footing when everything feels like it's falling apart.

Recognizing a Mental Health Crisis

Every parent and caregiver of a child living with depression, anxiety, bipolar disorder, or another mental health condition knows the fear. The bedroom door stays shut, their tone or mannerisms are different, something feels *off*, and your body tightens before your brain catches up.

A mental health crisis is different from a hard day: it's a point of overwhelming stress where a person can no longer cope with daily life. While "mental breakdown" isn't a clinical diagnosis,

the signs of a nervous breakdown are real. Withdrawal, inability to function at work or school, severe anxiety or depression, physical symptoms like chest tightness or insomnia, and sometimes thoughts of self-harm.

Mental health professionals and legal systems use three markers to determine when someone needs immediate help:

1. Danger to self. Your child is expressing suicidal thoughts, talking about wanting to die, or has harmed themselves.

2. Danger to others. Your child is threatening violence, has become physically aggressive, or is putting other people at risk.

3. Unable to care for basic needs. Because of their symptoms, your child cannot provide for their own food, clothing, or shelter. In clinical language, this is called "grave disability."

These are more than just guidelines. They are the legal criteria used across the United States to determine whether someone can be held for a psychiatric evaluation, even without consent. Every state has its own version of these laws (in California, it's called a "5150 hold"; in Florida, the "Baker Act"), but the underlying framework is consistent nationwide.

If you're seeing any of these signs, you are not overreacting. Trust what you're seeing.

If You Find Yourself in a Crisis: Your Response Options

When a mental health crisis unfolds in your home, you need a clear path. Here are your options, from least to most restrictive.

Call 988: The Suicide & Crisis Lifeline

If your child is in distress but not in immediate physical danger, **988** is your first call. You can call, text, or chat online at 988lifeline.org. It's free, confidential, and available 24/7. The 988 Suicide & Crisis Lifeline connects you to more than 200 local crisis centers with trained counselors who can de-escalate the situation, assess risk, and help you decide on next steps.

Request a Mobile Crisis Team

Many communities now have mobile crisis teams: mental health professionals who come to your home to assess the situation and determine next steps. These teams typically include a licensed clinician and sometimes a peer support specialist with their own lived experience. They'll evaluate whether your loved one meets the criteria for an emergency hold.

Mobile crisis teams are expanding rapidly, but they don't exist everywhere yet. About 40 percent of U.S. counties currently have at least one team. To find out what's available near you, call **988** or dial **211** for local community resources.

Go to the Emergency Room

If your child is in immediate danger toward themselves or others, take them to the nearest emergency room for a psychiatric evaluation. Here's what to expect:

Triage and medical screening. The ER will check vital signs and rule out medical causes for the behavior, which can include blood work and other tests.

The psychiatric evaluation. A health professional will assess your child's symptoms, mental health history, medications, substance use, and risk of harm. They may ask you to step out so your child can speak privately.

The decision. Three typical outcomes: discharge home with a safety plan, referral to crisis stabilization or partial hospitalization, or admission to a psychiatric hospital.

What to bring: Your child's current medications, insurance information, notes from their therapist if available, and a written timeline of recent concerning behaviors.

One common mistake to avoid is being discharged without any follow-up options. If the ER determines your child doesn't meet criteria for inpatient admission, ask the social worker about other levels of care *before* you leave. You should never go home with nothing but a phone number on a piece of paper.

If active violence is happening, someone in your home has been physically harmed, or you do not feel safe, call **911**. If possible, tell the dispatcher it is a mental health crisis and ask whether a crisis intervention team officer is available.

If Your Loved One Refuses to Go to the Emergency Room

If your loved one is in crisis but refuses to go to the emergency room, and you have genuine concern for their safety or the safety of others in your home, call **911**. You do not need their permission to make that call.

When you speak with the dispatcher, let them know this is a mental health crisis so they can send the most appropriate responders, ideally a crisis intervention team officer trained to de-escalate psychiatric emergencies. Your loved one’s refusal does not override your right, or theirs, to be safe. Getting them the help they need, even when they cannot ask for it themselves, is an act of care.

Understanding the Levels of Mental Health Care

After the immediate crisis passes, the mental health system offers multiple levels of care. Knowing what they are can help you advocate for your child.

- **Inpatient hospitalization** is the highest level. Your child stays in a secure psychiatric unit around the clock while the treatment team stabilizes the crisis, adjusts medications, and plans next steps.
- **Partial hospitalization** is a step down: structured treatment for about 20 to 30 hours per week while your child lives at home, typically including psychiatry, individual support, and group therapy.
- **Intensive outpatient** is roughly nine to fifteen hours per week, often three hours a day, three to five days a week. It allows for more integration back into daily life.
- **Outpatient care** is the foundation: regular ongoing appointments with a therapist and, when needed, a psychiatrist.

Research shows that many people living with a mental illness often do best with a combination of therapy and, when appropriate, carefully monitored medication. Together, these can significantly reduce symptoms, improve daily functioning, and strengthen coping and relationships. The goal is to step down through these levels as your child stabilizes. A hospital social worker can help you understand which level fits at each stage.

What Changes When Your Child Turns 18

This is where many parents get caught off-guard.

When your child is a minor, you have full legal authority over their medical decisions. The moment your child turns 18, that changes. Under federal HIPAA law, your adult child controls their own health information. Providers cannot share details with you without your child's consent, even if they're on your insurance, even if you're paying the bills.

For parents of adult children living with serious mental illness, this can feel devastating. Conditions like anosognosia (a brain-based symptom that commonly occurs in schizophrenia and bipolar disorder, where the person genuinely doesn't recognize they are ill) can prevent your child from seeking help on their own. Anosognosia isn't stubbornness. It's a symptom as real as the illness itself.

