

Depression is a serious medical condition that creates intense feelings of pain and suffering, and can lead to suicidal thoughts and behaviors. When we know the signs to look for, we can support teens in getting the treatment they need and deserve. Consider these facts.

- 1. Depression usually begins by 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. Not enough teens receive treatment:**
Half of teens with a mental health disorder, and nearly two-thirds of teens with major depressive disorder, don't receive treatment from a mental health provider.^{iv}
- 5. Untreated depression 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 (depression greatly increases the risk of suicide, the second-leading cause of death among 15- to 24-year olds).^{vii}

To learn more about teen depression and what you can do, visit familyaware.org/help-a-teen

What are the signs?

Signs of Depression	What Others May Notice
Depressed, irritable, sad, or empty mood for at least 2 weeks	Irritable or cranky mood, preoccupation that life is meaningless
Decreased interest in previously-enjoyed 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 or maintain 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 in a way different than previously
Physical agitation or slowness	Taking a long time to complete normal tasks, pacing back and forth, 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 unusually sensitive to rejection
Decreased ability to concentrate, being 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
Engaging in self-injury	Wearing long pants or sleeves in hot weather, blood on clothing, fresh scars or wounds
Recurrent suicidal thoughts or behavior	Writing about death, giving away favorite belongings, saying things like, "You'd be better off without me."

Depression is not normal teen moodiness; it is a medical condition that interferes with a teen's life (school, friends, family) and may have long-lasting symptoms. Depression often runs in families: 20-50% of teens with depression have a relative with depression or some other mental health disorder.^{viii} It is often a biological condition that affects chemical systems in the brain (such as serotonin, norepinephrine). It can also be related to abuse or neglect, or triggered by a stressful life event (divorce, death, break-up).

Regardless of the cause, depression needs to be treated. Depression is usually first treated with therapy, medication, or a combination of the two, which often has the best results. A mental health provider can work with the teen and their family to help determine which treatments are most appropriate for their wellbeing.

When to get help?

If a teen has suicidal thoughts or behaviors, call their clinician immediately, call 9-1-1, or bring them to the local hospital emergency room for an evaluation. If you know that self-injury is taking place, seek immediate medical treatment if needed for physical injuries. Suicidal thoughts and self-injurious behavior are signs that a teen's pain has exceeded their coping skills. After immediate safety has been assessed and addressed, seek appropriate mental health treatment.

If a teen has experienced symptoms 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 or the teen's primary care provider if no mental health clinician is immediately available.

Learn about teen depression at familyaware.org

You'll find free webinars, stories of lived experience, expert interviews, and more so you can support a teen and take care of yourself.
familyaware.org/help-a-teen

Where to get help?

The mental health care system is overburdened (there are only about 8,300 child and adolescent psychiatrists in the U.S., an average of 1 for each 1,800 kids in need of services), so you will need to make an effort to find a good clinician. Try to 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 primary care provider (e.g., pediatrician), local mental health clinic or hospital, school, friends, clergy, support groups, or clinician associations listed on our web site. You can also call 2-1-1 or visit 211.org for information on your local resources.

About Us

Families for Depression Awareness, online at 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 actionable advice so families and friends can provide constructive support to those they love while also taking care of themselves.

ⁱKessler, National Comorbidity Survey Replication Study, 2007

ⁱⁱWilliams et al., "Screening for Child and Adolescent Depression in Primary Care Settings: A Systematic Evidence Review for the U.S. Preventive Services Task Force," Agency for Healthcare Research and Quality, 2009.

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

^{iv}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

^vJournal of American Academy of Child and Adolescent Psychiatry, 2007

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

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

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