

GLOBAL
YOUTH CULTURE



CRISIS MODE

3 THINGS YOU CAN DO TO HELP YOUR
TEEN WITH MENTAL HEALTH

 **OneHope**[®]
God's Word. Every Child.



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RESEARCH IS KEY TO DISCOVERING THE STATE OF A GENERATION.



Global Youth Culture is a research study that covers the beliefs and behaviors of more than 8,300 digitally connected teenagers from 20 diverse nations. It shares insights into their views on identity, technology, personal struggles, and religious beliefs. When reviewing the data, it became overwhelmingly clear that today's teens need help. Our research found that when asked about their experiences in the three months prior to the survey, **60% of U.S. teens reported experiencing depression; 66% reported high anxiety; 75% reported feelings of loneliness; and 35% reported having had suicidal thoughts.**

Let that sink in a moment. Two out of three teens are battling depression. One in three wrestle with suicidal thoughts. These are not distant numbers. These are our children—in our homes. Although teens defined the terms for themselves, the fact that so many identified these struggles as their own is a call for us to pay attention.

As a parent or caregiver, it can feel overwhelming to know that your child is struggling—but also know that you are not alone. We as the Church must take on this task of loving, helping, and discipling our teens right where they are. And we want to help you do that. In this guide, we present a three-part approach that will help you not only navigate mental health concerns but also connect with your teens through their struggle:

- 1. Be Familiar**
- 2. Take the Initiative**
- 3. Build Resilience**

Now, let's take a deep breath, invite God into this process, and get started.

HOW DO CHRISTIANS UNIQUELY UNDERSTAND MENTAL ILLNESS?

When we seek to love and help teens, Christians should look to the Scriptures for support. A first, a uniquely Christian step that we can take to address mental health concerns is to hear the Bible and believe what it says is true. In doing so, we receive the Holy Spirit and His power to comfort and help those who are hurting. Seeing the big picture through the lens of the Bible gives us perspective to address these concerns.

Individual verses like these begin resonate in new ways when we realize they represent the overarching themes of all of Scripture:

“So humble yourselves under the mighty power of God, and at the right time He will lift you up in honor. Give all your worries and cares to God, for He cares about you” (1 Peter 5:6-7, NLT).

“(Jesus) understands our weaknesses, for He faced all of the same testings we do, yet He did not sin. So let us come boldly to the throne of our gracious God. There we will receive his mercy, and we will find grace to help us when we need it most” (Hebrews 4: 15-16, NLT).



SECTION 1: BE FAMILIAR



Growing up on TikTok and YouTube, many teens are quite comfortable using mental health terms like depression and anxiety to describe their experiences. However, being comfortable with the words depression and anxiety doesn't mean that teens have a complete grasp on these mental illnesses. Becoming familiar with common symptoms of depression, anxiety, and suicidality will equip you to help your teen recognize and label their symptoms. Labeling is an incredibly useful tool; in fact, one of the primary ways we cope with difficult experiences is to find words to describe them. As we understand what is happening, we are better able to cope.

Below we present a general overview of depression and anxiety. A teen doesn't have to meet all the criteria for a diagnosis to be struggling—even just a few of these symptoms can be overwhelming. Use these criteria to help your teen find language for their experience so that you can then figure out how to navigate it well.



“Crisis after crisis after crisis. It feels like the world is ending and there’s a lot of hopelessness.”

—17-year-old girl, *Global Youth Culture 2022 Focus Groups*

DEPRESSION

Major Depression Disorder is defined as the presence of five of the following symptoms for at least two weeks straight with at least one of the symptoms being one of the first two:

- Depressed mood (can be simply an irritable mood for teens)
- Diminished interest or loss of pleasure in almost all activities (The clinical term for this is anhedonia.)
- Significant weight change or appetite disturbance.
- Sleep disturbance (sleeping too much or too little)
- Physical restlessness or feeling lethargic
- Fatigue or loss of energy
- Feelings of worthlessness
- Difficulty thinking or concentrating; indecisiveness
- Recurrent thoughts of death or suicide.

To diagnose **Major Depressive Disorder**, five or more symptoms must also severely interfere with the teen's ability to live everyday life and should not be the result of substance use or abuse.



