

# Typical Teen Moodiness or an Emerging Mental Health Challenge?

A Primer for Parents and Caregivers

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# Moodiness in Adolescence can be Normal

- Teens are known for their one word answers, eye rolls, talking back, sullen silences and slamming doors
- Your once sweet and affectionate child has entered puberty
- Puberty - the period during which teens reach sexual maturity and become capable of reproduction
- Puberty occurs earlier in girls, between ages 10-14 years
- Boys undergo physical changes between 12-16 years

# Hormone Effects in Puberty: “Whatever!!!”

- Estrogen, Testosterone
- Allopregnanolone (THP)- chemical that normally helps soothe and provides a calming effect during stress for adults/children, becomes an antagonist during puberty and increases anxiety in teens
- Psychological maturation influenced by neurosteroids which act on mood, anxiety, libido and other behavioral functions
- Puberty is a time when kids are more vulnerable to emotional and behavioral problems

# Teen Brain Structure Changes

- Teen brain develops into the early 20's in young adults
- Prefrontal cortex increases connections between brain cells during puberty and white matter increases in the frontal and parietal lobes
- Thus reasoning, judgement, complex decision making are not fully formed yet and impulse control and emotional regulation are hot button issues
- Teen mood swings most volatile in early adolescence and then stabilize

# Why don't you grow up and act like an adult?

- Adolescents' actions are guided more by the emotional and reactive amygdala, less by the thoughtful, logical frontal cortex
- They are more likely to:
  - Act on impulse
  - Misread social cues/emotions
  - Get into accidents, fights, engage in dangerous or risky behavior
- (AACAP Facts for Families: Teen Brain, Behavior, Problem Solving, and Decision Making, September 2016)

# Psychological Adaptations

- Need to establish own identity with beliefs, goals, values
- Separate from parents, become independent
- Seek privacy, distance, more defensive
- Less overt affection towards parents
- Erik Erikson adolescence (12-18 years) Identity vs Role Confusion- adolescent must develop a sense of self
- When adolescents do not make a conscious search for identity or are pressured to conform to parents' ideas for future, they develop a weak sense of self and will need to “find” themselves as adults

# Stress/Pressures on Teens during Adolescence

- Bullying, Social media
- Gender and sexual orientation
- Substance use/abuse
- Family stressors - divorce, economic changes, family discord
- School demands and frustrations
- Chronic illness
- Death of a family member
- Moving or changing schools
- Too many activities or too high expectations

# Risk Factors for Mental, Emotional and Behavioral Disorders in Adolescence (youth.gov)

- Individual risk factors: Female gender, early puberty, Difficult temperament - inflexible, low positive mood, withdrawal, Low self-esteem, anxiety, low level depressive Sx, insecure attachment, shyness, conduct disorder, favorable towards drugs, rebellious, early substance use, head injury, childhood exposure to lead or mercury, marijuana use
- Family risk factors: Parental depression, parent-child conflict, poor parenting, negative family environment including substance use, child abuse, single parent family/divorce, marital conflict, family conflict, parent with anxiety, unemployment, sexual abuse
- School/community: Peer rejection, poor academics, poverty, stressful, traumatic events, community or school violence, poverty, urban setting, drug using peers, low commitment to school, deviant peers



# Protective Factors for Mental, Emotional, and Behavioral Disorders in Adolescence (youth.gov)

- Individual: Positive physical development, academic achievement, high self-esteem, emotional self-regulation, good coping and problem solving skills, engagement and connections in 2 or more: school, peers, athletics, employment, religion, culture
- Family: Family provides structure, limits, rules, monitoring and predictability, supportive relationships with family members, clear expectations for behavior and values
- School, neighborhood and community: Presence of mentors and support for development of skills/interest, opportunities for engagement in school/community, positive norms, clear expectations for behavior, physical and psychological safety

# What's a parent to do????

- Recognize moodiness is common in teens
- Keep calm, Breathe, Count - You as an adult have the cognitive and emotional skills (developed brain) to control your responses
- Talk to your friends
- Listen and acknowledge your teen's feelings thereby creating a safe environment
- Set clear expectations, boundaries and rules without engaging in negative emotion cycles
- Promote open dialogue, don't shut out or punish
- Most importantly, don't take it personally or as sign of disrespect

# Balancing Act between Structure and Space

- Help your teen establish healthy sleep habits with limits on electronics
- Make time for breakfast and snacks
- Give them space
- Yet stay connected
- Help create more opportunities for positive experiences - sports, volunteer, music, art, community
- Work with your teen to generate multiple possible solutions that they can “own”

