

# ***How to Help Teens Struggling With Mental Health***

Answers to common questions about identifying and compassionately addressing issues of anxiety and depression in adolescents.

By **Matt Richtel** **The New York Times** April 27, 2022    [Leer en español](#)

Health risks in adolescence are undergoing a major shift. Three decades ago, the biggest health threats to teenagers were binge drinking, drunken driving, teenage pregnancy, cigarettes and illicit drugs. Today, they are anxiety, depression, suicide, self-harm and other serious mental health disorders. From 2001 to 2019, the suicide rate for American youngsters from ages 10 to 19 jumped 40 percent, and emergency room visits for self-harm rose 88 percent. Managing a mental health crisis can be challenging for teenagers and their parents. It is often uncharted territory that needs to be navigated with the utmost sensitivity. The guidance below may help.

## **What are the signs of an adolescent struggling with anxiety or depression?**

Anxiety and depression are different but can share some indicators. First, look for some key changes in a youth's behavior, such as disinterest in eating or participating in social activities previously enjoyed, altered sleep patterns or withdrawal from other aspects of life. It's tricky; these behaviors can sometimes be normal teenage angst. However, a teenager in distress may express excessive worry, hopelessness or profound sadness, particularly for long periods of time.

Whether a teenager is dealing with angst or a clinical problem “is the 64 jillion dollar question,” said Stephen Hinshaw, an expert in teenage mental health issues at the University of California, Berkeley. **The question is about “persistence, interference with thriving, sheer suffering (on her or his part and yours) that can help to make this difficult differentiation.”** If the lines become too blurry to tell the difference, it can help to visit a pediatrician to explore whether there is a clinical problem.

## **What's the best way to start a discussion with an adolescent who may be struggling?**

The counsel from experts is resounding: **Be clear and direct and don't shy from hard questions, but also approach these issues with compassion and not blame.** Challenging as it may seem to talk about these issues, young people often are desperate to be heard. At the same time, talking to a parent can feel hard. “Be gentle, be curious, and, over time, be persistent but not insistent,” Dr. Hinshaw explained. “Shame and stigma are a huge part of the equation here, and if you are outraged and judgmental, be prepared for a shutdown.”

“A good number” of teenagers “are practically begging you — without telling you so directly — to stay concerned and loving and to keep open a dialogue,” Dr. Hinshaw said. **For teenagers having trouble opening up, try working together on a shared hobby or activity without bringing up their mental health. Put them at ease, and eventually they may be more willing to share.** These issues are “typically very hard for a teen to talk about with their parent or guardian,” said Nicole Nadell, an assistant professor in pediatrics and psychiatry at Mount Sinai. “Be a patient and active listener at first, reflect back to the teen what they are saying, thinking and feeling.”

## **What can I do if I'm feeling suicidal?**

*If you are having thoughts of suicide or are concerned that someone you know may be having those thoughts, in the United States call the National Suicide Prevention Lifeline at **800-273-8255 (TALK)**, call 911, go to the emergency room, get help from an adult or go to [speakingofsuicide.com/resources](https://www.speakingofsuicide.com/resources) for a list of additional resources. Go [here](#) for resources outside the United States.*

It is a sign of strength, not weakness, to seek help. Research shows that the suicidal impulse will pass if it can be put off. Then the underlying problems can be addressed. Researchers call suicide “a permanent solution to a temporary problem.” It takes help to get through this period of excruciating pain that leads to suicidal ideation. Get that help.

### **I am concerned that a loved one is cutting or self-harming. What can I do?**

Self-harm can include cutting, hitting oneself, burning or other forms of mutilation. These behaviors may appear to induce pain, but they are actually intended to redirect or make emotional pain go away, experts said.

Nonsuicidal self-injury is “predominately used to re-regulate,” said Emily Pluhar, a child and adolescent psychologist at Harvard Medical School. The behavior, she explained, can actually release a pain analgesic, a natural painkiller that may provide a feeling of relief. “It helps people re-regulate and feel calmer.” The trouble is that such behavior ultimately doesn’t work to eliminate the underlying problem and then can intensify.

Cutting often happens on the wrists, ankles or thighs. “Self-harm is often hidden from parents and peers by long sleeves and secrecy. If you see evidence, try to engage in discussion — even though your teen is likely to try to minimize or hide it, out of shame,” Dr. Hinshaw said. If you see wounds that appear to put a teenager at imminent risk, call 911 or go straight to the emergency room.