ANXIETY

Anxiety comes in many different forms. The Diagnostic and Statistical Manual of Mental Disorders describes anxiety as “apprehensive expectation,” and though many of us have experienced this from time to time, it can be difficult to describe.

Fear is the root emotion of anxiety. When our brains sense danger, our stress response is activated which sends us into fight or flight mode.

God made our bodies and brains, and appreciating our physical response to a situation is an important part of godly wisdom. When you encounter a bear in the woods, you don’t have much time to rationally weigh out all the available options. Your danger-sensing brain takes over and sends your body immediately into action before you can waste time and get yourself killed. After the danger has passed, our parasympathetic nervous system kicks in and allows our bodies to return to a resting state—our whole brain comes back online, our heart rate slows, breathing becomes normal, and muscles relax.

Anxiety occurs when our stress response gets activated for long periods of time or never fully turns off. This constant on dumps high levels of cortisol into the body, trying to calm us down, but the message is never fully received in the lower parts of our brain which control the stress response. These constant high levels of both adrenaline and cortisol lead to the exhausting task of living on high alert.

Anxiety is your body being stuck on high alert, even when no actual danger is present.

Often, we get stuck in our stress response because our brains cannot distinguish between threats to our physical safety and threats to our emotional and psychological well-being.

This is why so many teens feel their relationship problems so deeply—being cut off or outcast from one’s peers is seen as an existential threat, and our brains treat this type of threat the same way they would handle an angry bull running toward us. The only problem is that the response to an angry bull is pretty easy to identify—RUN! How to survive rejection is much more nuanced.

People experience anxiety in a variety of ways. Some experience it through looping thoughts — the same words playing over and over again in their mind like a recording. Some experience it as an emotion—fear, apprehension, or a sense of dread. Others, and especially children and teens, experience anxiety physically. The physical symptoms of anxiety are many and can include feeling restless or on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension, difficulty falling or staying asleep, and stomach problems. Arguably, we all experience anxiety physically, but knowing that anxiety often affects us in all these ways can give us multiple ways to recognize it.

ANXIETY OCCURS
WHEN OUR STRESS
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ACTIVATED FOR
LONG PERIODS OF
TIME OR NEVER
FULLY TURNS OFF.

FIVE MAJOR ANXIETY DISORDERS

The current Diagnostic and Statistical Manual for Mental Disorders¹ includes five major anxiety disorders:

GENERALIZED ANXIETY DISORDER:

Over-the-top anxiety or worry for more days than not for six months, and about various subjects or events.

PANIC DISORDER: Anxiety is focused on the fear of having a panic attack.

OBSESSIVE COMPULSIVE DISORDER:

Either obsessive thoughts alone or accompanied by compulsive behaviors aimed at relieving or neutralizing the thoughts.

SOCIAL ANXIETY DISORDER:

Fear centers around being embarrassed in public.

POST-TRAUMATIC STRESS DISORDER:

Always preceded by a traumatic event, and is usually accompanied by the hypervigilance of anxiety.

A teen may experience symptoms of anxiety that significantly interfere with everyday life, but not meet the criteria for an anxiety disorder.

¹ *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. American Psychiatric Publishing, 2013.

The heat of threatening situations exposes deep spiritual realities and triggers physical and chemical responses.

We are fundamentally vulnerable people who need more help than our own resources can provide. Sometimes in a moment of fear, we can find the spiritual resources in God to take a deep breath and reorient ourselves toward Him. For example, imagine that a good friend accuses you of something you didn't do. Will you lash out at them, or pause and seek God?

Many Psalms are written by people who, finding themselves in the heat of battle, took their troubles to God, "I am constantly hounded by those who slander me, and many are boldly attacking me. But when I am afraid, I will put my trust in you" (Psalm 56:2-3, NLT).



Loneliness can be a wilderness experience where we feel helpless and cut off from others. But faith can also begin in the wilderness. From Moses to Jesus, the Bible is filled with the stories of those whose journeys with God are marked at the start by a wilderness experience. Joseph was a teenager when his brothers betrayed and abandoned him, “But God was with him and rescued him from all his troubles” (Acts 7: 9-10, NLT). God’s strengthening presence allowed him to rise up in the end. Take heart for your child. Though they may be in a moment or season of struggle, God can redeem it, and use it to develop them.



