

# A PARENT'S GUIDE TO DEPRESSION & ANXIETY

## AN IMPORTANT NOTE

This guide helps parents know more about the disturbing incidence of depression and anxiety disorders in the lives of young people. Like other Parent Guides, this tool provides knowledge, references, and faith-based encouragement on the subject to help parents connect with their kids. However, we do not pretend to be physicians, healthcare providers, or even experts on these difficult matters; as such, this resource is NOT a substitute for medical advice or treatment. It can accompany and support actions directed and/or confirmed by a qualified healthcare professional, but it is not meant to replace or preclude any diagnosis or treatment by a qualified healthcare professional. We cannot be responsible for actions taken without professional medical guidance.

We cannot say it loud enough or often enough: **If you even suspect your child has suicidal thoughts or plans, STOP READING THIS AND TAKE ACTION NOW. Contact your family physician and tell them your teen is at risk of suicide and must be seen immediately. If a doctor cannot see them right away for whatever reason, do not leave your child alone until they can be seen and evaluated by a healthcare professional qualified to assess adolescent behavioral health. If necessary, take your child to the nearest emergency room or urgent care center, demand priority, and do not leave the physician's office until next-steps are in place (such as referral to a specialist, assessments, evaluations, treatment plans, outpatient/inpatient programs, etc.).**

## WHAT ARE DEPRESSION AND ANXIETY?

Clinical depression and anxiety disorders go far beyond “the blues,” grief, tension with a cranky teacher, or irritation with a friend who didn’t text back. When a person presents a severe, longstanding distortion in mood that doesn’t match current circumstances, mental health care professionals refer to it as a “depressive disorder” or an “anxiety disorder.” These conditions, grouped into a category of illnesses called [mood disorders](#) or [affective disorders](#), impact daily lifestyle, relationships, personality, and sometimes cognitive functioning. They require professional medical care to resolve and, left untreated, can result in devastation for sufferers—and their loved ones.

Anxiety disorders are [the most commonly diagnosed mental illness](#) in the US, affecting more than 18% of the population every single year. [Major](#)

depression carries the heaviest burden of disability; every year it affects more than 16 million adults and 2 million teens ages 12 to 17 severely enough to impair their daily lives. There are different forms of depression and of anxiety, each of which affects a person differently and requires different approaches for treatment.

Yet fewer than a third of those suffering from these very serious mental conditions ever receive treatment, despite the huge potential for treatment success. At the same time, LifeWay Research reports that nearly half of evangelical, fundamentalist, or born-again Christians (48%) believe that people with depression, anxiety, and other serious mental illnesses can overcome their condition by praying more often, growing in spiritual maturity, or reading the Bible more.

## WHAT CAUSES DEPRESSION AND ANXIETY?

Sometimes the problem can be traced to just one factor, but most often a combination of dynamics initiate mood disorders in teens. Physiologically speaking, there are a variety of factors, chemicals, and processes that are involved. Beyond that, mental health care professionals say these illnesses can be triggered by or traced to:

- A high familial incidence of depression and/or anxiety;
- Life events such as abuse, trauma, loss, or neglect;
- Chronic high levels of stress;
- Chronic physical illness such as cancer, diabetes, multiple sclerosis, or heart disease;
- A congenital low stress-tolerance (which can now be determined through genetic testing);
- A high rate of metabolism of certain brain chemicals called “neurotransmitters” (like serotonin and dopamine) known to regulate mood; and/or
- A dysfunction in the area of the brain where moods are controlled (known as the amygdala).
- 

## WHAT ARE THE SPIRITUAL RAMIFICATIONS?

Immobilized by a cognitive assassin, patients in the deepest throes of depression and anxiety have a hard time believing that God values and creates people with a purpose. Some believe their unbearable pain or numbness are character flaws. In some, their expectations and capabilities are irreconcilable, and symptoms get worse from the resulting frustration and embarrassment.

Because of all these factors, those with clinical depression or anxiety often understandably struggle in their relationships with God, which then also contributes to the downward spiral.

## HOW WOULD I KNOW IF MY TEEN SUFFERS FROM EITHER ONE?

Mood disorders often have physically, emotionally, and spiritually troubling symptoms. Depression and anxiety can occur separately or at the same time, sometimes triggering and cycling through one another. Children and teens can also show different symptoms than adults (e.g., a depressed teen may seem more irritable than sad), and every individual who suffers from these illnesses will find a unique explanation for it.