# How to deal with teens emotions - Gottman's research on parenting styles

- 4 types of parenting styles, 3 are not helpful - Dismissing, Disapproving and Laissez-Faire
- Dismissing - disengages from, ignores feelings, wants them to disappear quickly, sees emotions as a demand to fix things
- Disapproving - judges/criticizes child's emotions, emphasizes conformity, believes negative emotions are a sign of weakness
- Laissez-Faire - freely accepts all emotion, doesn't set limits or offer behavior guidance, doesn't help problem solve, believes you just ride negative emotions out
- Best type: Ultra parents - empathetic, accept feelings, provide emotional coaching and problem solving
- Goal is to raise emotionally intelligent children better at self-soothing, understanding others and possessing good social skills

# Emotional well being of caregivers

- Strongest protective factor in risk and resilience studies is the primary caregiver's mental health, most important variable in every ethnic group (Suniya Luthar, psychologist)
- Self-care
- Talk about important topics regularly with at least one person
- Help teen get the help they need even if not from you- relatives, neighbors, coaches, teachers
- Support groups for children and adults
- First intervention parent tries may not work - stay flexible, calm and hopeful (emotional contagion is not helpful)

# Emerging youth mental health crisis exacerbated by COVID-19 Pandemic

- Between March - October 2020, ED visits for teens 12-17 with mental health emergencies increased by 31%
- There was a more than 50% increase in suspected suicide attempts in the ED visits among girls, 12-17, in early 2021 as compared to 2019
- More than 140,000 US children experienced death of a primary or secondary caregiver during pandemic (children of color impacted disproportionately)
- There already were soaring rates of depression, anxiety, trauma and loneliness; pandemic made a bad situation worse
- Shortage of mental health care providers, schools don't have adequate amount of counselors (Recommended student-school counselor ratio 250:1, but ratio in 2019-20 424:1), only 40% US schools have dedicated RN's

# Pandemic effects on teen mental health

- Onset of stress related disorders and exacerbation of pre-existing mental health disorders
- Stress reactivates personal or transgenerational trauma
- Kids confined at home when they should be individuating/separating from parents and engaging with peers
- Social isolation and loneliness

# Social Isolation and Loneliness

- Loneliness is the painful emotional experience of the discrepancy between actual and desired social contact
- Loneliness increases the risk of depression and anxiety
- The duration of loneliness is correlated more with mental health symptoms than intensity
- Create opportunities for meaningful engagement with family, community, mentors, hobbies (flow), spirituality
- Build structure, purpose, fun and novelty
- Decrease feelings of helplessness to regain sense of control



# Some mental health disorders first emerge during adolescence

14.3 % teens suffer from a mood disorder in a given year, 11% of them experience severe impairment and Females are affected more than males with 70% more likely to have a mood disorder (NIMH)

- Anxiety
- Schizophrenia - late teens to young adult
- Depression
- Bipolar
- Substance abuse
- Borderline personality disorder
- Eating disorders
- Sleep disorders

# Adolescent Mental Health

## WHO, October 2019

- Mental health conditions make up 16% of global burden of disability in people age 10-19 years
- Half of all mental health conditions start by age 14 years, most undetected and untreated
- Suicide is the third leading cause of death in 15-19 year olds
- Depression is one of the leading causes of illness and disability in adolescents
- Consequences of not addressing it: Adults with impaired physical and mental health with limits to leading a fulfilling independent life

# Adolescents ages 12-17 have the lowest treatment rates for mental health (41.4%) SAMHSA, 2018

- Results in chronic anxiety, panic, depression, bipolar depression as well as complex impairment with accumulated disability and maladaptive behaviors
- Maladaptive behaviors include suicidal ideation, self injury, substance misuse
- Parents begin to knowingly or unknowingly accommodate behaviors
- There is a good evidence base that treatment for anxiety with therapy and/or medication is effective but it is still underdiagnosed and undertreated
- More clear evidence that anxiety, usually a precursor to depression, responds to treatment more effectively than depression

# Red Flags of Depression or other Psychiatric Disorders

- Appetite and sleep changes
- Withdrawal from friends and family
- Little interest in previously pleasurable activities
- Feelings of low mood, sadness or irritability, tearfulness
- Fatigue or low energy
- Guilt or low self-esteem
- Difficulty concentrating or unusual thoughts or hallucinations, delusions, or paranoia
- Suicidal thoughts, plans, intent, self-injury, recurrent thoughts about death
- Failing grades, skipping school/class
- Repeated threats to run away
- Signs and symptoms present for 2 weeks or longer