LONELINESS:

Loneliness is an uncomfortable yet very common experience. Teens can experience loneliness in particularly acute ways as they are going about the natural developmental task of establishing their identities, which is inevitably done in connection to other people. Rejection has a particular sting for teens because their rational thinking brain is still developing. Pain, especially emotional pain, can feel like it will never end. Teens can have difficulty imagining a future different from their current experience.

Loneliness can be both a result of mental health struggles like depression and anxiety and a preceding factor. Teens who feel isolated will be more vulnerable to bouts of depression and/or anxiety. At the same time, teens who experience depression often self-isolate, further compounding feelings of loneliness, while anxiety often keeps teens from connecting with peers in meaningful ways.

One of the best things you can do for a lonely teen is to connect with them emotionally, which we’ll unpack more in the next section, “Take Initiative.” Your connection will not ease the pain of feeling rejected or isolated from peers, but it will give teens a stable relationship to turn to in that pain. Teenagers need to connect with peers during this developmental stage, so in addition to being a safe support for them, parents and caregivers can encourage teens to capitalize on opportunities for developing relationships. Teens struggling with apathy and listlessness due to depression can be encouraged to spend time with their friends anyway. Teens with anxiety may need help lowering their levels of anxiety so that they can connect with peers rather than projecting their own fears onto others.

SUICIDALITY

Suicidality is a symptom of depression, but because it has such serious consequences, we will describe it separately. There are two types of suicidal thoughts: passive suicidal ideation and active suicidal ideation. Knowing the difference between the types is key in knowing how to respond appropriately.

PASSIVE SUICIDAL IDEATION involves thoughts such as, “I wish I wasn’t here.” “It would be so nice to just not wake up tomorrow.” “I wish I could just disappear.” These thoughts don’t contain any active plans to hurt oneself; instead, they reveal just how painful the teen finds their existence. Most people who experience Major Depressive Disorder will experience passive suicidal ideation and by itself, this is not an immediate cause for alarm. However, passive suicidal ideation does need to be monitored because it can easily develop into active suicidal ideation.

ACTIVE SUICIDAL IDEATION usually involves thoughts like, “I ought to just end it all.” “I could use the gun in my dad’s closet to just get this over with now.” or “I should just turn into oncoming traffic. Active suicidal ideation reveals that the teen has spent more time ruminating not just on death, but also on possible ways to die, and should be taken very seriously. The acronym **SLAP** is helpful in determining whether the teen is experiencing active or passive suicidal ideation:



SLAP MODEL

- **SPECIFICITY:** Is there a specific plan? The more details the more likely that the teens will try to carry it out.
- **LETHALITY:** How lethal is the plan? Evaluate if it would really kill someone.
- **ACCESSIBILITY:** Does your teen have access to the materials they would need to carry out the plan? For instance, planning to use a gun when you don’t have one in the house wouldn’t be very lethal, but driving off a bridge, in the instance that the teen has access to a car, would be more concerning.
- **PREVIOUS ATTEMPTS:** if your teen has previously attempted suicide, treat suicidal thoughts very seriously. Previous attempts predict future attempts.

Suicidal thoughts should be confronted directly, and we will address this in section 2.



“It’s like you are sitting around waiting for the end of the world. For some people, it’s like what’s the point of waiting? Just end it. You might as well just get it over with.”

—17-year-old girl, Global Youth Culture 2022 Focus Groups



SUICIDALITY CONTINUED:

If your teen has other symptoms of depression, ask them directly about suicidality. Many are afraid of “planting the idea” of suicide into a teen’s head, but if the teen is depressed, they are almost certainly already experiencing at least passive suicidal ideation. The best way to ask about suicidality is to just do it.

Example, “Hey, I know that sometimes when people feel super down, they think about ending their life. Have you had any thoughts like that?”