That said, if [the following common symptoms](#) of depressive disorders persist for more than two weeks, it's probably time to seek professional help:

- Overwhelming feelings of sadness, restlessness, or apathy;
- Decreased interest in activities (especially ones that used to be enjoyable);
- Trouble eating and sleeping (either too much or too little);
- Physical complaints like headaches, stomach pain, or muscle soreness;
- Loss of energy or increased fatigue;
- Increased hand-wringing or pacing, or noticeably slowed movements and speech;
- Excessive feelings of worthlessness, guilt, hopelessness, inadequacy, or shame;
- Difficulty concentrating, focusing, or making decisions; and/or
- Thoughts or statements of wanting to die (see our [Parent's Guide to Suicide & Self-Harm Prevention](#)).

Anxiety disorders involve “persistent, excessive fear or worry in situations that are not necessarily threatening.” Teens often avoid situations that trigger or worsen their symptoms, [which can include](#):

- Apprehension or dread that makes them change their plans or avoid places or people;
- Tension or jumpiness;
- Restlessness or irritability;
- Increased feelings of vigilance (anticipation of the worst, watching for danger signs);
- Pounding or racing heartbeat;
- Shortness of breath;
- Headaches;

- • Trouble sleeping despite feeling fatigued;
- • Upset stomach or even diarrhea; and/or
- • Sweating or tremors.

Anxiety can also manifest as panic disorder (characterized by sudden feelings of terror sometimes mistaken for a heart attack), phobias (when an event, object, or place triggers a powerful, irrational fear response, and social anxiety disorder—not shyness, but an intense, irrational fear of social situations).

**Other signs** of mood disorders in teens may include academic difficulties, hostility or rage, rebellion, thoughts or threats of running away, hypersensitivity to failure or rejection, and trouble relating to others.

When prolonged and left untreated, these disorders can effectively numb the brain from all feeling as a protective measure. This makes it difficult to accomplish the smallest of tasks, like getting out of bed or maintaining personal hygiene. The most severe cases hinder concentration so that coherent thoughts are impossible.

## WHAT TYPES OF TREATMENT ARE THERE?

Depression and anxiety can be effectively treated, and the earlier treatment begins, the better the prognosis: Quality of life can improve drastically in a fairly short time. Yet **only about half** of those diagnosed with major depression (including adults) ever receive any treatment for it, and even fewer receive *good* treatment. So rather than prolonging our teens' misery, let's help them by providing treatment that addresses all facets of the problem.

The value of prayer, study, meditation, etc. as one part of treatment cannot be overestimated, and unacknowledged sin, a weak relationship with God, brokenness, abuse, or trauma will all have negative consequences in one's life. However, mental illnesses **stem from neurochemical depletions and imbalances**; these don't respond to our will to fix them, no matter how hard we try. Besides, spiritual discipline requires concentration that often isn't possible in the throes of a severe mood disorder. Telling a critically depressed person to "read more Scripture" or "pray harder" is like asking them to flip on a lamp with a burned-out bulb; it's not going to light up, no matter how many times they try.

With that in mind, both faith leaders and parents shouldn't try to diagnose, treat, or cure *any* illness, let alone mental illnesses. In addition, no single method of healing is a "one-size-fits-all" treatment, so what worked for one teen may not work for the next. This is important for us all to remember because an inappropriate spiritual rebuke can affect the life, and even the eternity, of someone fighting a debilitating emotional disorder.

Mood disorders can share symptoms with other illnesses, so only a healthcare professional with experience in treating child and adolescent mental illnesses can detect and treat these disorders properly. A complete psychiatric evaluation (including information about your child's medical history, family history, age, social experience, and other factors) can narrow the possibilities and result in an accurate diagnosis and a more effective treatment plan, which may include the following options:

- • Talk therapy to uncover and address unhealthy beliefs and thought-patterns;
- • Medications (especially when combined with talk therapy);
- • Medical and psychiatric testing (including emotional inventories, physical exams, genetic testing, and others);
- • Holistic approaches (such as lifestyle changes, training in self-care, or natural supplements);
- • Inpatient, residential, or outpatient [treatment programs](#), particularly if suicidal ideation or dangerous behavior persists;
- • Meditation or [mindfulness-based cognitive therapy](#), which [studies are showing can be as effective](#) in treating depression as medications; and/or
- • In severe or prolonged cases, transcranial magnetic stimulation or electroconvulsive therapy (don't worry—these treatments are nothing like *One Flew Over the Cuckoo's Nest* anymore. Ask your doctor for an explanation).

Family and friends play a vital supporting role in your child's treatment, management, and recovery from these illnesses. Family members may even accompany the teen to talk therapy sessions, attend group therapy sessions, or receive their own private therapy sessions, if deemed helpful.