Before your child turns 18, talk with their treatment team about HIPAA authorization forms, advance directives, and durable power of attorney for healthcare. After 18, your options include getting your child's consent to share records, the incapacitation exception when they're unable to communicate, the imminent threat exception, or seeking legal guardianship through the courts. Planning ahead while your child is stable can make all the difference.

When Violence Comes Home

Sometimes a crisis may involve physically unsafe behavior in your own home: property damage, objects broken, or situations where someone feels at risk of being hurt. This is the part of caregiving that leaves parents feeling deeply frightened, isolated, and ashamed.

This is not your fault. Unsafe behavior driven by psychiatric symptoms is not the same as character or choice. But it is still dangerous. **You have the right to be safe.**

If someone in your home is in physical danger, exit the premises safely and call 911. If your child is causing significant property damage or the situation is escalating, it may be time to call a mobile crisis team or go to the ER. Keep a written record of concerning incidents. This documentation matters for future evaluations, court proceedings, and insurance appeals.

Building Your Care Team (Yes, for You)

Here's something we tell every parent we work with: you need a care team of your own.

According to the National Alliance on Mental Illness (NAMI), 74 percent of mental health caregivers report that caregiving is stressful, and nearly half have experienced increased anxiety or depression themselves. We also know that our caregivers of loved ones with serious mental illness provide care for an average of 15 years. You cannot sustain that alone.

Build your team across three areas.

- **Professional support**: a therapist for *you*, a pastor or church leader, a family doctor who knows your situation.
- **Emotional support**: two or three trusted people you can reach out to at any hour who won't try to fix it but will sit with you in it.
- **Community support**: groups like Hope for Brighter Tomorrows (online support and community for parents), Mental Health Grace Alliance, or Celebrate Recovery's mental health initiative.

Your Crisis Action Plan

Most serious mental illnesses first appear between the teen years and mid-20s, though symptoms of a mental breakdown or crisis can come earlier or later. Don't wait for the next crisis; use this framework now, while things are calmer.

- **Know your numbers.** Save in your phone: 988 (Suicide & Crisis Lifeline), 211 (local resources), your local county crisis line, your loved one's therapist, psychiatrist, primary care doctor, and any key program or case manager contacts. Find out if your area has a mobile crisis team and add that number too.
- **Prepare a crisis file.** Keep one folder with: current medications, diagnoses, insurance cards, provider list, HIPAA releases or other information-sharing permissions, and a brief mental health timeline. Include important contacts such as school, college, workplace HR, supported housing, or day program, plus any formal plans (IEP/504, workplace accommodations, or treatment plans). Add your loved one's preferences in a crisis (who they want present, what helps calm them, what makes things worse).

- **Identify your ER.** Not all ERs have psychiatric capabilities. Find out which hospitals near you have a psychiatric unit or crisis stabilization center and which one you would go to first.
- **Name your team.** Decide now which two or three people you will call when things fall apart and tell them they are part of your crisis team. Give them permission to show up, drive, stay with siblings or other family members, or sit with you and your loved one in the ER or at home.
- **Plan for safety.** Know your red flags: talk of suicide, self-harm, threats to others, severe withdrawal, psychosis, or being unable to care for basic needs. If there is immediate danger, call 911, state “This is a mental health crisis,” and request a Crisis Intervention Team (CIT) officer if available.
- **Make home safer.** As part of your plan, secure or remove medications, sharps, firearms, and other lethal means, especially during high-risk times. Post 988 and your local crisis line in a visible place and review two or three calming strategies that usually help your loved one.
- **After the crisis.** Decide now what you will do in the first 48 hours after a crisis: follow up with outpatient providers or programs, communicate with school, employer, or housing supports as needed, and schedule check-ins with your loved one. Identify support for yourself (trusted friends or family, a pastor, support group, or therapist) so you are not walking this alone.

You Don't Have to Carry This Alone

Parenting a child through a mental health crisis changes you. It can strain your marriage, pull you away from friends, and leave you wondering if anyone in the world understands what your family is going through. If you're a person of faith, it can shake that too. *Where is God in this? Why does nothing seem to change?*

Those feelings are real, and they don't mean you're doing something wrong.

Hope for Brighter Tomorrows exists because our founder, Kay Warren, knew that pain firsthand. After losing her son Matthew to suicide in 2013, she built a community for parents who needed a safe place to be honest, to grieve, to ask hard questions, and to find people who truly get it.

Whether your child is 14 or 44, whether this is your first crisis or your fiftieth, whether your faith feels strong or shattered: you're welcome here. We are a community that is biblically based *and* research-informed. We don't offer easy answers because there aren't any. But we do offer something most parents in this situation are missing: people who understand, and a place where you don't have to pretend everything is fine.

Whenever you're ready, we'll be here.

Mental Health Resources for Parents and Caregivers

988 Suicide & Crisis Lifeline: Call or text 988, or chat at 988lifeline.org. Free, confidential, 24/7 crisis intervention.

NAMI: Family-to-Family classes, support groups, and a helpline at 1-800-950-NAMI (6264).

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline: 1-800-662-4357. Free referrals for mental health and substance use disorder treatment, 24/7.

Hope for Brighter Tomorrows: Faith-informed community and resources for parents of children with mental health conditions, at any age.

Crisis Text Line: Text HOME to 741741.

If your loved one is in immediate danger or you're concerned about their safety, contact the 988 Suicide and Crisis Lifeline by calling or texting 988. If there is an emergency, call 911 and let the operator know your loved one is experiencing a mental health crisis.

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