If and when you ask a teen about suicidality, you must be prepared to respond rather than react. Most teens experiencing depression have at least passive suicidal ideation. Respond first by validating their experience, and showing empathy: “Honey, I’m so sorry. That must be so overwhelming.” Using the **SLAP model**, you can then ask if your teen has ever made a plan or thought about how they would commit suicide. If your teen answers no to the Specificity question (see above), your teen is most likely experiencing passive suicidal ideation. Your job is then to provide support and continue compassionately monitoring the suicidality.

If your teen answers yes to one or more of the **SLAP questions**, it is likely they are experiencing active suicidal ideation—that is, they are seriously making plans to kill themselves. At this point, the best course of action is to, in the present moment, see if you can talk them out of it, or at least into delaying an attempt for a bit of time. If you can convince them to put their plans on hold, contact a professional counselor and get them an appointment as soon as possible.

THE BEST WAY TO ASK ABOUT SUICIDALITY IS TO JUST DO IT.

If you find that your teen is unwilling to talk further, or if they seem determined to go through with their plan, the best thing you can do is to take your teen to the nearest hospital emergency room. Going to the hospital for suicidality will often involve a stay of a few days in a behavioral health unit. Teens who are committed to their suicide plan can benefit from medication to help stabilize their mood so that they can do the things that will help them get through the depression. This medication isn’t needed forever, but you should follow the plan given by a doctor and only stop taking it under the supervision of a doctor. Suicide attempts often occur after a person begins to feel a little bit better, so going off of depression medication should be supervised by professionals.

If suicidality requires hospitalization, finding and meeting weekly with a professional therapist afterward can help the teen better understand their symptoms and help them develop practices to better cope with their depressed feelings and lessen the depression. You can support your teen by continuing to connect with them emotionally, asking that they share what they are learning in therapy as they feel comfortable, and helping them as needed to develop healthy coping and resilience habits.

SECTION 2: TAKE THE INITIATIVE

Armed with all of this knowledge about **depression, anxiety, loneliness,** and **suicidality**—what do we do?



1. **MAKE THE FIRST MOVE.** Your teen needs you to make the first move. Though teens are likely to go to family about big, meaning-of-life questions, only **1 in 4 teens in our survey reported that they often talk to their parents about things that are important to them.** When teens are depressed or anxious, they often have difficulty asking for help. This means that you need to start the conversation.



2. **ASK GOOD QUESTIONS BASED ON OBSERVATIONS.** People tend to become defensive when they feel vulnerable, and teens are no different. We must ask questions out of compassion, not as though we are interrogators. One way to do this is to ask questions that arise out of your observations, “I’ve noticed you’ve been sleeping a whole lot lately. Have you been feeling ok?” Help your teen identify and label their own symptoms of depression and anxiety by noticing and commenting on them. Use open-ended questions, rather than yes-or-no questions, that allow the teen to expand on their experiences or their experiences are also better for understanding what your teen is going through.



3. **OFFER GENEROUS EMPATHY.** Start the conversation with the assumption that your teen’s concerns are real. The quickest way to shut someone down is to ask them to share vulnerably and then to minimize their concerns. Even if our intent is to help the person feel better, jumping quickly into, “It’s not so bad,” or “Look at the positives,” will often make the struggling person feel minimized or ashamed. Instead, start the conversation assuming that your teenager makes sense. Make every effort to get inside their world and to understand why certain things are a big deal to them. Instead of immediately correcting, show that you understand by asking questions about their experience until you feel like you understand how their reactions make sense. One of the primary ways that humans cope with stress is by emotionally connecting with other people, and you have the opportunity to offer that to your child.

It was written of Jesus that “*He will not crush the weakest reed or put out a flickering candle. And his name will be the hope of all the world.*” (Matthew 12: 20-21). We can learn from Him how to gently handle those who are burdened and weighed down by depression.





4. **HELP THEM UNDERSTAND THEMSELVES.** Educate yourself so you can educate your teen. Help your teen understand what anxiety and depression look like—offer this information to help your teen evaluate their own experience, rather than telling your teen what they are experiencing.



5. **BE A THERMOSTAT, NOT A THERMOMETER.** Parents and caregivers tend to be observant and often have good insight into their teens, but caring communication is disrupted when we react to our teens out of our own fears rather than responding to them out of compassion. The goal in communication with your teen is to be a thermostat, not a thermometer—thermometers simply respond to the temperature in the room, while a thermostat controls it. One of the best things you can do is acknowledge and examine your own fears about your child’s mental health. As you take responsibility to manage your own fears, you will be able to more compassionately respond to your teen. If you have no idea how to do that, a good counselor would be able to help you get started.