**The most important thing you can do: Effectively weigh [the pros and cons of all treatment methods](#) in partnership with a healthcare provider experienced in adolescent mental health and treatment.** Talk to the doctor about how medication can specifically help your son/daughter, and don't forget to tell the physician about other prescribed or over-the-counter medications your teen takes.

Christ Himself—although well-known for miraculous healings with just a word or a touch—employed a variety of techniques similar to treatment regimens, medicines, talk therapy, and other common methods of mental health care. Of course, He could have healed any way He pleased; His example shows how grace and individualized care leads to the wholeness He wants for us all ([John 10:10](#)).

## HOW CAN I SUPPORT MY TEEN'S TREATMENT?

### 1. CARE FOR PHYSICAL NEEDS.

In 1 Kings, after a significant spiritual victory, Elijah collapsed under a tree and told God he was ready to die. God answered Elijah by first providing for his immediate, most basic needs: food, water, and rest. Renowned missionary Mother Teresa also focused first on the felt-needs of people, knowing each part of human wholeness—physical, mental, emotional, and spiritual—is indelibly linked to the other parts.

Even if a mental illness has damaged your kid's physical health (poor eating habits, lack of sleep, poor hygiene, no motivation to exercise, etc.), encourage and even facilitate activity in their life. Agree with them that it's difficult, but remind them how even a little activity can deflect symptoms and ward off an episode. You might even assign a loved one to account for the ill person physically from day to day. Just getting them out of the house for a while can do the trick.

## **2. HELP THEM PRAY—AND PRAY FOR THEM.**

People with mood disorders often cannot manage praying for themselves. Although the Spirit will intercede for them in their inexpressible groaning (Romans 8:26–27), the intercession of the Body will put words to the often-inexplicable suffering and validate your teen and his/her illness. Encourage others who can protect the situation's confidentiality to intercede in prayer, both in their own prayers and with your son/daughter. Intercessory prayer will also offer support when the healing process stalls or hits a snag.

## **3. ENCOURAGE OR ASSIST THEM IN ACCURATELY ASSESSING THE ISSUE.**

When wholehearted spiritual discipline does not alleviate symptoms, advise a visit to a qualified physician—not just any caregiver, but a specialist in adolescent behavioral illness. As mentioned earlier, mood disorders are actually very common and very treatable. If the specialist uncovers a related biological, lifestyle, or experiential matter, refocus your spiritual efforts appropriately and cheer them on as they continue in treatment.

## **4. ASSURE THEM OF GOD'S TRUTH.**

People with mood disorders often forget what joy feels like. Their unmet expectations of life and what seems like a personal failure can arrest them with guilt and ruminating negative thoughts. Gently remind them of God's love, grace, power, and promises, correcting any distorted beliefs and thwarting their mind's destructive messaging. The Gospel is a story of something already "done," not something we must "do," and God's truth is independent of our perception; that is, the truth is such *not* because of who hears it but because of Who declares it! A clear understanding of this removes our responsibility of being "good enough" or "holy enough" and allows rest in the One Who did it all ([Matthew 11:28-30](#)).

## 5. BE VULNERABLE.

Philosopher Jean Vanier said it best in his book *Community and Growth*: “I am struck by how sharing our weakness and difficulties is more nourishing to others than sharing our qualities and successes.” If you’ve ever struggled with depression, anxiety, suicidal thoughts, or anything that made you doubt God’s goodness, don’t hide that from your teen. Knowing you’re not alone and that someone else you care about has struggled or is struggling through this with you can make all the difference. Of course, share what you’ve learned and how it’s strengthened your faith and trust in God, too, not just the struggles you’ve had.

## 6. GIVE THEM SPECIFIC STEPS TO COMBAT A SERIOUS EPISODE.

Quality of life for the mentally ill can be cyclical with good days and bad days. Bad days occur unexpectedly and ruthlessly, with or without “triggers” or explanations. On a “good” day, provide a written list of spiritual helps for when bad days rear their nasty heads. You might list heartening Bible passages, words for prayer, God’s promises, names and phone numbers of supportive people to call, etc. ***Emphasize perseverance rather than achievement.*** A physical, written list—one they can see and touch—helps focus a racing mind and tangibly proves someone cares and support exists.

## 7. MINISTER TO CAREGIVERS.

Families and loved ones can suffer greatly, particularly if they’ve had no (or poor) experiences with psychiatric care or mental illness themselves. They may feel out of control, angry, bitter, worried, burdened, impatient, helpless, or any number of complicated reactions. If your teen knows someone in trouble or if you know of a parent with a struggling teen themselves, provide support to them separately, ministering to their unique spiritual needs as you uncover them.