**When cutting is discovered, it is vital that a parent or caregiver reacts with concern and compassionate curiosity, not alarm (unless danger is imminent).** “First, be curious rather than alarmist. The best way to get your teen *never* to talk with you about any key problem is to be outraged or moral or judgmental,” Dr. Hinshaw said.

**Some recommended tactics for starting and stoking conversation about mental health issues in general include making sure you are genuine and authentic — admit if the subject makes you nervous — and creating silence and space for a youth to express. And try a “change of settings,” [some experts recommend](#), like a car ride or an activity, that can make conversation feel natural with less eye contact.** Then: “Validate, validate, validate,” says Dr. Pluhar, from Harvard. “You don’t have to agree with their perspective but **you have to validate that their perspective matters and that you understand it.**”

The ultimate goal is to help an adolescent find the root cause of the emotional pain leading to self-harm. **Once your child is ready, a pediatrician or another health expert can help you find an appropriate counseling path.** Evidence supports various forms of cognitive behavioral therapy, including dialectical behavioral therapy to help teach coping skills. These skills help people recognize their thinking patterns and reframe issues in healthier ways.

It is important to understand that self-harm is not the same as a suicidal ideation, which is a much broader overriding of the biological instinct to survive. That said, self-harm that goes on for a long time and that becomes more severe can be a predictor of suicidal behavior.

### **Are there alternatives to self-harm that can help my child manage emotions?**

It may be worthwhile to suggest healthy alternatives to self-harm that your child could try. **Research shows that [the urge can be put off](#) by removing from the home the object or tool used to harm, and by using simple methods like exercise.** Dr. Nadell from Mount Sinai suggests a few:

- [Engage in intense exercise for 20 minutes](#)
- Use meditative breathing and muscle relaxation
- Call a friend
- Go for a walk

- **Keep a journal**
- **Use ice or cold water on the body to change body temperature**

### **How do I find the right doctor for my child? And how can I be sure my teenager has received the correct diagnosis?**

Dr. Hinshaw recommends several concrete steps:

- “Ask other parents, or engage in self-help/advocacy groups, to get a sense of the clinicians in your area with reputations for careful, state-of-the-art assessments/evaluations versus those who are too quick on the draw.”
- “Ask the prospective assessor: How many evaluations have you performed for ADHD or anxiety or depression? How many hours does such an evaluation often take? How many, would you estimate, of those evaluations that you perform end up confirming versus disconfirming a diagnosis?”
- Ask if the provider uses evidence-based rating scales filled out by parents and teachers that provide objective measures of how a young person is doing socially and academically. These measurement tools are important, experts say, because parents often can receive a skewed picture of how a young person is acting — for example, the child may appear moody and contentious at home or complain about how difficult school is, while actually performing well in classes, having friends and adapting well.
- Ask: “Do you contact the school for additional information? For any condition, do you get a developmental history from the parents, from infancy onwards, about milestones, deficits, strengths and contexts that seem to accentuate versus help with the problems at hand? Do you get a family history of similar conditions?”

### **I’m concerned about medication for my teenager. What’s the best way to be sure that an adolescent is getting the right medication, in the right amount?**

Psychiatric medications can be powerful and effective. But they can have side effects, risky interactions with drugs and withdrawal challenges. So parents should approach the issue of medication with the same clear, thoughtful inquiry that they would when seeking a therapist, pediatrician or other provider to help with mental health issues in general. “Again,” Dr. Hinshaw said, “ask around for doctors/psychiatrists with excellent reputations along these lines. And work with a doctor/psychiatrist who strives for the lowest possible dose of the right medication for your teen’s issues.”

**Ideally, said Dr. Nadell from Mount Sinai, the prescriber will be specialized as a child and adolescent psychiatrist.** The challenge in many parts of the country is that specialists are unavailable or only take cash or private insurance. That means, experts said, parents should press pediatricians or primary care doctors on their experience and make sure they explain the side effects and interactions with other drugs, as well as how to tell if the medication is working and how hard it is to wean off the medication.

Remember, often the best first line of treatment for mental health issues is cognitive behavioral therapy or other nonmedical techniques. These strategies give an adolescent tools for coping with anxiety, stress and other challenges. **Research shows that when medications are needed, they can be most effective when used together with such therapies.**

### **What else can you do to help with mental health?**

Experts say there are essential habits to promote mental and physical health. **Sleep is huge. Young people, with developing brains, need eight to 10 hours of sleep.** Lack of sleep can interfere with development, and can dramatically impact mood and the ability to learn. **Physical activity is also vital to mental and physical well-being.**