Home is the #1 place teens say they would turn for help about their mental health.

— *Global Youth Culture 2022 Focus Groups*



ACTION STEPS

1. **MAKE THE FIRST MOVE.**
2. **ASK GOOD QUESTIONS BASED ON OBSERVATIONS.**
3. **OFFER GENEROUS EMPATHY.**
4. **HELP THEM UNDERSTAND THEMSELVES.**
5. **BE A THERMOSTAT, NOT A THERMOMETER.**



SECTION 3: BUILD RESILIENCE

Resilience is the ability to bounce back from adversity. We can help lower our teens' risks for mental illness and help them cope with it by encouraging healthy practices.

FOCUS ON FILLING UP. Help your teen discover what they need to stay full physically, relationally, and spiritually. Every person's baseline is different, so use the following diagram to help them identify their daily and weekly needs in these three areas:

PHYSICAL HEALTH:

- ___ hours of sleep each night
- ___ number of meals per day
- ___ limits on caffeine intake
- ___ minutes of exercise every day/week
- ___ medications taken as prescribed

RELATIONAL HEALTH:

- ___ time with friends
- ___ time alone

SPIRITUAL HEALTH:

- ___ time with the Lord
- ___ time in corporate worship

HELP ELIMINATE OR MINIMIZE STRESSORS.

Teens are starting to have more control over their lives than they did as children, but they often need help in setting appropriate boundaries. Help your teen choose boundaries to set on things like social media and extracurricular activities. Help them identify which activities they do out of joy and which out of obligation or addiction, and empower them to say no when they need to. Addiction can take on many forms in a teens life – from substances to habits like gaming or viewing pornography.

Younger teens are viewing it almost as much as teens of any other age. Their prefrontal cortex, the part of our brain responsible for rational thinking and decision-making is still developing, and teens need adults to step in and be their "thinker," as well as to provide guidance so that their prefrontal cortex can make the connections that will allow them to develop the capacity to weigh options and make difficult decisions on their own.

Continued...

Pornography use is twice as prevalent among older teens (54% of 18-to 19-year-olds) versus younger teens (27% of 13-to15-year-olds). Sadly, half of 16-to17-year-olds are also viewing it (51%).¹

¹ *Global Youth Culture Focus Groups (2022) OneHope Research.*



INSTILL TRUTH. When teens get stuck in the alternate realities of anxiety and depression, they need to have truth already instilled in them they can turn toward in these moments. Encourage teens to read Scripture and to memorize verses or passages that are meaningful to them. Encourage them to get involved in Bible studies that help them study Scripture for themselves. Our research showed that Christian teens who were reading Scripture and praying at least weekly struggled significantly less in nearly every area. The data is a testament that God's Word has power.

As the Scriptures say, *‘The insults of those who insult you, O God, have fallen on me.’* Such things were written in the Scriptures long ago to teach us. God's Word gives us hope and encouragement as we wait patiently for God's promises to be fulfilled” (Romans 15: 2-14, NLT).

HELP CHALLENGE THOUGHTS. Sometimes, your teens may need help seeing the bigger picture. You can help them by educating yourself on typical thought distortions and helping your teen identify when they get stuck in crippling thinking. If you aren't familiar with types of thought distortions, a counselor can help.

CONNECT THEM WITH A THERAPIST. Sometimes, through perhaps no fault of our own, our teens can't hear it from us. That doesn't give us permission to stop trying to connect, but it can give us a push to involve other caring adults in their lives. Many teens are more open to therapy than older generations. If your teen is struggling, ask if they would like to see a counselor. Therapists have lots of tools for helping teens deal with anxiety and depression. They are also really skilled at identifying thinking distortions and helping people change the way they interact with their own thoughts. If the anxiety is severe or diagnosable, they can also be a valuable resource in determining whether medication would be helpful.