Don’t forget, dear parent, that *you are a caregiver*. You must not allow your compassion or actions on the behalf of your suffering son/daughter to drain you of your own personal wholeness. Acknowledge your own needs and boundaries as necessary and, like Elijah, allow your relationship with God and others to refill and renew you. Not only are you caring for yourself in stewardship of the vessel God gave you, it’s a good example to those who are watching (and healing).

## 8. BE PATIENT.

Mental illnesses like mood disorders are treatable, but effective treatment can be a long, variable, complicated journey. Despite the high success rate of psychological treatment, the illness itself can affect the drive to seek help (it can feel safer to remain ill than to do the hard, unfamiliar work of getting better). Your teen can also get impatient and frustrated if he/she learns initial treatment choices need adjustment. While remembering to prioritize your self-care, pledge not to abandon your son/daughter on their road to wholeness. Repeat helpful

biblical truths as many times as necessary (the illness can make things hard to remember). Perseverance will uncover all kinds of opportunities for spiritual growth in them and in you, and God will be glorified by them.

### **9. Refer crises or the critically ill to emergency care.**

Some cases will be so severe or have gone untreated for so long, your assistance (and these suggestions) will not suffice. You might discover evidence that your son/daughter may be a danger to themselves or others. As terrifying as this idea is, parents must take all suggestions of self-harm, suicide, homicide, or unlawful acts very seriously. In these cases and for their sake, make safety a priority; call 911 and/or seek acute intervention immediately. A local inpatient behavioral treatment center, urgent care center, or hospital emergency room is best equipped to provide this help. If you really want to help more than just your son/daughter, go to your church's pastor and ask him/her to keep information on local emergency care options handy and updated. Make sure your pastor knows which hospitals specialize in emotional crisis intervention, and suggest that the lay volunteer leaders be trained to contact the pastor immediately when they observe dangerous behavior or evidence of an emotional crisis in the church Body.

## **A FINAL ENCOURAGEMENT**

When mood disorders like depression, anxiety, and other serious mental illnesses become manageable in a Christian who has long suffered, it is experienced as a holy deliverance from a very personal sort of pain. It activates a spiritual light that burns bright and won't be extinguished by the failings of this fallen world. Their agony melts into a symphony of life inside people who once were desperate just to plink out a few notes of it. Author and pastor John Ortberg said it like this in his book, *The Life You've Always Wanted*: "Often it is the people closest to suffering who have the most powerful joy."

With your help and a well-executed treatment program, your struggling teen can uncover incredible joy buried under these very real, very dangerous illnesses and reach the abundant life promised by Christ. It's desperately needed, easier than you think, and so worth it.

*We need to be angels for each other, to give each other strength and consolation. Because only when we fully realize that the cup of life is not only a cup of sorrow but also a cup of joy will we be able to drink it.—Henri Nouwen*

## **RECAP**

- Anxiety and depression are mood disorders that can affect a person starting as early as age 11.

- Mental illnesses are different from normal emotions because they happen without a trigger, are out of proportion with the situation, are age-inappropriate, or hinder a person's ability to function normally.
- There are a variety of factors that can cause mood disorders, including genetics, trauma, chemical imbalances, and chronic illness.
- Sufferers can struggle in their relationships with God.
- Symptoms vary between the two disorders, and it's important to seek professional help if they persist for longer than 2 weeks.
- It's important to talk with both healthcare professionals and trusted spiritual leaders to develop a well-rounded treatment plan.
- Be actively involved in your child's treatment by praying for and with them, reminding them of God's truth, caring for their physical needs, being patient and vulnerable, and seeking emergency care when appropriate.
- 

## DISCUSSION QUESTIONS

- Have you or has anyone you know ever struggled with depression? Anxiety? What did you or they do to deal with it?
- How do your friends talk about mental health issues? Do you have someone besides me that you can talk to if you're struggling?
- How do you feel when talking about mental health?
- Do you wish our church/pastors talked about mental health more or differently? If so, how and why?
- What can I do differently to show you that I care about your mental health and do not think less of you if you struggle?
- What does the Bible say about dealing with sorrows and worries? How can that help us when we're in the midst of depression or anxiety?
- Has anyone ever given you unhelpful advice for dealing with mental health? Why did you find it unhelpful? What would be better?
- How can you and I be more aware of other people's mental and emotional struggles? How can we help them mentally, physically, and spiritually?