Emotions can bring discomfort for everyone, but this is especially true for adolescents, who are still learning to identify and manage their emotional responses. Emotional extremes are common during the teen years and may be reflected in mood swings, emotional outbursts, sadness, or behaviors intended to distract from uncomfortable feelings (such as sleeping or listening to loud music).

Teens, like all people, have some periods that are more challenging than others. For some, though, feelings of anxiety, sadness, anger, or stress may linger and become severe enough to interfere with their ability to function. It is estimated that at some point before age 20, one in 10 young people experiences a serious emotional disturbance that disrupts their ability to function at home, in school, or in the community. The good news is that most emotional disturbances are treatable.

**Signs of emotional disturbance**

What is considered normal and healthy behavior depends to some degree on culture. Serious disorders in one culture may not appear in another culture. The same is true across generations. One contemporary example is intentional self-injury (known as “cutting”), which is incomprehensible to many adults who are familiar with other types of emotional disturbances, such as depression or substance abuse.

A signpost of trouble to watch for is whether a teen’s capacity to function in school, at home, and in relationships is being negatively affected by emotions or behaviors. Family and friends are usually the first people to notice.

** SIGNS OF DEPRESSION **

- Frequent sadness, tearfulness, crying
- Decreased interest in activities or inability to enjoy formerly favorite activities
- Hopelessness
- Persistent boredom, low energy
- Social isolation, poor communication
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illness such as headaches or stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- Feeling overwhelmed easily or often
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior

If a young person says he or she wants to kill him or herself, always take the statement seriously and immediately get help. If you think someone is suicidal, do not leave that person alone.

The suicide rate increases during the teen years and peaks in early adulthood (ages 20-24). There is a second peak in the suicide rate after age 65, and old age is when people are at highest risk. It is nearly impossible to predict who might attempt suicide, but some risk factors have been identified. These include depression or other mental disorders, a family history of suicide, family violence, and exposure to suicidal behavior of others, including media personalities. Opportunity also plays a role. Having a firearm in the home increases the risk.

The American Academy of Child and Adolescent Psychiatry recommends asking a young person whether she is depressed or thinking about suicide. They advise, “Rather than putting thoughts in the child’s head, such a question will provide assurance that somebody cares and will give the young person the chance to talk about problems.”

**Suicide Sources:**


Cents who experience an episode of emotional disturbance will go on to have a lifelong disorder that seriously impairs their functioning as an adult.

The most common mental health disorders in adolescence are depression, characterized by prolonged periods of feeling hopeless and sad; anxiety disorders, which include extreme feelings of anxiety and fear; and alcohol and other drug abuse, including use of prescription drugs like Vicodin or Ritalin for non-medical reasons.

The underlying causes of emotional disturbances are varied and cannot always be identified. Many factors go into the mix, including genetic predisposition, environmental conditions such as exposure to lead or living in a chaotic household, and trauma such as abuse or witnessing a homicide.

Prolonged stress makes teens more vulnerable to emotional disturbances. A normal coping reaction to a difficult experience can impair someone’s well-being if it goes on for too long. For example, if a teen is teased at school, it is normal—even if not desirable—for him or her to feel humiliated and anxious and to avoid the pain by skipping school, playing video games, or even experimenting with substances. These coping strategies can become harmful if chronic symptoms of anxiety or depression develop, or if behaviors such as overeating, self-injury (“cutting”), alcohol or other drug use—originally started to distract from uncomfortable emotions become compulsive or habitual.

**Getting help**

Most mental health disorders are treatable. Treatment often includes—and often works best—when multiple approaches are used. These can include cognitive-behavioral therapy, family therapy, medication, and supportive education for parents and other caring adults in how to provide stability and hope as the family navigates its way through the episode of emotional disturbance.

Parents of teens with Attention Deficit Hyperactivity Disorder (ADHD), however, have often experienced years of the frustration and
exasperation that comes from trying to establish limits and discipline for children who seem consistently unable or unwilling to listen. Because all adolescents naturally strive toward assuming more responsibility and independence, the frustration of parenting a teen with ADHD may well intensify during this period of development.

A cycle of negative interaction, stress, and failure can also occur in the classroom between teachers and teens with ADHD. Teenagers who are disruptive, fidgety and impulsive can be singled out by the teacher, and labeled as disciplinary problems. Academic settings with multiple periods, large classes, teachers who have differing styles, and complex schedules present additional problems for the teenager with ADHD.

Professional help, especially help that is affordable, can be hard to find, as there is a shortage of trained mental health providers with expertise in adolescence. The sidebar in this section provides some resources where caring adults and teens can look for help.

The power of prevention
It is important to get involved early to teach positive coping skills and address environmental situations that may trigger emotional disturbances. The supports that bolster good mental health are the very same ones that promote healthy development in general. Especially valuable are opportunities for young people to practice identifying and naming emotions, to figure out coping skills that help them dissipate the energy of negative emotions, and to have the repeated, encouraging experience of being heard, understood, respected, and accepted.

RESOURCES

American Academy of Child and Adolescent Psychiatry: Facts for Families

The Center for Mental Health in Schools: School Mental Health Project
Clearinghouse for resources on mental health in schools, including systemic, programmatic, and psychosocial/mental health concerns. http://smhp.psych.ucla.edu/

Surgeon General’s Report on Mental Health

Blueprints for local systems of care that are seeking to increase youth involvement. http://www.tapartnership.org/docs/Youth_Involvement.pdf

If you would like to know more about the topics presented here, please refer to The Teen Years Explained: A Guide to Healthy Adolescence, and these additional resources.

**Mental Health**


**Forming an Identity**


For additional resources, please refer to The Teen Years Explained: A Guide to Healthy Adolescent Development. Science-based and accessible, this guide is a practical and essential resource for parents and all people who work with young people.