CONCLUSION



Starting conversations with your teens about mental health is never easy, but it is extremely necessary. While our research showed that U.S. teens are struggling, it also found that family is the first place teens go for advice when it comes to big questions in life. Let that encourage you, and allow the Holy Spirit to guide you, as you walk alongside your child. You are not alone, and your teen isn't either.

RESOURCES



RESOURCES FOR TEENS:

- Cloud, H., & Townsend, J. S. (2012). *Boundaries: When to say yes, how to say no to take control of your life*. Grand Rapids, Mich: Zondervan Books.
- Dijk, S. V. (2011). *Don't let your emotions run your life for teens: Dialectical behavior therapy skills for helping you manage mood swings, control angry outbursts, and get along with others*. Oakland: New Harbinger Pu.

Feed Ministry Resources:

- **[Watch, Rest, Repeat Small Group Series](#)**
YouVersion Reading Plan:
 - **[Part 1: Mental Health and the Church](#)**
 - **[Part 2: Catechism: The Bible And Suffering](#)**
 - **[Part 3: Catechism: Seeking Self-Awareness](#)**
 - **[Part 4: Catechism: Discipleship And Our Whole Self](#)**
- Knabb, Joshua (2017). *Acceptance and Commitment Therapy for Christian Clients: A Faith-Based Workbook*. New York, NY: Routledge.
- Knabb, Joshua (2019). *The Compassion-Based Workbook for Christian Clients: Finding Freedom from Shame and Negative Self-Judgments*. New York, NY: Routledge.
- Moreland, J. P. (2019). *Finding quiet: My story of overcoming anxiety and the practices that brought peace*. Grand Rapids Michigan: Zondervan.
- Murray, David (2020). *Why Am I Feeling Like This? A Teen's Guide to Anxiety and Depression*. Wheaton, IL: Crossway.
- Rothschild, J. (2017). *Me, myself, & lies*. Eugene, OR: Harvest House.

- Vermilyea, Elizabeth (2013). *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*. Sidran Press.

RESOURCES FOR PARENTS AND CAREGIVERS:

- Faber, Adele & Mazlish, Elaine (2012). *How to Talk So Kids Will Listen and Listen So Kids Will Talk*. New York NY: Scribner Classics.
- Murray, David (2020). *Why is My Teenager Feeling Like This? A Guide for Helping Teens Through Anxiety and Depression*. Wheaton, IL: Crossway.
- Sweet, M. & Whitlock, J.L. (2009). **[Information for parents: What you need to know about self-injury](#)**. The Fact Sheet Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

ONLINE RESOURCES

Axis Resources:

- **[Mental Health Check-In: Questions to Ask Your Kid.](#)**
- **[14 Stress-Relief Tips and Resources."](#)**
- **[Addressing Suicide & Self-Harm During COVID-19](#)**
- **[Suicide & Self-Harm Prevention Guide.](#)** (Download for purchase)
- **[Help Gen Z to Cope in a Fear-Driven World.](#)**
- **[Is My Child Depressed? The Signs of Teen Depression.](#)**

Additional Resources:

- **[BBC Headroom Wellbeing Guide. Catch It, Check It, Change It worksheet.](#)**
- **[Unstuck: A Teen Guide for Living in Uncertain Times. Trauma Healing Institute \(September 2020\).](#)**

ABOUT THE RESEARCH



GLOBAL YOUTH CULTURE

Global Youth Culture presents the findings of a research study covering the beliefs and behaviors of +8,300 digitally connected teenagers from 20 diverse nations. This study from OneHope shows insights into their views on identity, technology, personal struggles, and religious beliefs. The data also specifically reveals their attitudes about God, Jesus, the Bible, and the Christian church. We believe this study is the most comprehensive of its kind in the world in terms of taking a deep look at the faith of teenagers globally. *Global Youth Culture* aims to equip the Church, leaders, and parents to understand today's connected generation. globalyouthculture.net

ABOUT ONEHOPE

In partnership with local churches, ministries, and governments around the world, OneHope has reached more than 1.7 billion children and youth with God's Word. Based on in-country research OneHope conducts, Scripture programs are designed to be age and culturally relevant. Since 1987, OneHope has helped kids experience God's Story, sharing the life-changing message of hope with children and youth in every country. onehope.net



GLOBAL YOUTH CULTURE