# Teen depression goes beyond moodiness

- 1 in 5 adolescents will suffer depression at some point in the teen years
- It can destroy the essence of their personality
- They may act out in an attempt to cope with the emotional pain (reckless behavior, violence, alcohol and drugs)
- Persistent negative mood can especially in teens include irritability, anger and agitation as sign of depression
- Unexplained aches and pains
- Extreme sensitivity to criticism
- 5 out of 7 symptoms of diagnostic criteria, nearly every day for at least 2 weeks

# Causes of Teen Depression

- Genetics, environmental and social
- Bullying, intense helplessness and loneliness
- Other mental or physical health conditions, disability or chronic illness
- Consider eating disorders, self-injury anxiety, ADHD, LD, PTSD, trauma
- Lack of social support
- Sexual identity
- Alcohol, drugs
- Family problems, academic struggles

# Warning signs of Suicide - act immediately

- Talk or joke about suicide
- Say they are better off dead, there's no way out, want to go to sleep or disappear
- Write stories, songs, poems about death or suicide, reference them
- Reckless behavior, accidents
- Giving away possessions
- Saying goodbye or notes to friends/family
- Seek out ways to kill self with pills, methods

# How to differentiate typical teen or mood disorder?

- Intensity of the mood - is it appropriate to the trigger or is there no trigger, triggers may be normative experiences but reactions are excessive and disproportionate
- How long does the moodiness last - does it resolve in an hour, last several days to weeks
- Is the teen acting out during the mood swings
- Average amount of contact with others or isolation
- Have they lost interest in hobbies or activities previously enjoyed
- Intensity, Impact, Frequency and duration of symptoms



# Accessing Mental Health Care (AACAP, October 2015)

- Find a mental health professional with advanced training and experience in working with children and adolescents for a comprehensive evaluation, look for a good fit, comfortable match
- Obtain a list of providers/clinics in local area from your health insurance company that participate in your network
- Ask pediatrician or school counselors if they are familiar with anyone on list
- Does pediatrician's office do collaborative work with psychiatrists or social workers?

# Other resources for finding a provider

- Employee assistance programs
- Local medical or psychiatric societies
- Local Mental Health Associations (MHA)
- National organizations such as NAMI, Federation of Families of Children's Mental Health, National Mental Health Association
- National professional organizations such as AACAP (American Academy of Child and Adolescent Psychiatrists) or APA (American Psychiatric Association)
- County mental health department
- Local hospitals or medical centers or psychiatric hospitals
- Centers of Medical Excellence with departments of psychiatry - NYU Bellevue, Mount Sinai, Columbia University, NY Presbyterian
- Family resource centers, Centers for Independent Living

# Seek Immediate or Emergency help

- Mobile crisis team
- 911
- Emergency room at local hospital or psychiatric hospital
- National Suicide Prevention helpline, talk or text
- 1-800-273-TALK (8255), National Suicide Prevention Lifeline, available 24 hours, English and Spanish
- Crisis Text Line at 741741, text BRAVE, a trained crisis counselor will respond in minutes to help de-escalate the situation and connect you to local help

# Levels of Psychiatric Care

- Most restrictive to least restrictive: Residential, case management, Inpatient, Day treatment or partial hospital program, intensive outpatient, outpatient
- Children's Single Point of Access (CSPOA) - centralized referral system for children with serious emotional disturbances who need intensive mental health services to remain at home or in their community
- It often takes many attempts to find a provider/clinic and there may be waiting lists. Don't give up hope - keep plugging away and reach out to all possible organizations to find a caring person who can point you in the right direction.

# Westchester County Inpatient/Outpatient Care

- Inpatient - Four Winds, Katonah, NY Presbyterian, White Plains, St. Vincent's Hospital, Harrison, Silver Hill Hospital, New Canaan, CT, Westchester Medical Center
- Partial hospital - St. Vincent's, Four Winds
- Outpatient OMH Licensed clinics - Andrus, White Plains and Yonkers, Behavioral Health Center, Valhalla, Family Services of Westchester, Mt. Vernon and Pelham, The Guidance Center of Westchester, New Rochelle, Mental Health Association, White Plains and Yonkers, Student Assistance Services Counseling Center, Tarrytown, Westchester Jewish Community Services, Mt. Vernon and Yonkers

# When to talk to your teen about their mental health (Mental Health America)

- Something doesn't seem right with them even if you're not sure why
- Their behaviors seem different than their peers
- Your teen is having difficulties at home, school or with friends
- Your teen is displaying signs and symptoms discussed in previous slides of this presentation

# How to talk to your teen about mental health symptoms of concern (Mental Health America)

- Choose a good comfortable time when conversation can flow naturally - chores, cooking, hanging out, car
- If your teen is busy or having a bad day you may want to postpone
- In a non-judgmental way, share your observations of changes or symptoms
- Parent or youth screening at [mhascreening.org](https://mhascreening.org) (share results)
- Share information (print outs from online)
- Share your person experiences for self, friend, family
- Keep conversation tone hopeful and remind teen disorders are common and treatable

