

How to Spot Teenage Depression

New guidelines focus on helping better identify teens who may be struggling with depression, as rates for the disorder climb



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Is your child's moodiness a sign of typical teenage angst—or the beginning of a depression that needs professional attention?

Statistics show that teen depression is on the rise. In 2016, around 13% of U.S. teenagers ages 12-17 had at least one major depressive episode in the past year, compared to almost 8% in 2006, according to the Substance Abuse and Mental Health Services Administration, which collects this information. Rates for teenagers ages 18 and 19, which are tracked separately, grew as well: More than 11% had a major depressive episode in 2016, compared with 9-10% in 2006.

The survey also found that almost 60% of adolescents with a major depressive disorder didn't receive treatment. Parents don't always identify the problem—or know what to do about it even when they do. And teens often resist treatment because of the stigma around mental-health issues. Yet adolescents whose depression goes untreated struggle in school, in their relationships, and to engage in activities they enjoy.

Many teens are moody. But to help better identify teens who may be struggling with depression, the American Academy of Pediatrics last month issued updated guidelines—the first in a decade—recommending that pediatricians screen all those ages 12 and older for depression annually and involve families in the assessment.

The diagnosis for depression is the same for teens as it is for adults. Psychiatrists and health-care professionals define major depressive disorder as five or more of the following symptoms present for two weeks: depressed mood most of the day, irritability, decreased interest or pleasure in most activities, significant change in weight or appetite, change in sleep, increased agitation or sluggishness, fatigue or loss of energy, feelings of guilt or worthlessness, changes in concentration and recurrent thoughts of death.

Rising rates of adolescent depression are fueled by some unique stressors faced by this generation, the first to grow up with smartphones and social media, mental-health experts say. While teenagers have always felt pressure to be attractive and well-liked, social media amps up the anxiety with real-time measures of popularity such as “follows” and “likes.” Teens also can see immediately when they've been left out of an activity by classmates or friends.

Psychologists say this generation of teens also may feel more vulnerable than recent ones because of events such as school shootings, which they follow in real-time—and often via firsthand accounts—on sites such as Twitter or Facebook and through texts and calls.

Add to all of this the pressure to succeed, as colleges become even more competitive. “Teens worry: ‘Am I going to be successful? What do I need to do to get where I need to be? Am I doing enough, in academics, philanthropy and sports?’” says Jessica Feinberg, a licensed clinical social worker and program director of the Adolescent Acute Residential Treatment Program at McLean Hospital, a Harvard-affiliated psychiatric hospital in Belmont, Mass.

Adolescents—who aren’t always in touch with their feelings or mature enough to articulate them—often become more irritable or angry than adults do when depressed, therapists say. They sometimes complain of physical symptoms, such as stomachaches or headaches that don’t have an identifiable cause.

Unlike most adults, they typically lack an awareness of the changes in their behavior. “Most adults understand if they feel depressed or melancholic—and they’re aware of the effect it has on their work or life,” says Joseph Penn, a clinical professor of psychiatry at the University of Texas Medical Branch at Galveston, and chair of the American Psychiatric Association Council on Children, Adolescents and Their Families. “Adolescents don’t have insight.”

And girls and boys may behave differently. More girls become depressed. They tend to cry more or withdraw, yet they’re still more willing to talk about their feelings than boys, says McLean’s Ms. Feinberg. “Boys act out more,” she says. “They may have conduct issues, destroy things in their room or throw things, get into drugs or alcohol.”

But the most significant signs to look for are an impairment in functioning often across several areas of the child’s life—school, social, extracurricular—and an inability to experience pleasure, which appears to have no cause. “It’s the hallmark that differentiates teenage moodiness from depression,” says John T. Walkup, chair of the department of psychiatry at Ann and Robert H. Lurie Children’s Hospital of Chicago.

Corrections & Amplifications

More than 11% of teenagers ages 18 and 19 had a major depressive episode in 2016, compared with 9-10% in 2006. An earlier version of this article incorrectly stated more than 11% of teenagers ages 18 and 19 had a major depressive episode in 2006.

STEPS TO TAKE

What should you do if you think your teenager is depressed?

Be curious. Ask gentle questions and listen without being critical, says Jessica Feinberg, a licensed clinical social worker and program director of the Adolescent Acute Residential Treatment Program at McLean Hospital in Belmont, Mass. “Validate your child’s feelings,” she

says. “This does not mean you have to agree with them. It’s enough to say ‘I hear you. Let’s talk.’”

Ask others. A child who is depressed will often have impaired functioning in several areas of life. Check with the school, coaches, family and friends to see if they also notice a change.

Talk to the pediatrician. The doctor can rule out physical causes, such as a thyroid problem or a side-effect of medicine, and make a recommendation to a mental-health professional if needed. Share your family history: Depression, like other mental illnesses, tends to track in families, says John T. Walkup, chair of the department of psychiatry at Ann and Robert H. Lurie Children’s Hospital of Chicago.

Find a therapist. Make sure the therapist is licensed and has experience with adolescents. Look for someone who practices Cognitive Behavioral Therapy, a short-term, evidence-based approach that helps identify inaccurate or negative thinking in order to respond to situations more effectively. Ask the school or your friends for recommendations, and let your teen have a part in the decision.

Consider a psychiatrist. In the case of a mental-health disorder, research shows a mix of therapy and medication often works best, says Joseph Penn, a psychiatrist and chair of the American Psychiatric Association Council on Children, Adolescents and Their Families. “If you don’t treat depression, one of the major risk factors, while rare, is death from suicide,” he says.

Have a plan for college. If your teen suffers from depression, find a therapist near the school and ask your child to sign the college’s confidentiality waiver, so the school can legally contact you if your child has a health crisis.

Get your own therapist. This shouldn’t be the same person your child sees. Take care of your physical health, as well. “It’s the same idea as on an airplane, when you put the oxygen mask on yourself before you put it on your child,” Ms. Feinberg says.

Act immediately if your child talks about self-harm. “A lot of times it is really hard to figure out if a kid is suicidal or crying wolf,” Dr. Penn says. “But it has to be taken seriously regardless.”

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