

Teen Depression

Until recent years, depression and bipolar disorder in children and teens were not thought to exist. These mood disorders are serious medical conditions that create intense feelings of pain and suffering, and often suicidal thoughts and behaviors. Treatment is essential. Consider the facts:

1. **Depression begins in adolescence.**
 - At least half of all cases of depression begin by age 14.ⁱ
2. **Teen depression is common.**
 - By the end of their teen years, 20% will have had depression.ⁱⁱ
3. **Depression is treatable.**
 - More than 85% of teens improve with a combination of medication and therapy.ⁱⁱⁱ
4. **Over 65% of teens don't receive treatment from a mental health provider.^{iv}**
5. **Untreated depression has serious consequences.**

It can lead to:

 - Substance abuse (24% to 50%)^v
 - Academic failure
 - Bullying (30% for those bullied, 19% for those doing the bullying)^{vi}
 - Other disorders (e.g. Eating disorder)
 - Suicide (90% of suicides are result of mental illness^{vii}, often depression). Suicide is the second leading cause of death among 15 to 24 year olds^{viii}.

What are the signs?

Signs of Depression	What Parents may Notice
Depressed, irritable, sad, or empty mood for at least 2 weeks	Irritable or cranky mood, preoccupation that life is meaningless
Decreased interest or enjoyment in once-favorite activities and people	Loss of interest in sports or other activities, withdrawal from friends and family, relationship problems
Changes in appetite, eating too much or too little, significant weight loss or gain	Failure to gain weight as normally expected
Sleeping too much or too little	Excessive late-night activities, having difficulty falling asleep or staying asleep, having trouble getting up in the morning, frequently late for school
Physical agitation or slowness	Taking a long time to complete normal tasks, pacing back and forth, and/or excessive repetition of behaviors
Fatigue or loss of energy	Social withdrawal, napping, withdrawal from usual activities, boredom
Low self-esteem, feeling guilty	Making critical comments about themselves, having behavior problems at home or school, being overly sensitive to rejection
Decreased ability to concentrate, indecisive	Poor performance at school, drop in grades, frequent absences
Unexplained aches and pains	Frequent complaints of physical pain (headache, stomachache), frequent visits to school nurse
Recurrent suicidal thoughts or behavior	Writing about death, giving away favorite toys or belongings, "You'd be better off without me."

Depression is not normal teen moodiness; it is a medical condition that may have long lasting symptoms and interferes with your child's life (school, friends, family). Many caring, competent people have depression, including actors, writers, CEOs, and musicians.

Depression often runs in families. Twenty to fifty percent of teens with depression have a relative with depression^{ix}. It is often a biological condition that affects chemical systems in the brain (such as serotonin, norepinephrine). It can also be related to physical or sexual abuse or triggered by a stressful life event (divorce, death, break-up).

Regardless of the cause, depression needs to be treated. Depression is often treated with a combination of medication and therapy. Cognitive behavioral therapy is one specific type of therapy recommended for teens. Education and support for the whole family is essential and available from Families for Depression Awareness.

When should I get help?

If your teen has any suicide thoughts or behaviors, call your clinician immediately, or go to your local hospital emergency room for an evaluation. If your child has experienced signs of depression for two weeks or more or their mood or behavior interferes with their ability to function, contact a mental health clinician for an evaluation.

Where do I get help?

The mental health care system is overburdened (there are only 7,000 child psychiatrists in the United States), so unfortunately you need to make an effort to find a good clinician. Preferably get an evaluation from a mental health clinician, such as a child psychiatrist, psychiatric nurse practitioner, psychologist, social worker, or mental health counselor. You can ask for a referral to a mental health clinician from your doctor or nurse, local mental health clinic or hospital, your school, friends, clergy, support groups, or clinician associations listed on our web site.

About Us

Families for Depression Awareness, www.familyaware.org, is a national nonprofit organization that helps families recognize and cope with depression and bipolar disorder to get people well and prevent suicides. We provide education, outreach, and advocacy to support families and friends. Families for Depression Awareness is made up of families who have lost a family member to suicide or have watched a loved one suffer with depression, with little knowledge about how to help.

Learn more

We have Depression and Bipolar Wellness Guides, one for teens and one for parents available from our web site, www.familyaware.org. We encourage you to obtain these, as well as check out our other education, and support on our web site.

ⁱ Kessler, National Comorbidity Survey Replication Study, 2007

ⁱⁱ (Extrapolation of 5% at any point in time) American Academy of Child and Adolescent Psychiatry, Facts for Families, The Depressed Child, 2008

ⁱⁱⁱ Treatment for Adolescents with Depression Study (TADS), Archives of General Psychiatry, 2007

^{iv} Major Depression in the National Comorbidity Survey-Adolescent Supplement: Prevalence, Correlates, and Treatment, Journal of the American Academy of Child and Adolescent Psychiatry, 2015

^v Bukstein OG, Glancy LJ, Kaminer Y. Patterns of affective comorbidity in a clinical population of dually diagnosed adolescent substance abusers. J Am Acad Child Adolesc Psychiatry, 2007

^{vi} Journal of American Academy of Child and Adolescent Psychiatry, 2007

^{vii} Conwell Y, Brent D. Suicide and aging: patterns of psychiatric diagnosis. International Psychogeriatrics, 1995

^{viii} Deaths: Final Data for 2012, Centers for Disease Control and Prevention, 2012

^{ix} Puig-Antich et al., 1989; Todd et al., 1993; Williamson et al., 1995; Kovacs, 1997