# When your child approaches you about mental health concerns (Mental Health America)

- Listen actively
- Ask them what they think they might need to get better
- Keep their concerns confidential unless life threatening
- Destigmatize - mental health issues are common
- Offer an impartial counselor
- Be an advocate to find the right mental health treatment provider
- Don't minimize, don't be overly emotional or judgmental, don't lecture, explore their concerns, don't argue, don't blame, make excuses or compare to siblings



# How to talk to your teen about seeking help (Mental Health America)

- Ask your teen what they think they need to get better
- Ask them if they have friends who have been in treatment
- Share some information you know about treatment
- If there are serious signs and symptoms that can't wait, discuss the need for immediate or emergency help
- Suggest teen talk with school support staff and pediatrician
- Acknowledge their pain/suffering but that you will help them find an appropriate treatment provider/plan

# Your own emotional reactions to the conversation (Mental Health America)

- Fear and anxiety - focus on child's emotional needs, remain composed
- Sadness or Disappointment - it hurts to see them suffer, reassure them they didn't let you down, reserve these feelings for conversation with another adult
- Disbelief - “Not my kid”, confusion, mental health conditions common and symptoms start during youth, take your child seriously
- Guilt - focus on moving forward, rather than dwelling in past which you can't change

# Remember there is Hope

- Some causes of mental illness are preventable
- Early identification and diagnosis is helpful and stave off worse symptoms and disability
- Mental illness can be treated in a variety of ways with interpersonal therapy, dialectical behavior therapy, cognitive behavior therapy, medication management, and family therapy

# References and Resources

- Is your teen moody or depressed? Tips for Parents, ClevelandClinic.org
- Help your Teen's Mood Swings - WebMD
- Positive Parenting Strategies for the Teenage years, [www.mftonlineceus.com](http://www.mftonlineceus.com)
- Your Teenager: Just Moody... Or Something More? [www.name.org/Blogs/NAMI-Blog/February-2015/Your-Teenager-Just-moody-or-Something-More](http://www.name.org/Blogs/NAMI-Blog/February-2015/Your-Teenager-Just-moody-or-Something-More)
- <https://childmind.org/symptomchecker>
- <http://www.mentalhealthamerica.net/mental-health-screening-tools>

# References and Resources

- <http://bitly/learnmh> resources to start a conversation with your child about their mental health via Mental Health America
- American Academy of Child and Adolescent Psychiatry, [aacap.org](http://aacap.org) Facts for Families and Child and Adolescent Psychiatrist Finder
- National Alliance on Mental Illness 1-800-950-NAMI (6264)
- <http://www.teenhealthandwellness.com/static/hotlines#Mentalhealth>
- <https://mhfa.com.au/resources/mental-health-first-aid-guidelines>
- National Suicide Prevention Lifeline 800-273-TALK (8255)
- SAMHSA's National Helpline 1 800-662-HELP (English and Spanish) for individuals and family members facing mental and/or substance use disorders

# References and Resources

- Crisis Textline: Free, confidential 24 hour service accessible via text message to number 741-741. Statistics show only 5% of teens are willing to call phone crisis lines, but they're more willing to text anonymously with a crisis counselor. Or message at [Facebook.com/CrisisTextLine](https://www.facebook.com/CrisisTextLine)
- Partnership for Drug-Free Kids, [drugfree.org](http://drugfree.org), Brain Development, Teen Behavior and Preventing Drug Use

# References

- JAACAP, Volume 59, Issue 10, P1107-24, Oct 1, 2020, Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders, Heather J. Walter, MD, MPH et al
- JAACAP, Volume 46, Issue 11, P1503-26, Nov 1, 2007, Practice parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders, Boris Birmaher, MD and David Brent, MD
- JAACAP, Letter to the Editor, Volume 59, Issue 11, P1197-98, Nov 1, 2020, Combating the Dangers of Sedentary Activity on Child and Adolescent Mental Health During the Time of COVID-19, Vijay A Mittal, PhD, et al
- JAACAP, Clinical Perspectives, Vol 59, Issue 11, P1203-07, Nov 1, 2020, Protecting Youth Mental Health During the COVID-19 Pandemic: A Challenging Engagement and Learning Process, Cecile Rousseau, MD, Diana Miconi, PhD
- JAACAP Review Vol 59, Issue 11, P1218-39 E3, Nov1, 2020, Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the context of COVID-19, Maria Elizabeth Loades, DClinPsy, et al